

NATIONAL DRUG CONTROL ASSESSMENT

JUNE 2023

THE WHITE HOUSE
EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY





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Executive Summary

The President's *National Drug Control Strategy (Strategy)* made clear that addressing addiction and the overdose epidemic is an urgent priority for the Biden-Harris Administration. The *Strategy* calls for immediate short-term actions that will save lives and outlines long-term solutions to reduce drug use and misuse and its associated harms, including overdose. It seeks to build the foundation for the Nation's work to reduce drug overdose deaths by addressing both the demand and supply sides of drug policy, and charts a comprehensive path forward beyond what past federal drug policies have attempted.

To evaluate the effectiveness of the Nation's drug policy efforts, and assess the progress in implementing the *Strategy*, the Biden-Harris Administration established seven goals to be achieved by 2025. These goals, measured against the baseline of 2020, include a general drug policy goal to reduce illicit substance use, as well as other specific public health and supply reduction issues. Each of these long-range, comprehensive goals are accompanied by quantifiable and measurable objectives, with specific annual targets.

In support of the goals of the *Strategy*, each National Drug Control Program agency (NDCPA) has established specific performance measures which detail each NDCPA's contribution. The *National Drug Control Assessment (Assessment)*, required by authorization (21 U.S. Code § 1705(g)), is a summary of the progress of each NDCPA, and provides an evaluation of the progress of meeting the annual targets of those performance measures.

This first *Assessment* provides an update of NDCPA progress toward supporting the *Strategy's* goals and objectives. The Administration will use this *Assessment* to review the performance of drug control programs, and to make any necessary programmatic and budget adjustments in order to meet the 2023 established targets.



Introduction

The Office of National Drug Control Policy’s (ONDCP) authorization (detailed in 21 U.S. Code § 1705(g), “Development of an annual national drug control assessment”) includes the following requirements:

- a report assessing the progress of each NDCPA toward achieving each goal, objective, and target contained in the *Strategy*.
- specific performance measures for each NDCPA.
- annual¹ objectives and targets for each performance measure.
- a specific evaluation of whether the objectives, and targets were met.

The *Assessment* provides the required summary of the assessments of NDCPA progress toward achieving the goals of the *Strategy*. The assessments are summarized for each NDCPA by subordinate bureau, and include a description of their drug-related mission, the self-identified *Strategy* goals/objectives for which each agency is supporting, and their evaluation plan and performance measures that will be used to assess agencies’ progress in achieving the goals/objectives of the *Strategy*.

Joining the *Assessment* as a part of the broader Performance Measurement System, as required by 21 U.S. Code § 1705(h), is the *Performance Review System (PRS) Report*, the *Strategy’s* annual *Budget Summary*, and ONDCP’s performance and evaluation review program.

The *PRS* focuses on the progress toward achieving the overall goals and objectives of the *Strategy*; it details the progress made on the objectives, and the specific 2-year and 5-year targets that need to be met in order to accomplish the *Strategy’s* long-term quantifiable goals.

Additionally, the *Budget Summary* ensures that each agency’s goals and budgets support and are fully consistent with the *Strategy*. It identifies the major programs and activities of the NDCPAs that support the goals and objectives of the *Strategy*, and includes the related programs, activities, and available assets, discusses the role of each such program, activity, and asset in achieving the *Strategy’s* goals, and provides an estimate of Federal funding and other resources needed.

Finally, ONDCP’s authorization includes that the ONDCP Director may conduct “program and performance audits and evaluations.” ONDCP uses a three-part program to complete these performance evaluations:

- ONDCP staff-led program audits and evaluations of NDCPA programs and their *Assessment* results;
- audits conducted by the NDCPA Inspectors General (IG) (as authorized by 21 U.S. Code § 1703(d)(7)(B)) focusing on PRS measures that are not progressing; and

¹ 21 U.S.C. § 1705(c)(1)(G)(ii) requires “annual and, to the extent practicable, quarterly objectives and targets for each performance measure.” As the NDCPAs only report actual performance results annually, quarterly reporting is not feasible nor practicable.



- contracted audit and evaluation support, contingent upon appropriated funding, which performs both *PRS* and *Assessment*-level reviews and program audits.

Each of these performance evaluation reviews will provide an informed assessment of how well an element of a National Drug Control Agency program is contributing to the *Strategy* and its goals and objectives, and will provide the Administration with recommendations to improve program performance or to realign resources.

Each NDCPA² assessment in this *Assessment* contains:

Mission

A narrative description of each component(s) of NDCPA included in the drug budget, summarizing the drug-related portion of its mission.

Relevant PRS Performance Measures

A listing of all of PRS objectives that may be impacted by the activities undertaken by the agency or bureau in support of the *Strategy*, and a narrative on how the agency's work or priorities advance these goals/objectives.

Evaluation Plan and Performance Measures

For each agency, a summary that describes agency's contributions to achieving the *Strategy's* goals/objectives, identifies the programs, projects, or activities that contribute to achieving each objective identified, and provides a specific evaluation of whether and how the agency's applicable goals, objectives, and targets for the previous year were met. As applicable, it also includes a discussion of any identified changes in documented or reported agency performance measures, targets, and data since the previous *Assessment*.

Performance Table

A chart which displays the agency's annual outcome or output targets, and results for the specific performance measures that are used to demonstrate how the programs, projects, or activities contributed towards achieving the goals and objectives of the *Strategy*. This can be any standardized output or outcome measure data reported by the NDCPA.

Discussion of Results

A detailed explanation of how the agency did in regards to a given fiscal year's established FY2022 targets – such as:

- were the targets met? Not met?
- if the targets were not met, what factors caused them not to be met?
- will poor results impact completion of a goal of the *Strategy*?
- what can be done to improve lagging performance?
- are a fiscal year's results positively or negatively influencing the next fiscal year's targets?

² The Appalachian Regional Commission (ARC) was designated a National Drug Control Program agency on September 16, 2022 for activities through the INSPIRE initiative. ONDCP will work with ARC to include them as a part of the 2024 *Assessment*.



Department of Agriculture **Office of Rural Development**

Mission

The Department of Agriculture's (USDA) Rural Development Mission Area (RD) is committed to helping improve the economy and quality of life in rural America. RD helps rural Americans in many ways, including:

- Offering loans, grants and loan guarantees to help create jobs and support economic development and essential services such as housing, health care, first responder services and equipment, and water, electric and communications infrastructure.
- Promoting economic development by supporting loans to businesses through banks, credit unions and community-managed lending pools.
- Offering technical assistance and information to help agricultural producers and cooperatives get started and improve the effectiveness of their operations.
- Providing technical assistance to help communities undertake community empowerment programs, including by helping rural residents buy or rent safe, affordable housing and make health and safety repairs to their homes.

Relevant PRS Performance Measure

Goal 1: Illicit substance use is reduced in the United States.

- Objective 1: The number of drug overdose deaths is reduced by 13 percent by 2025.
- Objective 2: The percentage of people meeting criteria for cocaine, opioid, and methamphetamine use disorders are each respectively reduced by 25 percent by 2025.

The 2018 Farm Bill (FB) authorizes the Secretary to use 20 percent of the funding provided for the Distance Learning and Telemedicine (DLT) program to support substance use disorder (SUD) treatment services. The FB provides authority to provide priority points from Community Facilities direct loans and grants to applicants who intend to provide SUD 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 a SUD.

Evaluation Plan and Performance Measures

Information regarding the performance of the drug control efforts of RD is based on agency Government Performance and Results Modernization Act of 2010 (GPRMA) documents and other information that measure the agency's contribution to the *Strategy*. FY 2018 was the first year that RD received appropriations in support of the opioids crisis and that was only for the DLT grant program. The table below is showing the approved performance indicators for this program. All DLT projects are required to provide a project summary report upon implementation and completion of the project. Grant recipients are given up to three years to complete the project. With respect to DLT-Opioid projects, the number of projects funded will be measured on a yearly basis.



Performance Table

Rural Development				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Number of projects DLT funded that supported treatment and / or prevention of SUD (20% of funding set aside for SUD projects)	57	40	2	45

Discussion of Results

RD did not publish a funding notice for FY 2022 for the DLT grant program due to competing priorities of other programs. As a result, the only projects funded in FY22 were remaining from prior year funding notices. RD published a new funding announcement for the DLT grant program, which closed on January 30, 2023, and expects to fund several projects closer to the target as a result. It is expected that award announcements will be made in the fourth quarter of FY 2023. Approximately \$120 million are available for all DLT grants from new appropriations from FY 2023 along with carry-over funds from FY 2022. Of that amount, a \$24 million set-aside as mandated by the 2018 Farm Bill will be obligated for substance use treatment projects. Additional substance use projects may be funded with the remaining DLT grants, but only the set-aside funds are specifically designated for substance use treatment projects.



Department of Agriculture U.S. Forest Service

Mission

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

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

Relevant PRS Performance Measure

Goal 1: Illicit substance use is reduced in the United States.

- Objective 1: The number of drug overdose deaths is reduced by 13 percent by 2025

USFS supports this objective by engaging in efforts to identify, investigate, disrupt and dismantle domestic criminal organizations and transnational criminal organizations (TCOs) involved in marijuana cultivation. These efforts include individuals and entities that provide transportation and financing to TCOs in support of large-scale marijuana cultivation operations on National Forest System (NFS) lands. As part of this effort the USFS will eradicate marijuana being cultivated on NFS lands, dismantle and disrupt cultivation sites through the removal of infrastructure and rehabilitation of the land to deter TCOs and their supporters from utilizing these sites for marijuana cultivation.

Since TCOs conduct most of the marijuana cultivation on NFS lands, USFS cooperates with other Federal, State, and local agencies to investigate, disrupt, and dismantle TCOs. USFS continues to partner with the U.S. Department of Justice through local U.S. Attorney's Offices to coordinate and support prosecutorial efforts. Additionally, USFS continues to partner with ONDCP and various High Intensity Drug Trafficking Area programs to efficiently combat illicit drug production on NFS lands and participates in Organized Crime Drug Enforcement Task Force investigations. USFS also continues to work with other federal agencies to reduce cross-border drug smuggling and drug trafficking activities on NFS lands to enhance the safety and security of the visiting public and USFS employees on NFS lands within the Nation's interior and along international borders.



Evaluation Plan and Performance Measures

Information regarding the performance of USFS drug control efforts is based on an analysis of counterdrug activities of LEI personnel. The analysis includes measures derived from the number of marijuana plants eradicated, the number of drug case investigations, the number of marijuana cultivation sites dismantled and rehabilitated, and the percentage of drug-related incidents per 100,000 NFS visitors. Also included are performance measures, achievements for FY 2021 and FY 2022, and targets for FY 2022 and FY 2023, as shown in the tables below. These data provide a meaningful assessment of performance related to marijuana control activities on NFS lands conducted by LEI personnel and supports the *Strategy* by addressing the Biden-Harris Administration’s priority of reducing the domestic supply of marijuana. Data compiled and reported in this summary come from the LEI program’s Law Enforcement and Investigations Reporting System, Law Enforcement and Investigations Management Attainment Reporting System, internal evaluations, and other USFS sources.

The number of marijuana plants eradicated refers to the number of marijuana plants removed and/or destroyed by a variety of means such as removal of the plants from NFS lands or cutting and destruction of plants in place, as appropriate.

The percentage of drug cases referred for adjudication quantifies assigned drug cases referred for prosecution that resulted in sanctions against defendants. This percentage serves as an indicator of successful investigations and reflects the significant effort expended by LEI personnel to address illicit drug production and associated unlawful occupancy of NSF lands. Sanctions can take the form of restitution, fines, imprisonment, or any combination thereof.

The number of marijuana cultivation sites dismantled refers to the number of marijuana cultivation operations removed and/or destroyed, including the reclamation of a cultivation site by dismantling and removing all cultivation infrastructure and hazardous materials.

The percentage of drug related incidents on NFS lands per 100,000 visitors for FY 2022 is based on visitor use data from FY 2021, due to the unavailability FY 2022 of data when this report was prepared.

Performance Table

U.S. Forest Service				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Marijuana Plants Eradicated	119,610	200,000	159,874	200,000
Percentage of Drug Cases Referred for Adjudication	12.0%	15.8%	7%	32%
Marijuana Cultivation Sites Dismantled	34	50	56	50
Percent of Drug Related Incidents on NFS Lands Per 100,000 Visitors	0.10%	0.17%	.01%	.02%



Discussion of Results

Marijuana Plants Eradicated

In FY 2022, 283,182 marijuana plants were eradicated from NFS lands compared to 119,610 eradicated in FY 2021 a 137 percent increase in the number of plants eradicated from the previous FY, and slightly above the FY 2022 target of 200,000.

Several factors contributed to the overall number of marijuana plants eradicated. Although LEI experienced multiple challenges mission objectives still persevered. For instance, due to the COVID-19 pandemic, and an unprecedented number of visitors and recreational use on NFS lands, USFS continued to experience the operational challenges and demand for service encountered in FY 2021. With additional visitors to NFS lands, LEI personnel were required to increase the amount of time and resources spent on common visitor issues and other public safety incidents, which reduced the amount of time spent on drug enforcement. In addition, marijuana law enforcement operations in FY 2022 were reduced and limited in scope due to the inability of the court system to take in new cases within due process timelines, another COVID related factor.

Additionally, in response to increased law enforcement pressure over the past several years, some marijuana growers have moved from NFS lands to private land. Legalization has also created a situation where it is more advantageous to grow marijuana on private land due to lack of regulatory enforcement. In addition, easy access to domestic or municipal water sources and proximity to the market make private land more attractive for marijuana cultivation than remote locations on NFS lands. The LEI personnel's ability to utilize State and local cooperators to combat marijuana cultivation has been limited, as their resources have been focused on addressing regulatory concerns related to legal growing activities on private lands.

The reduction in cooperator resources adversely affects LEI personnel's ability to detect and interdict marijuana growing operations on NFS lands. However, if states increase enforcement on private land, production on NFS lands may increase. In southern California, where counties are augmenting regulatory enforcement of marijuana growing on private land, there is anecdotal evidence of this shift, as more marijuana was eradicated in the southern part of the state in FY 2021.

Overall, the efficiency of which Marijuana operations are conducted by LEI personnel contributed to a successful FY 2022. Furthermore, with all aforementioned factors considered, the presence of illegal Marijuana cultivation on NFS lands is undoubtedly still present.

The LEI program has been testing the use of newer detection models that have not been broadly used in prior years. Application of these detection models is still being vetted; however, efficiency and accuracy of detection are expected to increase in upcoming years. This expectation is based on the detection in FY 2022 of several active cultivation sites after the cultivation season ended. As of now the FY 2023 target of 200,000 marijuana plants will not be adjusted. However, all the aforementioned factors could still play a role even if more cultivation sites are detected through these models.



Percentage of Drug Cases Referred for Adjudication

In FY 2022, 7 percent of assigned drug cases were referred for adjudication, which represents a five percent decrease from the FY 2022 target of 15.8 percent. In FY 2022, the LEI program continued to face difficulties prosecuting cases across multiple jurisdictions during the COVID-19 pandemic due to closure of many courts that resulted in a backlog in the criminal justice system. The target percentage for FY 2023 will likely be lowered from its current level of 32 percent.

Number of Marijuana Cultivation Sites Dismantled and Reclaimed

In FY 2022, LEI personnel dismantled and reclaimed 56 marijuana cultivation sites off 10 national forests, which represents a 65 percent increase from the 34 sites dismantled and reclaimed in FY 2021 and exceeds the FY 2022 target of 50. Many of the factors affecting eradication numbers noted above, including COVID-19 also affect the number of marijuana sites dismantled and reclaimed.

A significant trend in marijuana cultivation impairs LEI personnel's ability to raid and rehabilitate these sites: marijuana growers are routinely utilizing federally banned pesticides in the carbamate or organophosphate chemical class, particularly carbofuran (which has the tradename "Furadan") or methamidophos (which has the tradename "Monitor") to treat their illicit crop. The presence of these and other highly toxic chemicals severely limits LEI personnel's ability to investigate, raid and rehabilitate these sites because entry into and clean-up efforts at these cultivation sites require specialized sampling equipment personnel with advanced training in recognition, testing, removal and transporting hazardous materials; and decontamination equipment on hand. In some instances, the contamination levels are so extensive that LEI personnel must cease eradication and reclamation efforts to reassess and consult additional hazardous materials professionals before resuming operational objectives. Additional pre-operational and post-operational safety platforms also need to be implemented to prevent LEI personnel from being exposed to pesticides that would require medical treatment.

Reclamation and cleanup efforts in FY 2022 resulted in the removal of 49,318 pounds of infrastructure, 69 miles (362,643 feet) of irrigation pipe, 169 containers with over 27,004 ounces of concentrated banned pesticides, and 66 propane tanks, which contributed to the restoration of approximately 307.1 million gallons of water in public waterways. LEI personnel made a concerted effort in FY 2022 to complete reclamation efforts, which contributed to the increase in the number of dismantled and reclaimed sites from FY 2021. Additional data collected in FY 2022 show a much larger backlog than previous data had shown. The FY 2023 target of 50 dismantled and reclaimed sites therefore cannot to be met.

Percentage of Drug-Related Incidents on NSF Lands Per 100,000 Visitors

As stated above, visitor use data from FY 2021 were used to calculate the percentage of drug-related incidents on NFS lands per 100,000 visitors in FY 2022.

In FY 2022, there was a statistical decrease in the number of documented drug-related incidents per 100,000 NFS visitors based on FY 2021 visitor use data. This decrease can be attributed to challenges related to COVID-19 and historical and substantial increases in the number of visitors to NFS lands. With more visitors to NFS lands, LEI personnel were required to increase the



amount of time spent on common visitor issues and other public safety incidents. In FY 2022, LEI personnel reported a total of .01 percent of drug related incidents which represents a decrease from .10 percent reported in FY 2021. The target of .02 percent for FY 2023 will remain as an achievable goal.



Corporation for National and Community Service

AmeriCorps

Mission

The mission of the Corporation for National and Community Service (doing business as AmeriCorps) is to improve lives, strengthen communities, and foster civic engagement through service and volunteering. Through AmeriCorps State and National, AmeriCorps VISTA, AmeriCorps Seniors, and other programs, AmeriCorps annually engages millions of Americans in results-driven service at sites across the country, including schools, community centers, homeless shelters, veteran care facilities, youth programs, senior homes, feeding sites, and other nonprofit and faith-based organizations, improving the lives of millions of Americans. National service members help communities design and implement locally-determined, cost-effective solutions to local problems, including strategies to address the opioid and substance use crisis. Recognizing the severity of the opioid epidemic and the toll drug misuse is taking, AmeriCorps has prioritized efforts to combat substance use and significantly increased its support of drug prevention, education, and recovery programming in recent years.

Relevant PRS Performance Measure

Goal 1: Illicit substance use is reduced in the United States.

- Objective 1: The number of drug overdose deaths is reduced by 13 percent by 2025.
- Objective 2: The percentage of people meeting criteria for cocaine, opioid, and methamphetamine use disorders are each respectively reduced by 25 percent by 2025.

AmeriCorps programs support these objectives in multiple ways, including:

- **Prevention:** National service participants help prevent drug misuse before it starts by providing drug education to students, educating seniors about safe disposal of prescription drugs, and teaching chronic pain management. Additionally, national service participants engage parents and caregivers in prevention efforts, while working with nonprofits, faith-based organizations, and local government to increase awareness about the dangers of illicit drugs.
- **Treatment:** National service participants serve in police stations, hospitals, community health centers, and other locations connecting individuals with addiction to treatment and recovery services, providing screenings and referrals, raising awareness about treatment availability, raising funds for organizations offering treatment, and assessing treatment needs of underserved areas.
- **Recovery:** National service participants provide recovery coaching, employment and housing assistance, peer recovery support, and other care coordination to help individuals recovering from addiction. Recovery coaching is a particularly promising and potentially transformative strategy implemented by AmeriCorps-funded programs.
- **State and Local and Tribal Law Enforcement Assistance:** National service participants serving in AmeriCorps and AmeriCorps Seniors programs serve law enforcement



agencies by working to design and implement programs to increase access to treatment or services for individuals with SUD. National service participants also distribute naloxone and offer trainings at community centers, faith organizations, colleges, and elsewhere about how to effectively administer naloxone and engage first responders. Finally, national service participants build the capacity of anti-drug organizations by raising funds, recruiting volunteers, building partnerships, and supporting state or city task force planning and coordination efforts.

Evaluation Plan and Performance Measures

AmeriCorps programs and projects from the Healthy Futures focus area report on their opioid and substance misuse activities through annual progress reports and supplements. Using an “opioid/drug intervention” service activity to its performance measures allows AmeriCorps to report on opioid and substance use programming using progress report performance measure data for AmeriCorps State and National and AmeriCorps Seniors. When available, this data is preferred over supplemental report data because projects are required to set targets for performance measures, and provide more information about their data collection mechanisms. AmeriCorps anti-drug prevention, treatment, and recovery activities are carried out under three main programs.

AmeriCorps State and National

The AmeriCorps State and National (ASN) program awards grants to local and national organizations that engage AmeriCorps members in evidence-based or evidence-informed interventions/practices to meet pressing needs and strengthen communities. AmeriCorps grantees – including nonprofits, institutions of higher education, State and local governments, and Native American Tribes – use their AmeriCorps funding to recruit, place, train, and supervise AmeriCorps members. Since FY 2017, ASN has prioritized the investment of national service resources in reducing and/or preventing prescription drug and opioid misuse, and has funded a number of program models working to address this crisis. AmeriCorps previously reported opioid and substance use activities completed by ASN projects using a supplemental item that tracked the number of individuals receiving opioid/drug intervention services. Beginning with this *Assessment*, AmeriCorps is instead reporting performance using progress report data from projects that selected the Healthy Futures “individuals served” performance measure with “Opioid/Drug Intervention” as a service activity. This shift allows AmeriCorps to provide target results for the most recent FY (2022), whereas the previously-used supplemental items did not include targets.

AmeriCorps VISTA

AmeriCorps VISTA supports efforts to alleviate persistent poverty by providing opportunities for Americans 18 years and older to dedicate a year of full-time national service with a sponsoring organization to create or expand programs designed to empower individuals and communities in overcoming poverty. Organizations sponsoring VISTA members include nonprofits, Native American Tribes, and State, city, and local government agencies. AmeriCorps VISTA is addressing the addiction crisis by placing VISTA members with organizations that are creating or expanding prevention and recovery projects targeting low-



income communities. These communities often suffer from a lack of resources and may be disproportionately impacted by the opioid crisis. VISTA programming supports prevention, intervention/treatment, and recovery efforts under the AmeriCorps healthy futures focus area. AmeriCorps VISTA Progress Report Supplements include a question about the number of people served by substance use programming. There has been a change to this measure since FY 2020: In FY 2020 projects were asked to report separately on the number of youth and adults served by opioid programming. In FY 2021, these two items were consolidated into a single item asking projects to report on the number of people receiving services in substance use programming.

Senior Corps (now dba AmeriCorps Seniors)

AmeriCorps Seniors (ACS) taps the skills, talents, and experience of more than 175,000 Americans age 55 and over to meet a wide range of community challenges through three programs — the Foster Grandparent Program, RSVP, and the Senior Companion Program. As the opioid crisis has devastated families and communities across the nation, an increasing number of AmeriCorps Seniors volunteers are focusing on this issue in myriad ways. The FY 2019 through FY 2021 AmeriCorps Seniors RSVP grant competitions and FY 2022 American Rescue Plan Senior Demonstration Program competition included a priority for projects that increase access to care and participation in health education activities designed to prevent or reduce prescription drug and opioid misuse. AmeriCorps previously reported opioid and substance use activities completed by ACS projects using supplemental items that track the number of AmeriCorps Seniors volunteers who contribute to opioid interventions and the number of organizations that benefit from these activities. Beginning with this *Assessment*, AmeriCorps is instead reporting performance using Progress Report data from ACS projects that selected the Healthy Futures “individuals served” performance measure with “Opioid/Drug Intervention” as a service activity. This shift allows AmeriCorps to report on ACS beneficiaries, and also to provide target results for the most recent FY (2022). The previously-used supplemental items were focused on ACS volunteers and service locations rather than beneficiaries and did not include targets.

Performance Table

AmeriCorps				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Number of individuals served through opioid programming (AmeriCorps State and National)	-- ³	77,500	-- ⁴	77,500 ⁵

³ AmeriCorps State and National projects that are funded with FY 2021 appropriations do not report on performance results until mid-FY 2023.

⁴ Complete FY 2022 Actuals will not be available until FY 2024.

⁵ Final FY 2023 targets for AmeriCorps State and National will be available in October 2024, after FY 2023 grant making ends. The targets shown are estimates based on the FY 2022 targets.



Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Number of individuals served through opioid programming (AmeriCorps Seniors)	-- ⁶	14,000	-- ⁷	14,000 ⁸
Number of individuals receiving services in SUD programming (AmeriCorps VISTA)	200,200	-- ⁹	-- ¹⁰	-- ¹¹

Discussion of Results

Due to the nature of the AmeriCorps grants, FY 2022 actuals are not yet available. Data on performance will be included in the 2024 PRS.

⁶ AmeriCorps Seniors projects that are funded with FY 2021 appropriations do not report on performance results until mid-FY 2023.

⁷ Complete FY 2022 Actuals will not be available until FY 2024.

⁸ Final FY 2023 targets for AmeriCorps Seniors will be available in October 2024, after FY 2023 grant making ends. The targets in the table now are estimates based on the FY 2022 targets.

⁹ AmeriCorps VISTA beneficiaries are tracked through that program's Progress Report Supplement, which does not include targets for future fiscal years. Therefore, no targets can be assigned to VISTA.

¹⁰ Complete FY 2022 Actuals will not be available until FY 2024.

¹¹ AmeriCorps VISTA beneficiaries are tracked through that program's Progress Report Supplement, which does not include targets for future fiscal years.



Court Services and Offender Supervision Agency for the District of Columbia

Pretrial Services

Mission

The Court Services and Offender Supervision Agency (CSOSA) for the District of Columbia (DC) is comprised of two component programs: the Community Supervision Program (CSP) and the Pretrial Services Agency for the District of Columbia (PSA).

PSA is an independent entity within CSOSA whose mission is to promote pretrial justice and enhance community safety. In fulfilling its mission, PSA assists judges in both the Superior Court of the District of Columbia (DC Superior Court) 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, identifying detention eligibility for pretrial release or detention, and formulating recommendations, as appropriate. Recommendations are based upon the arrestee's demographic information, criminal history, drug use and/or mental health information. For defendants who are placed on conditional release pending trial, PSA provides supervision and treatment services intended to reasonably assure that they return to court and do not engage in criminal activity pending their trial and/or sentencing.

Relevant PRS Performance Measures

Through regular drug testing, assessment, treatment placement, incentivizing defendants to participate in treatment, and addressing noncompliance with graduated sanctions, PSA expects to have a positive impact on the ONDCP Strategy goals and objectives related to reducing illicit substance use (Goal 1) and increasing treatment efforts (Goal 4).

Goal 1: Illicit substance use is reduced in the United States

- Objective 2: The percentage of people meeting criteria for cocaine, opioid, and methamphetamine use disorders are each respectively reduced by 25 percent by 2025.

Drug test results are key to assessing defendant and offender risk and needs, and the swift availability of testing results is critical to risk mitigation efforts (e.g., placement in appropriate treatment programs) employed by both PSA and CSP. Drug testing is used by PSA to monitor defendant compliance with court-ordered release conditions and deter drug use (including the use of cocaine, opioids and methamphetamines) among the supervised population. Testing results serve as an indicator for measuring the success of PSA's SUD treatment programs. PSA's Office of Forensic Toxicology Services (OFTS), which is certified by the Department of Health and Human Services (HHS) Clinical Laboratory Improvement Amendments (CLIA) program, plays a vital role in supporting PSA's, CSP's, and the Nation's drug policy priorities. OFTS operates a comprehensive drug testing program for pretrial defendants, as well as individuals supervised by CSP and certain juveniles and respondents with cases in the Family Court division of the DC Superior Court. It is expected that continued implementation of the drug testing



program will allow PSA to continue to identify individuals with SUD and refer them to appropriate treatment programs which, in turn, will result in reduction in illicit substance.

Goal 4: Treatment efforts are increased in the United States.

- Objective 1: Treatment admissions for the populations most at risk of overdose death is increased by 100 percent by 2025.

PSA employs both in-house and contracted treatment services to provide a variety of behavioral health interventions for defendants. These include social and medically monitored withdrawal management, residential, and intensive outpatient SUD treatment and/or co-occurring disorder treatment, and access to transitional housing for defendants successfully discharged from residential treatment and intensive outpatient mental health treatment.

PSA's Treatment Team administers the Superior Court Drug Intervention Program, better known as *Drug Court*, a SUD treatment and supervision program for defendants charged with misdemeanor offenses and non-violent felonies. The Treatment Team uses innovative case management practices, such as referrals to appropriate treatment services and the provision of recovery-focused incentives and sanctions to support the rehabilitative process. Participants have immediate access to SUD treatment and receive specialized care, including gender-specific groups, individual and group therapy for trauma-impacted individuals, and treatment planning meetings that identify goals and objectives for maintaining sobriety.

PSA supports defendant participation in treatment programs by offering a range of incentives to promote compliance with release conditions and administers graduated sanctions to address consistently noncompliant behavior (including illicit substance use and failure to participate in treatment programs). It is expected that PSA's targeted approach, extensive treatment offerings, and use of incentives and sanctions will result in increased treatment admissions and maximize defendant participation.

PSA regularly monitors the outcome of its SUD prevention and treatment strategies through the Agency's performance measurement system and evaluation of operational initiatives. PSA expects progress on these measures and implementation of process improvements (as needed) will positively impact the goals and objectives of the *Strategy*. PSA's relevant performance measures, responses to *Strategy* priorities, and planned evaluations are described in the next section.

Evaluation Plan and Performance Measures

PSA has established three performance indicators for its FY 2022 – 2026 Strategic Plan to monitor Agency efforts in supporting the objectives of the *Strategy*. To gauge the effectiveness of SUD strategies, PSA measures SUD assessments, placement into treatment programs, and reduction in drug use.

In response to the President's priorities to address SUD and opioid misuse, PSA began the universal screening of all defendant specimens for fentanyl during May 2021. This represented a considerable step by PSA to address the misuse of fentanyl, a nation-wide problem that also exists with the District of Columbia. By the end of FY 2021, 8.45 percent of PSA's supervised



adult population and 0.90 percent of juveniles tested positive for fentanyl. In FY 2022 the positive rates fell to 4.06 percent for adults and 0.46 percent for juveniles. The approximately 50 percent reduction in fentanyl use among these two populations is substantial and the ongoing screening of fentanyl meets PSA’s objective of responding positively to opioid misuse in the District through monitoring and testing. PSA also began screening the offender population being monitored by CSP for fentanyl in October 2022. By the end of December 2022, the end of the first quarter of FY 2023, positive fentanyl rates in this population fell from 3 percent to 2 percent. This slight reduction in fentanyl use aligns with PSA’s objective in supporting other stakeholder objectives in responding to the nation-wide response to opioid misuse.

Finally, PSA routinely evaluates the implementation of programs and operational strategies and assesses outcomes of these elements. Currently, PSA is planning a process evaluation to gauge the efficacy of its new Risk-Based Services (RBS) operating model. PSA’s Office of Administrative Services (OAS) and Office of Planning, Policy and Analysis (OPPA) will collaborate to evaluate the frequency of defendant contacts and staff responses to defendant conduct (to include referrals to and placement in treatment) by defendant risk level to determine the impact on defendant drug usage.

The following sections provide a tabular summary of performance on relevant PSA performance measures for FYs 2021 and 2022 and a discussion of the results.

Performance Table

Pre-Trial Services				
Measures of Performance	FY 2021 Actual¹²	FY 2022 Target	FY 2022 Actual	FY 2023 Target
SUD Assessments	N/A	95%	93%	95%
Placement into SUD Treatment	N/A	50%	44%	50%
Reduction in Drug Use	N/A	74%	77%	74%

Discussion of Results

In FY 2022, PSA exceeded the target on one of its substance use-related performance measures (Reduction in Drug Use) and fell slightly short on the remaining two (SUD Assessments and Placement into SUD Treatment). The suspension of drug testing and SUD treatment activities following the onset of the COVID-19 pandemic and the emergence of new virus variants required PSA to adjust and curtail services requiring close in-person contact. This unprecedented shift in operations initially had a negative impact on performance outcomes. However, to address these challenges, PSA has continued to adapt its supervision and treatment strategies.

¹² Rates were not reported for FY 2021 because some or all the activities needed to calculate the measures were suspended for at least half of the fiscal year due to COVID-19 restrictions.



With the emergence of new COVID-19 variants, many of PSA’s drug testing and SUD related activities (e.g., assessments and treatment) remained suspended or operated in a limited capacity for the majority of FY 2021 and, therefore, the Agency was unable to report performance outcomes for that year. PSA was able to restore a good portion of services in FY 2022, though many have not yet returned to pre-pandemic levels. Many residential and outpatient treatment facilities, for example, are still restricted in the number of individuals they can serve and, many defendants continue to be hesitant about engaging in close in-person contact that participation in treatment services requires. These constraints led to delays in placing defendants in treatment, which likely had a negative impact on the completion of assessments, resulting in lagging performance on measures associated with those activities.

Despite the challenges faced, PSA was able to assess and place considerably more defendants in treatment in FY 2022 compared to FY 2021 and, for defendants completing treatment during the year, 77 percent demonstrated a decrease in substance use following treatment. This suggests that PSA’s strategies and the adjustments made to the treatment program and associated activities in response to the COVID-19 pandemic have been effective.

Among PSA’s priorities for the FY 2022 – 2026 planning period are to continue adapting supervision strategies to accommodate the ongoing spread of COVID-19, and assessing the effectiveness of these strategies. PSA is working to continue expanding assessment and treatment offerings to include additional virtual offerings, where applicable, to accommodate defendants unable or unwilling to attend in-person.



Court Services and Offender Supervision Agency for the District of Columbia

Community Supervision Program

Mission

The mission of CSP is to effectively supervise adults under its jurisdiction to enhance public safety, reduce recidivism, support the fair administration of justice, and promote accountability, inclusion, and success through the implementation of evidence-based practices in close collaboration with its criminal justice partners and the community.

CSP supervises adults released by the U.S. Parole Commission on parole or supervised release, individuals sentenced to probation by the Superior Court of the District of Columbia, and a small number of individuals with deferred sentencing agreements (DSA) and civil protection orders (CPO). CSP utilizes evidence-based strategies to increase public safety and promote successful reentry into the community. These techniques include an integrated system of comprehensive risk and needs assessment using regularly validated and reliable assessment tools, risk-based 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 individuals under CSP supervision have considerable needs and face many challenges; CSP is designed to help individuals successfully navigate supervision, comply with court orders and release conditions, and reduce their risk of reoffending by addressing their most salient needs, thereby enhancing public safety.

CSP supports the *Strategy* by conducting comprehensive assessments of offender risk and needs and ranking the most salient needs for immediate intervention and continuing support in addition to incorporating regular drug testing into its supervision program when indicated for a particular individual with a history of SUD. Once assessed, offenders are referred to the Office of Behavioral Interventions, a program office within CSP, to receive specialized assessments and comprehensive evaluations that inform specific treatment placements. Services are prioritized for the offenders with the highest risks and needs to ensure timely and appropriate placements into internal and external interventions are made for those most likely to recidivate or relapse.

Relevant PRS Performance Measure

Goal 1: Illicit substance use is reduced in the United States.

- Objective 1: The number of drug overdose deaths is reduced by 13 percent by 2025.
- Objective 2: The percentage of people meeting criteria for cocaine, opioid, and methamphetamine use disorders are each respectively reduced by 25 percent by 2025.



Goal 4: Treatment efforts are increased in the United States.

- Objective 1: Treatment admissions for the populations most at risk of overdose death are increased by 100 percent by 2025.

Addressing offender needs directly related to risks of reoffending, including SUD, is key to CSP's supervision strategy. Through regular drug testing when indicated for particular individuals with a history of SUD, assessment, treatment placement, and encouraging and incentivizing offenders to complete treatment, CSP expects to have a positive impact on the objectives listed above.

Regular drug testing allows CSP to identify offenders currently using illicit substances and chronicity of use, as well as the specific substances they are using. Eligible individuals are drug tested at supervision intake and placed on a drug testing schedule by their Community Supervision Officer (CSO), with testing frequency dependent upon prior substance use history, supervision risk level, and length of time under CSP supervision.¹³ Results from drug assays allow us to monitor changes in an offender's frequency of drug use, as well as changes in the number and type of substances used.

In addition to testing, CSP conducts full risk and needs assessments of offenders at the start of supervision to identify needs (to include substance use needs) requiring immediate intervention and continuing support and to establish their risk to public safety. Offenders are reassessed periodically (at least every six months), allowing CSP to track changes in needs and measure the impact of the interventions.

By monitoring illicit substance use among the supervised population, as well as their risk and needs, CSP is able to identify offenders that may be at risk of overdose due to acute and chronic substance use issues. Referring high-risk and-need offenders to and placing them in treatment is expected to increase treatment admissions (Goal 4, Objective 1) and reduce overdose deaths (Goal 1, Objective 1).¹⁴ Similarly, by analyzing trends in drug assays, CSP is able to identify those testing positive for substances such as cocaine, opioids, and methamphetamines and refer them to appropriate treatment programs, thereby reducing prevalence and chronicity of use of these substances (Goal 1, Objective 2).

CSP regularly monitors the outcome of its drug prevention and treatment strategies through its performance measurement system. CSP expects improvement on these measures will positively impact the goals and objectives in the *Strategy*.

Evaluation Plan and Performance Measures

CSP established several performance measures for its FY 2022–2026 Strategic Plan related to drug surveillance and the Agency's responses to offenders who show signs of SUD. CSP

¹³ Although drug testing was suspended in March 2020 following the onset of the COVID-19 pandemic, limited testing was resumed in July 2020 for the highest risk offenders to ensure CSP could connect those using illicit substances with the services they required. As COVID infection rates continue to decrease, testing is expected to return to pre-pandemic levels.

¹⁴ CSOSA does not currently capture 'overdose' as a cause of death for offenders under supervision, so CSP is unable to analyze overdose trends among its population. CSP's Office of Research and Evaluation is recommending the addition to our data model.



regularly monitors progress on these measures and adjusts programming and operational rules and resources as needed to address gaps. These measures, in particular, capture: a) availability of treatment programs, b) placement of high-risk offenders in treatment, and c) changes in drug use over time.

Interventions on Criminogenic Needs. CSP routinely examines its intervention portfolio to ensure ample program offerings exist to address offender needs directly related to criminality, including substance use. The measure describes the proportion of Agency interventions intended to address one or more criminogenic needs (i.e., causes of criminal behavior). CSP aims to keep most interventions focused on criminogenic needs, but some are intended to address stabilization factors (e.g., housing, mental health) that must also be addressed to enable the offenders with the highest needs to participate in behavioral interventions.

Treatment Placement Priority. To have the greatest impact on recidivism, the CSP prioritizes the placement of its highest-risk offenders in treatment services. To measure performance, CSP systematically assesses the proportion of discretionary treatment placements (e.g., those for which an offender has not been court-ordered) made for high-risk offenders.

Change in Offender Substance Use Over Time. CSP regularly monitors a number of measures related to changes in offender substance use over time. Specifically, CSP examines changes in a) the probability of positive drug tests for offenders over time, b) the number of unique types of substances used per offender-day under supervision, and c) substance use needs scores throughout supervision. These measures capture the slope of change in offender drug use during supervision, and, for each, lower scores indicate reduced acuity or chronicity of substance involvement and, therefore, better performance. More specifically, a negative slope indicates offenders are testing positive less frequently and for fewer substances over time, whereas a positive slope indicates offenders are testing positive more frequently and for more substances over time. The “Difference in Drug Positives” measure is the average change in the proportion of drug tests with any positive result per one hundred days of supervision. The “Difference in Poly Drug Use” measure is the average change in the number of different categories of drug assay for which an offender tested positive per one hundred days of supervision.



Performance Table

Community Supervision Program				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Interventions on Criminogenic Needs ¹⁵	87%	88%	88%	88%
Treatment Placement Priority ¹⁶	78%	79%	69%	70%
Difference in Drug Positives ¹⁷	-0.02	-0.03	-0.01	-0.02
Difference in Poly Drug Use ¹⁸	0.01	0.02	0.00	-0.01
Difference in Substance Misuse Need ¹⁹	0.06	0.06	N/A	N/A

Discussion of Results

In FY 2022, CSP met or exceeded the target on two of its five substance-use related performance measures (Difference in Poly Drug Use and Interventions on Criminogenic Needs), fell short on two (Treatment Placement Priority, and Difference in Drug Positives), and discontinued one (Difference in Substance Misuse Need).

Interventions on Criminogenic Needs. CSP set—and met—an FY 2022 target that 88 percent of its programs should target criminogenic needs (i.e., those behavioral, attitudinal, and contextual considerations recognized as increasing the likelihood of continued criminal behavior). CSP marginally increased its performance on this metric during FY 2022 by introducing a new intervention: a total of four Engagement and Intervention Centers (EICs) located within CSP’s field sites across the District of Columbia and designed to serve offenders presenting with acute risk profiles up to four hours per day and four days per week. The EIC’s core services include counseling, job placement and preparation, and group therapy, are addressed to criminogenic needs (e.g., poor achievement, weak social bonds with pro-social collaterals, low stakes in conformity). While the mix of services offered by the EICs continues to evolve, CSP does not

¹⁵ The proportion of Agency interventions designed to address criminogenic needs. Larger values reflect better performance.

¹⁶ The proportion of discretionary treatment placements that are placements of high-risk offenders. Larger values reflect better performance.

¹⁷ The average rate of change in offenders’ propensity to drug test positive in their course of supervision to date. Smaller values reflect better performance.

¹⁸ The average rate of change in offenders’ propensity to drug test positive for more than one substance—cocaine, opiates, (meth)amphetamines, or PCP. Smaller values reflect better performance. This measure’s FY 21 Actual performance was revised from 0.04 to 0.01. A defect in the source data was corrected after we reported our original estimate.

¹⁹ The average (mean) change in substance misuse need score experienced by offenders during each day of supervision. Smaller values reflect better performance: -0.1 is better than -0.05 is better than 0.05. The instrument used to measure substance misuse need changed during FY 22 when CSP deployed a new records management system. We expect another change during FY 23 with the consequence that neither our FY 22 nor FY 23 actuals will be comparable to the FY 21 baseline. Therefore, CSP proposes to withdraw this metric.



anticipate further changes in its mix of interventions during FY 2023, so we have proposed a new target for this metric that matches the observed performance during FY 2022.

Treatment Placement Priority. CSP focuses treatment resources on offenders at higher risk of committing new serious crimes to attain the greatest yield to public safety for its treatment resources. During FY 2022, the COVID-19 pandemic ebbed and so, too, did several operational constraints on CSP's behavioral interventions. The Reentry and Sanctions Center (RSC), the CSP's flagship residential intervention that has historically served offenders with SUD, reopened with new leadership and a broader focus on criminogenesis. CSP also re-opened three of our four learning labs for in-person delivery of adult basic education and vocational training. Some therapeutic groups, which operated entirely online during the pandemic, resumed in-person sessions. The changing operational conditions affected both the volume and mixture of treatments available, and the mix of offenders able to participate, moving these factors nearer to pre-pandemic norms. Throughout the pandemic, the variance in this measure was high and volume of offenders served was lower. Although the Treatment Placement Priority metric fell nine percentage points from FY 2021 to FY 2022, the poorest performance of FY 2021 or FY 2022 was during the fourth quarter of FY 2021, and each subsequent quarter has improved. Based on this pattern, CSP believes that the return to normal treatment operations is causing a regression to the long run mean of this performance measure. Our proposed FY 2023 target proposes to reverse that regression and realize a marginal improvement over FY 2022.

The FY 2021 results for Difference in Drug Positives and Difference in Poly Drug Use, -0.02 and 0.01, respectively, reflect that for every 100 days of supervision the CSP supervised population was two percentage points less likely to test positive later in supervision compared to earlier and used a wider variety of substance types over time. The FY 2022 results for these same measures, -0.01 and 0.00, respectively, reflect that for every 100 days of supervision the supervised population was one percentage point less likely to test positive later in supervision than at the start but used roughly the same number of different substances. The change in Difference in Drug Positives from FY 2021 to FY 2022 represents a roughly 50 percent *increase* in the average risk of a positive drug test. Our FY 2022 target, which may have been too ambitious for an unsettled year, had been to affect a *decrease* of similar magnitude. The change in Difference in Poly Drug Use from FY 2021 to FY 2022 suggests the variety of substances used remained stable over time, which was within FY 2022 target expectations. From a performance perspective, for FY 2022 (10/1/2021 to 9/30/22), drug use worsened while polydrug use improved. CSP believes these changes are largely a byproduct of the COVID-19 pandemic and its impact on drug testing rather than a true reflection of substance use among its supervised offenders. Still, CSP's proposed FY 2023 targets aim for marginal improvements in performance. The proposed targets aim to decrease drug positives to closer to FY 2021 actuals and further reduce polydrug use among supervised offenders.

Finally, CSP proposes to withdraw the fifth measure, Difference in Substance Misuse Need. In October 2021, CSP deployed a new case management system with an abridged assessment questionnaire whose substance misuse needs component is not comparable for the purpose of this measure with the longer questionnaire used in prior years. Prospectively, CSP is also discontinuing its current assessment instrument in favor of decision-support instruments and accompanying technical architecture that are more operationally agile. CSP anticipates future substance misuse needs models will be backward-compatible.



Department of Defense Defense Security Cooperation Agency

Mission

The Defense Security Cooperation Agency's (DSCA) mission is to advance the United States' national security and foreign policy interests by building the capacity of foreign security forces to respond to shared challenges. DSCA leads the broader United States security cooperation enterprise in its efforts to train, educate, advise, and equip foreign partners.

Relevant PRS Performance Measure

Goal 7: The supply of illicit substances into the United States is reduced.

- Objective 4: Potential production of cocaine is decreased by 10 percent, and heroin is decreased by 30 percent by 2025.

DoD directs resources toward efforts that support *Strategy* efforts to disrupt, degrade, and dismantle threat networks that use proceeds generated from illicit activities to fuel insurgencies, contribute to regional instability, or support acts of terrorism. The George C. Marshall European Center for Security Studies (GCMC) program on Countering Transnational Organized Crime (CTOC) focuses on the national security threats posed by transnational organized criminal activities. This program examines how transnational criminal organizations impact a country's national security and builds partner capacity by teaching partner nation participants how to develop strategies and policies to counter illicit traffickers and the activities of transnational criminal organizations. The course is designed for government officials and practitioners who are engaged in policy development, law enforcement, intelligence, and interdiction activities aimed at countering illicit narcotics trafficking, terrorist involvement in criminal activity, and the associated elements of transnational crime and corruption. Associated workshops and forums support these same objectives for an intersecting community of practice.

Evaluation Plan and Performance Measures

In addition to regionally focused programs addressing Eurasian defense and security, the GCMC also delivers global transnational security studies education, outreach, and research programs in areas including CTOC, as the Office of the Secretary of Defense's designated global CTOC Regional Center. These courses and associated alumni outreach activities cultivate trans-regional communities of practice that intersect with alumni networks developed by other Regional Centers, such as the William J. Perry Center for Hemispheric Defense Studies. Throughput in courses and subsequent engagement activities, particularly from priority countries, is an intermediate measure of success in building these networks. GCMC-assisted partner nation actions in support of Objective 7, Goal 4, such as national strategic plans for supply reduction, are a key outcome of these networks.



Performance Table

Defense Security Cooperation Agency				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
GCMC CTOC Course Graduates	58	103	108	83
GCMC Workshop and Seminar Participants ²⁰	58	103	109	62
Number of CD/CTOC strategies and policies contributed	2	5	0	0
Number of bilateral CTOC assistance provided	2	2	0	0

Discussion of Results

The quantitative results above capture the GCMC CTOC throughput metrics for the reporting period. These metrics reflect an operationally restrictive in-person pandemic operating environment. While restrictions were loosened for in-person activities, full pre-pandemic throughput capacity was restricted and reflected in the metrics. The two 24-day CTOC resident courses, provided partner building capability in CTOC strategy development. Similarly, the Pan-American Forum conducted in Montevideo, Uruguay, in February 2022, established an international Countering Transnational Organized Crime professional network consisting of South American and European partners. The May 2022 CTOC International Forum conducted in Rome, Italy, proved extremely valuable connecting representatives from South America and highlighted the growing evidence of Chinese-produced fentanyl and carfentanyl in the region. The results further highlighted new trafficking patterns and offered opportunities to improve international security cooperation between partner nations. The two international forums addressed global partnering objectives aimed at building networks to counter narcotics trafficking threats.

²⁰ Total includes two Forums shorter than and complementary to GCMC resident courses. Such activities include CTOC International Forums and Pan American Forum.



Department of Defense

Drug Interdiction and Counterdrug Activities

Mission

In conjunction with other departments and agencies, DoD supports the continuing national priority to identify, disrupt, and degrade those transnational criminal networks that pose the greatest threats to United States national security by targeting their infrastructure, depriving them of enabling means, and preventing the criminal facilitation of terrorist activities and the malign activities of adversary states.

The Department's statutory mission to serve as the single lead agency for the detection and monitoring of aerial and maritime transit of illegal drugs into the United States remains a priority. By performing this mission, DoD helps deter, disrupt, and degrade potential threats before they reach the United States. DoD also supports United States Government and international efforts to target transnational criminal organizations at their source, and builds international partnerships to prevent transnational threat networks from undermining sovereign governments, decreasing regional stability, and threatening the United States.

Relevant PRS Performance Measure

Goal 1: Illicit substance use is reduced in the United States.

- Objective 2: The percentage of people meeting criteria for cocaine, opioid and methamphetamine use disorders are each respectively reduced by 25 percent by 2025.

The Drug Demand Reduction (DDR) budget activity funds programs to ensure the dangers of drug misuse within DoD are understood, prevented, identified, and treated in order to keep the fighting force at the highest levels of readiness. Prevention, education, and outreach programs focus on DoD's military and civilian communities designed to raise awareness of the adverse consequences of illicit drug use and prescription drug misuse on job performance, safety, health, family stability, fiscal security, and employment opportunities.

Goal 7: The supply of illicit substances into the United States is reduced.

- Objective 1: The number of targets identified in counternarcotics Executive Orders and related asset freezes and seizure made by law enforcement is increased by 365% by 2025.

DoD CD Enterprise-Wide Intelligence Programs broadly support and enhance the capabilities of DoD components in performing CD/CTOC/CTF missions to help United States and international law enforcement partners deter, disrupt, and defeat global drug-trafficking, illicit finance, transnational crime, and terrorist activities. DoD's Narcotics and Transnational Crime Support Center (NTC) facilitates tailored analytical support to law enforcement, interagency, and DoD efforts to address transnational organized crime issues by providing intelligence analysis support, as requested, to active cases and operations.



Evaluation Plan and Performance Measures

The DDR Program aligns with and supports the second objective of the first goal to the *Strategy*: the percentage of people meeting criteria for cocaine, opioid, and methamphetamine use disorders are each respectively reduced by 25 percent by 2025. Compulsory random drug testing with punitive consequences, anti-drug education and outreach programs promote and maintain the health and welfare of the United States Armed Forces and the DoD civilian workforce. DoD remains on track to keep the illicit drug test positivity rate below 2 percent for military personnel and below 1 percent for civilian personnel.

Active and persistent intelligence support to CD/CTOC/CTF efforts conducted by United States and international law enforcement partners enables a persistent mechanism to target, deter and disrupt illicit actors. NTC has prioritized their support to interagency partners’ most critical efforts.

Detection and Monitoring (D&M) activities focus predominately in the Western Hemisphere. This supporting measure is the primary gauge for assessing the Department’s performance as the single lead agency of the federal government for 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.

Performance Tables

DoD Drug Interdiction and Counterdrug Activities				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
DoD DDRP - Armed Forces Positive Drug Test Rate	0.96% ²¹	<2%	1.25%	<2%
DoD DDRP - DoD Civilian Positive Drug Test Rate	0.43%	<1%	0.25%	<1%
NTC Support to Interagency Priority Cases ²²	25	30	33	40
Percentage of Detected Events Successfully Handed-off to Interdiction and Apprehension Resources	76%	80%	76%	80%

²¹ FY 2021 United States Armed Forces Positive Drug Test Rate adjusted from .91% as an extrapolated EOY estimate to .96% actual.

²² Interagency priority cases are defined as support to Attorney General Exempt Operations, Consolidated Priority Organization Targets, Homeland Criminal Organization Targets, Extraterrestrial Criminal Travel Strike Force, OCDEF Priority Transnational Organized Crime (PTOC) designations and DHS Significant Case Review (SCR) investigations. [Data source: C2IE]



Discussion of Results

The DDR Program administers the drug screening program for the U.S. Armed Forces and the DoD civilian workforce. The positive test rate for the Armed Forces increased from .96 percent for FY 2021 to 1.25 percent in FY 2022, but remains well below the maximum acceptable target rate of 2.0 percent. Additionally, the positive test rate for the DoD civilian workforce decreased from 0.43 percent in FY 2021 to 0.25 percent in FY 2022 and remains well below the maximum acceptable target rate of 1.0 percent.

The NTC increased intelligence analysis support to United States law enforcement and interagency priority cases by 32 percent in FY 2022 when compared with FY 2021. This metric is determined by the number of priority cases in support of Attorney General Exempt Operations, Consolidated Priority Organization Targets (CPOT), Homeland Criminal Organization Targets, Extraterritorial Criminal Travel Strike Force, OCDETF Priority Transnational Organized Crime (PTOC) designations and DHS Significant Case Review (SCR) investigations. This data is maintained and tracked in the DoD Command & Control Information Environment (C2IE) database. In FY23, NTC remains on track to increase support to priority cases by 20 percent; the increase is based on the gains made in fiscal year 2022.

Joint Interagency Task Force – South (JIATF-S) conducts an active counter-drug D&M program within its area of responsibility in the western hemisphere. The metric is defined by the percentage of illicit drug trafficking events detected and successfully handed-off to law enforcement interdiction and apprehension assets. In FY 2022, 76 percent of the illicit drug trafficking detected by JIATF-S was successfully handed-off for interdiction and apprehension. While this was just below the 80 percent target, it matched the FY 2021 percentage submitted for interdiction and apprehension. The hand-off percentage is a factor of quality and quantity of JIATF-S D&M efforts, as well as the availability of law enforcement and interagency assets to conduct operations. The FY 2023 goal remains at 80 percent of all illicit trafficking events detected successfully handed-off for interdiction and apprehension.



Department of Defense **Defense Health Program**

Mission

The Defense Health Program (DHP) provides worldwide medical and dental services to active-duty service members and other beneficiaries, veterinary services, occupational and industrial health care specialized services for the training of medical personnel and medical command headquarters. Within the DHP, the Military Health System (MHS) provides care in government owned and operated medical treatment facilities primarily focused on sustaining readiness of deployable forces.

Relevant PRS Performance Measures

Goal 1: Illicit Substance Use in the United States is Reduced

- Objective #1: The number of drug overdose deaths is reduced by 13 percent by 2025.

DHP supports drug overdose prevention through programs designed to increase the distribution of naloxone, the opioid reversal drug, in conjunction with opioid overdose education to patients in the military health system identified as being at risk for accidental overdose.

- Objective #2: The percentage of people meeting criteria for cocaine, opioid and methamphetamine use disorder are respectively reduced by 25 percent by 2025

DHP provides SUD treatment, education and prevention for active-duty service members and beneficiaries, as well as monitoring active duty service members with random drug testing in an effort to reduce SUD. In addition, it provides training to prescribers in the DoD on safe prescribing practices designed to decrease the risk of opioid misuse and diversion.

Goal 4: Treatment Efforts in the United States are Increased

- Objective 2: The projected shortfall in the qualified workforce of behavioral health providers (including addiction professionals) funded by federal programs in the United States is reduced by 70 percent by 2025.

The Defense Health Agency is in the process of transforming behavioral health (BH) into a single, standardized system of BH care across the MHS. The transformation includes a creation of a comprehensive strategy to address access to care in the direct care system and private sector for both initial non-urgent referrals as well as follow-up appointments. There are several efforts underway to implement the comprehensive strategy which will address barriers to the recruitment and retention of BH providers; optimize the current workforce; expand tele-behavioral health services; leverage non-clinical resources (i.e., Chaplain, Military Family Life Consultants); decrease provider burnout; and implement an MHS-wide staffing model.



Evaluation Plan and Performance Measures

Information regarding the performance of DHP in support of Goal 1, Objective 2 was collected by systematic review of encounter ICD-10 diagnosis data coded into ALTHA, the electronic medical record system used in the DoD, to determine the incidence of SUD, specifically opioid use disorder and cocaine use disorder. Due to a lack of specificity in the coding of treatment for stimulant use disorder, methamphetamine could not be separated from other stimulants, including prescription stimulants and synthetic cathinones (“Bath Salts”). The table below illustrates rates as the number of encounters per calendar year disaggregated by Active Duty (AD) and covered beneficiaries other than AD (B).

Performance Table

Defense Health Agency				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Number of OUD in the DoD – Active Duty	1,137	1,768	977	789
Number of OUD in the DoD – Beneficiaries	26,964	20,777	24,358	21,349
Number of Cocaine Use Disorder in the DoD – Active Duty	1,029	355	978	769
Number of Cocaine Use Disorder in the DoD - Beneficiaries	1,911	1,058	1,666	1,114

Discussion of Results

In 2022 individuals diagnosed with Opioid Use Disorder (OUD) was below the target for the AD component but higher for Beneficiaries. For Cocaine Use Disorder, both AD service members and Beneficiaries were above the target for individuals diagnosed. In addition to treatment and education targeted at service members and dependents, DHP has been involved in the development and implementation of educational training modules targeting providers to increase awareness of the risks of overuse of prescription opioids and teaching safe prescribing practices. The DoD Opioid Prescriber Safety Training Program consists of two modules that are each approximately one-hour long and covers safe opioid prescribing, prescribing opioids for chronic pain, alternatives to opioid medications, and identification and supportive service referral for Service members with possible opioid use problems. The training was published at the end of December 2016 and completed at the end of September 2017. By that time, 13,736 prescribers (80.4 percent of identified required prescribers) had completed the training.

Included in DHP efforts to change opioid prescribing in the DoD is the increased distribution of Naloxone. Patients identified through standardized measures to be at high risk for accidental opioid overdose, based upon medical comorbidities, use of other respiratory suppressing medications, prolonged or high dose usage of opioids are prescribed Naloxone which can be



used to reverse opioid overdose. DHP has been involved in the development of naloxone distribution programs as well as revision of treatment guidelines making Naloxone prescription the standard of care. Naloxone distribution has been identified by multiple medical organizations as a lifesaving intervention.

Overall, the incidence of OUD is markedly lower in the DoD than the civilian population at large, with the majority of cases in the DoD being beneficiaries other than active duty (46 AD vs 260 other beneficiaries per 100k). However, opioids remain the most common substance of misuse, after alcohol requiring medical treatment in the DoD. Because of their prevalence, education and harm reduction programs have focused more on opioids than the other substances targeted in the *Strategy*. As reflected in the results above, the DHP aims to meet targeted goals to decrease OUD by 25 percent by 2025. Efforts to decrease incidence of cocaine use disorder are not projected to meet the 25 percent reduction by 2025, although these represent a small percentage of the SUD seen in the population treated by DHP.



Department of Education School Safety National Activities

Mission

The mission of the Department of Education (ED) is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access. The School Safety National Activities (SSNA) programs help States and school districts foster a safe, secure, and supportive school and community environment conducive to teaching and learning; facilitate emergency management and preparedness, support the recovery from traumatic events; and increase the availability of school-based mental health service providers for students.

Grants funded by SSNA are used to develop, enhance, or expand statewide systems of support for, and technical assistance to, local educational agencies and schools implementing an evidence-based, multi-tiered behavioral framework for improving behavioral outcomes and learning conditions for all students. They also 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.

Relevant PRS Performance Measure

Goal 2: Prevention efforts are increased in the United States.

- Objective 1: Past 30-day alcohol use among young people aged 12-17 is reduced by 10 percent by 2025.
- Objective 2: Past 30-day use of an e-cigarette among middle and high school students is reduced by 15 percent by 2025.

The School Climate Transformation Grant- Local Educational Agency (SCTG-LEA) program is funded under SSNA and provides competitive grants to local agencies 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. Drug prevention is an allowable activity for these grants, and ED encourages grantees to measure student drug use along with other issues related to school climate and student well-being. ED also encourages grantees to develop a local needs-assessment to help identify and select the most appropriate evidence-based practices, including, where appropriate, drug use prevention activities.

Evaluation Plan and Performance Measures

ED developed a variety of measures to assess the performance of the SCTG-LEA program, including four measures that support the goals of the *Strategy*.

- The number and percentage of schools annually that are implementing a multi-tiered system of support framework with fidelity. 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 an evidence-based program and has an improved chance of being implemented more effectively.

- The number and percentage of schools annually that are implementing opioid misuse prevention and mitigation strategies. ED included a competitive preference priority for applicants that proposed to implement opioid misuse prevention and/or mitigation strategies in order to support schools’ role in both preventing opioid misuse and addressing the mental health and other needs of students affected by the opioid crisis.
- The number and percentage of schools that report an annual decrease in suspensions and expulsions related to possession or use of alcohol. Improvements in school climate can lead to decreases in actual student use of alcohol, resulting in fewer students facing 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.
- The number and percentage of schools that report an annual decrease in suspensions and expulsions related to possession or use of other drugs. Improvements in school climate can lead to decreases students’ use of drugs, resulting in fewer students facing 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 and underlying needs, rather than relying on suspensions and expulsions.

Performance Table

School Safety National Activities				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
The percentage of schools annually that are implementing a multi-tiered system of support framework with fidelity.	64%	69%	62%	54%
The percentage of schools annually that are implementing opioid misuse prevention and mitigation strategies.	67%	47%	79%	52%
The percentage of schools that report an annual decrease in suspensions and expulsions related to possession or use of alcohol.	84%	89%	67%	70%



Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
The percentage of schools that report an annual decrease in suspensions and expulsions related to possession or use of other drugs.	80%	85%	59%	66%

Discussion of Results

For the most recent data reported in FY 2022, grantees were much further along with implementing opioid misuse prevention and mitigation strategies than in previous years. Additionally, shifts from virtual to in-person learning positively impacted grantees' ability to service more schools.



Department of Health and Human Services **Administration for Children and Families**

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. Regional Partnership Grants funded under the Promoting Safe and Stable Families (PSSF) appropriation 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, including services and activities to benefit children and families affected by a parent's or caregiver's substance misuse.

Relevant PRS Performance Measure

Goal 1: Illicit substance use is reduced in the United States

- Objective 1: The number of drug overdose deaths is reduced by 13 percent by 2025.

While not directly supporting the prevention objectives, ACF's efforts supports HHS' objective to strengthen early childhood development and expand opportunities to help children and youth thrive equitably within their families and communities.

Goal 4: Treatment efforts are increased in the United States

- Objective 2 Treatment admissions for the populations most at risk of overdose death is increased by 100 percent by 2025.

The Regional Partnership Grant (RPG) Program funds discretionary grants to 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. Many of the funded projects include evidence-based treatment, including medications for opioid use disorder (MOUD).

Evaluation Plan and Performance Measures

The below measure is based on data reported through the Adoption and Foster Care Analysis Reporting System (AFCARS). States report child welfare data to ACF through AFCARS. All state semi-annual AFCARS data submissions undergo extensive edit-checks for validity.



Performance Table

Since funding for the Regional Partnership Grants (RPG) is part of the larger PSSF program, ACF considers those activities to be part of the larger program performance goals. These performance measures include the following key measure in the table below:

Administration for Children and Families				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Percentage of all children who exit foster care in less than 24 months, who exit to permanency (reunification, living with a relative, guardianship, or adoption).	91.5%	At least 0.2 percentage point increase over the FY2021 actual	TBD	At least 0.2 percentage point increase over the FY2022 actual ²³

Discussion of Results

In FY 2021, ACF placed 91.5 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. State performance in FY 2021 remained the same as FY2020 at 91.5 percent, but it fell short of the FY 2021 target of 91.7 percent. ACF expects states will continue efforts to improve performance and anticipates continued improvement of 0.2 percentage points over the prior year's performance through FY 2024. Future targets for this performance measure through FY 2024 are to improve by at least 0.2 percentage points over the previous year's actual result. In keeping with the targets, the percentage remains the same. Data for FY 2022 are not yet available and will be included in the next assessment.

²³ The FY 2021 actual data will not be available until October 2023; the FY2022 target will be established at that point.



Department of Health and Human Services Centers for Disease Control and Prevention

Mission

The Centers for Disease Control and Prevention (CDC) serves as the nation’s public health agency and exercises its expertise in developing and applying disease prevention and control, environmental health, and health promotion and health education activities designed to improve the health of the people of the United States. CDC plays a critical role in overdose prevention by strengthening surveillance, helping providers improve prescribing practices, and working to identify and scale up effective interventions. CDC’s funding initiatives equip state health departments with resources to combat the overdose crisis. CDC uses data to drive action to prevent and address drug overdoses as well as other negative health effects related to drug use, such as rising infectious diseases. CDC aims to decrease morbidity, mortality, and incidence of infectious diseases associated with injection drug use by safely strengthening the national syringe services program infrastructure where not prohibited by law and further integrating SSPs into the United States public health system.

CDC has tailored its response as the epidemic continues to evolve. For example, in response to the rise in deaths attributable to illicit opioids and resurgent methamphetamine, CDC is strengthening surveillance and response to inform and engage public safety and substance use treatment efforts addressing illicit opioids and polysubstance use. CDC also has initiated efforts at the community and local levels to empower consumers to make safe choices and to reach populations and communities disproportionately affected by the overdose crisis.

CDC supports the *Strategy* through its surveillance activities and by advancing data-driven prevention strategies to address drug use and overdose. CDC works to prevent overdose and other substance use-related harms under its five strategic priorities:

- Monitoring, analyzing, and communicating trends
- Building state, local, tribal, and territorial capacity
- Supporting providers, health systems, payers, and employers
- Partnering with public safety and community organizations
- Raising public awareness and reducing stigma

Foundational to CDC’s work are the guiding principles of promoting health equity, addressing underlying factors, partnering broadly, taking evidence-based action, advancing science, and driving innovation. These pillars align with and crosscut the *HHS Overdose Prevention Strategy* and the Administration’s *Strategy*, and work to accomplish the same goals through a public health approach that supports public safety.



Relevant PRS Performance Measure

Goal 1: Illicit substance use is reduced in the United States.

- Objective 1: The number of drug overdose deaths is reduced by 13 percent by 2025.
- Objective 2: The percentage of people meeting criteria for cocaine, opioid, and methamphetamine use disorders are each respectively reduced by 25 percent by 2025.

CDC supports the reduction of illicit substance use by funding prevention efforts and conducting surveillance of fatal and non-fatal overdoses, primarily through CDC's Overdose Data to Action (OD2A) Program.²⁴ The OD2A funding opportunity seeks to advance the understanding of the opioid overdose crisis and to scale-up prevention and response activities.

CDC launched the multiyear OD2A cooperative agreement in September 2019 with 66 recipients (47 states, Washington, D.C., 16 localities, and two territories). OD2A funds have supported recipients in collecting high quality, comprehensive, and timely data on nonfatal and fatal overdoses and in using those data to inform prevention and response efforts. OD2A focuses on understanding and tracking the complex and changing nature of the drug overdose epidemic and highlights the need for seamless integration of data into prevention and response strategies. Two opportunities available in 2023 build and advance upon this work: Overdose Data to Action: Limiting Overdose through Collaborative Actions in Localities (OD2A:LOCAL)²⁵ and Overdose Data to Action in States (OD2A-S).²⁶

The Drug Overdose Surveillance and Epidemiology (DOSE) system²⁷ and the State Unintentional Drug Overdose Reporting System (SUDORS)²⁸ both began in 2016 as part of CDC's Enhanced State Opioid Overdose Surveillance (ESOOS) program, which funded 12 states, with an additional 20 states and the District of Columbia funded in 2017 to share nonfatal and fatal drug overdose data with CDC.

DOSE, CDC's primary non-fatal drug overdose surveillance system, analyzes electronic health record (EHR) data to rapidly identify outbreaks and provide situational awareness of changes in drug overdose-related emergency department (ED) visits at the local, state, and regional level. DOSE leverages two data sources analyzed separately: discharge and billing data captured by hospital associations for ED visits and inpatient hospitalizations, as well as timely syndromic data captured by health departments for ED visits. DOSE includes aggregate data on ED visits involving suspected all drug, all opioid, heroin, and all stimulant overdoses and includes data stratified by patient sex, age, and county of patient residence. Jurisdictions share their data with CDC as frequently as monthly for syndromic and quarterly for discharge. The DOSE Dashboard²⁹ is updated each month with the most recent data shared by OD2A-funded partners.

²⁴ <https://www.cdc.gov/drugoverdose/od2a/index.html>

²⁵ <https://www.grants.gov/web/grants/view-opportunity.html?oppId=341836>

²⁶ <https://www.grants.gov/web/grants/view-opportunity.html?oppId=342292>

²⁷ <https://www.cdc.gov/drugoverdose/nonfatal/case.html>

²⁸ <https://www.cdc.gov/drugoverdose/od2a/pdf/SUDORS-Fact-Sheet.pdf>

²⁹ <https://www.cdc.gov/drugoverdose/nonfatal/dashboard/index.html>



SUDORS, CDC’s primary fatal overdose surveillance system, collects and abstracts data for unintentional and undetermined intent drug overdose deaths from death certificates, medical examiner/coroner reports, including detailed information on toxicology, death scene investigations, route of administration, and other risk factors that may be associated with a fatal overdose for entry into a web-based CDC platform that is shared with the National Violent Death Reporting System (NVDRS). As a result, SUDORS data provide the factual context surrounding the overdose death. In addition, given the limitations with ICD cause of death codes, SUDORS data include information from full postmortem toxicology testing results, which allows CDC to identify the specific substances that caused the overdose death as well as additional drugs detected.

Goal #2: Prevention efforts are increased in the United States

CDC supports jurisdictions to put what they learn into action. CDC funds support Overdose Fatality Review Teams—comprising multi-agency and multi-disciplinary members—to conduct confidential case reviews of overdose deaths in order to prevent future deaths. Teams identify additional opportunities for prevention, gaps in current prevention efforts, and areas for increased collaboration among agencies and stakeholders at the local level. CDC resources also build jurisdictions’ capacity to use Prescription Drug Monitoring Program (PDMP) data to inform action, educate the public about risks, customize prevention activities to communities, and prioritize populations of need (including rural and tribal communities). For example, in Washington, the PDMP has been made available directly within electronic health records at emergency departments and urgent care sites.

CDC supports providers and healthcare systems with evidence-based practices to increase safer prescribing, maximize the use of PDMPs, and advance evidence-based insurer and health systems interventions at the federal, State, and local levels. CDC encourages uptake and use of the 2022 *CDC Clinical Practice Guideline for Prescribing Opioids for Pain*, published on November 3, 2022 within and across clinical settings.³⁰ CDC indicated an intent to update the 2016 CDC Guideline for Prescribing Opioids for Chronic Pain, as new evidence became available. CDC funded the Agency for Healthcare Research & Quality (AHRQ) to conduct five systematic reviews of the scientific evidence that were published since March 2016. Based on evidence provided in these reviews, CDC determined that an update of the Guideline was warranted. The guideline update development process included results from the AHRQ systematic reviews, stakeholder input on values and preferences related to pain management, and a public comment period through the Federal Register. Through this development process, the 2022 Clinical Practice Guideline includes promotion of equitable access to effective, informed, individualized, and safe pain management that improves patients’ function and quality of life, while clarifying and reducing the risks associated with opioid use.³¹

One of CDC’s priorities is raising awareness about the risks of opioid misuse. The aim is to implement primary prevention strategies, such that individuals reduce their risk of opioid misuse,

³⁰ Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. *MMWR Recomm Rep* 2022;71(No. RR-3):1–95. DOI: <http://dx.doi.org/10.15585/mmwr.rr7103a1>

³¹ Prescribing Opioids for Pain — The New CDC Clinical Practice Guideline | NEJM (<https://www.nejm.org/doi/full/10.1056/NEJMp2211040>)



overdose, or OUD. To provide individuals with the resources and information they need to make informed choices, CDC has developed campaigns and messaging to educate consumers. CDC's *Rx Awareness* campaign³² feature testimonials from people recovering from OUD and people who have lost people in their lives to opioid overdose. The goals of the campaign are to increase awareness that prescription opioids can present risks such as addiction, lower prescription opioid misuse, increase the number of patients seeking effective non-opioid pain management options, increase awareness about recovery and reduce the stigma of living with pain, and for people diagnosed with substance use disorders. To address the increasing number of overdose deaths related to both prescription opioids and illicit drugs, CDC has created four mini-campaigns to educate people who use drugs about the dangers of illicitly manufactured fentanyl, the risks and consequences of mixing drugs, the lifesaving power of naloxone, and the importance of reducing stigma around recovery and treatment options. Together, these campaigns highlight that we can help prevent drug overdoses and save lives.

CDC continues to look for upstream evidence-based prevention efforts, such as collecting data on adverse childhood experiences (ACEs) as a key risk and need factor. For example, CDC supported six states to include an ACEs module in their 2019 Behavioral Risk Factor Surveillance System (BRFSS) survey—an annual state-based phone survey that collects state data on risk factors, chronic health conditions, and use of preventive services. The module asks questions related to substance use, and the data can then be used to assess the relationship between substance use and ACEs. In FY 2020, CDC made this ACEs module available to all 50 states. CDC also included ACEs and opioid misuse surveillance questions on an internet panel survey to provide better insight into trends in ACEs and the connection to opioid misuse over time—a key function of public health surveillance and one that is not currently supported by existing retrospective data systems.

CDC's Division of Overdose Prevention supports efforts in prevention of youth substance use primarily through the Drug Free Communities (DFC) Program. The DFC Support Program is the nation's leading effort to mobilize communities to prevent and reduce substance use among youth. Created in 1997 by the Drug-Free Communities Act, administered by ONDCP, and managed through a partnership between ONDCP and CDC, the DFC program provides grants to community coalitions to strengthen the infrastructure among local partners to create and sustain a reduction in local youth substance use, helping to identify and respond to the drug problems unique to their community, and change local community environmental conditions tied to substance use.

Goal #3: Harm reduction efforts are increased in the United States

- Objective 1: The number of counties with high overdose death rates which have at least one Syringe Service Program (SSP) is increased by 85 percent by 2025.
- Objective 2: The percentage of SSPs that offer some type of drug safety checking support service, including, but not limited to Fentanyl Test Strips, is increased by 25 percent by 2025.

³² <https://www.cdc.gov/rxawareness/index.html>



Where not prohibited by law, CDC supports harm reduction efforts through its OD2A funded recipients as well as other programs. Harm reduction is a set of practical strategies and interventions aimed at saving lives and reducing other negative consequences associated with drug use. These life-saving strategies may include overdose education and naloxone distribution, syringe services programs where not prohibited by law, low-threshold access to MOUD, drug checking (for example, using FTS where not prohibited by law), and education about safer drug use practices. There are significant opportunities for OD2A recipients to incorporate harm reduction activities that save lives into their work. Related to FTS, OD2A recipients are implementing strategies that aid in drug checking, education around FTS, collection of data on FTS access, use, and findings to inform program improvements, and analyzing and interpreting data from mass spectrometry to improve programs and provide information to partners, including law enforcement to enhance public health and public safety outcomes. Both OD2A:LOCAL and OD2A-S opportunities give funded jurisdictions additional support to build off this work.

Further, CDC supports a number of harm reduction programs aimed to reduce infectious diseases associated with drug use, including the Strengthening SSPs³³ funding opportunity, as well as the National Harm Reduction Technical Assistance Center³⁴, that provides technical assistance and consultation services to support the implementation of effective, evidence-based harm reduction programs, practices, and policies in diverse settings where not prohibited by law.

SSPs are harm reduction programs where syringes and other sterile injection and drug use equipment are distributed and collected for safe disposal where not prohibited by law. These programs are often implemented with other medical and social services designed to improve the health of people who use drugs (PWUD). Syringe services are provided free of charge. Use of OD2A funds for activities involving SSPs should be appropriate for achieving the goals of OD2A (i.e., reducing fatal and non-fatal drug overdose, improved linkage to treatment, etc.). Activities at SSPs that contribute primarily to other outcomes, for example, those aimed at the prevention of the spread of infectious disease, can be funded by other funding sources (but not by OD2A) where not prohibited by law.

Examples of allowable activities:

- Personnel or staff time to support SSP implementation and management for overdose prevention.
- Expanding mobile outreach from SSPs and associated costs, for example, vehicle lease or purchase and maintenance costs.
- Planning, evaluation, and data management for overdose prevention activities that are not research.
- Purchasing syringe disposal containers for surveillance projects that are conducting toxicology testing of drug product residue left in syringes used by people who inject drugs to better track the public health risks of the illicit drug supply. Syringe disposal containers are only allowable when tied to a surveillance activity that tests drug product.

³³ <https://www.grants.gov/web/grants/view-opportunity.html?oppId=335371>

³⁴ <https://harmreductionhelp.cdc.gov/s/>



- Facilitating the introduction of wraparound services to SSPs such as the collocation of MOUD, linkage to care, and other services to address barriers to SUD treatment. Introducing evaluation, data collection, and tracking of these activities and services.

Drug checking is a harm reduction intervention available where not prohibited by law, in which illicit drugs are chemically analyzed to determine the presence of synthetic opioids, such as fentanyl that are associated with overdose deaths. This method increases awareness of exposure to potential harms in the drug supply and helps mitigate overdose risks, including death. Drug checking should be deployed in conjunction with other public safety and public health strategies. One form of drug checking is the distribution and use of FTS, which are disposable, single-use tests that can detect the presence of fentanyl in a substance. Mass spectrometers located at harm reduction sites, including mobile ones, can be used to rapidly test and provide findings to the person submitting the sample. Comprehensive laboratory testing of syringes or drug products can inform harm reduction programs about changes and risks of the illicit drug supply.

Examples of allowable activities where not prohibited by law:

- Purchasing FTS for drug checking.
- Distribution and promotion of FTS.
- Collection of data on FTS access, use, and findings to inform program improvements.
- Training staff and people who use drugs on proper use and interpretation.
- It is important for organizations and people using FTS to understand test strip technology to accurately collect data and interpret findings.
- Analyzing and interpreting data from mass spectrometry to improve programs and provide information to partners.

Evaluation Plan and Performance Measures

CDC has been tracking the rise of opioid overdose deaths and using the data to inform prevention activities to curb this crisis. The success of OD2A is measured on three surveillance strategies (collect and report more timely and complete data on overdose-related emergency department visits, collect and report more timely and complete data on overdose-related deaths, and focus on new and innovative ways to identify and collect data on drug misuse or overdose better tailored to a community's needs), and eight prevention strategies (PDMPs, State and local integration, linkage to care, provider and health systems support, partnerships with public safety and first responders, empowering individuals, innovative prevention strategies, and peer-to-peer learning).

CDC program officers work closely with jurisdictions to track and assess success of each intervention, provide technical assistance, and gather data and success stories. Since programs are designed to be responsive to the challenges faced by each recipient, interventions vary widely from one jurisdiction to another. To this end, evaluation profiles³⁵ help thematically group interventions for evaluation purposes. These profiles can be tailored to the evaluation needs of programs and initiatives to ensure they are implemented effectively for desired public health and public safety outcomes. The profiles contain guidance on the types of evaluation questions,

³⁵ <https://www.cdc.gov/drugoverdose/od2a/evaluation.html>



indicators, data sources, and data collection methods that can be used to evaluate the specified topics and activities. State and local health departments, community-based organizations, medical and health care professionals, and program managers can use these profiles to determine how well programs and initiatives are being implemented and the effectiveness on desired outcomes.

Ensuring that SSPs are established and able to operate effectively in these high-risk counties, where not prohibited by law, can drive down overdose rates nationally. CDC’s National Center for Health Statistics’ (NCHS) small area estimates (which are modeled drug overdose death rates by county) served as the basis for identifying which counties are at highest risk for overdose morbidity and mortality. ONDCP used a publicly available database that specifically lists the number of SSPs in the country as well as the services they provide to establish a baseline. In 2020, the number of high-risk counties in the United States with at least one SSP was 130; the objective seeks to raise this by 85 percent by 2025.

Performance Table

Centers for Disease Control and Prevention				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Reduce the age-adjusted annual rate of overdose deaths involving natural and semisynthetic opioids among states funded through OD2A (per 100,000 residents) ³⁶	13,503 deaths predicted in the United States ³⁷	3.6 per 100,000 residents	TBD ³⁸	3.6 per 100,000 residents
Reduce age-adjusted annual rate of overdose deaths involving synthetic opioids other than methadone (e.g., fentanyl) among states funded through OD2A (per 100,00 residents) ¹	71,238 deaths predicted in the United States	7.7 per 100,000 residents	TBD ³⁹	7.7 per 100,000 residents

³⁶ Measures consistent with FY 2023 CDC Congressional Justification of Estimates for Appropriations Committees.

³⁷ Final age-adjusted overdose death rates will be available January 2023.

³⁸ Predicted death totals will be available March 2023 for 12 months ending in September 2022 and June 2023 for 12 months ending in December 2022

³⁹ Predicted death totals will be available March 2023 for 12 months ending in September 2022 and June 2023 for 12 months ending in December 2022



Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Reduce opioid prescription dispensing by at least 10% to prevent harm associated with prescription opioid misuse ⁴⁰	42.5 prescriptions per 100,000 ⁴¹	35.1 prescriptions per 100,000 ⁴²	40.0 prescriptions per 100,000	35.1 prescriptions per 100,000
Reduce emergency department visits related to opioid overdose ⁴³	19% decrease in ED visits for suspected all-drug overdoses	10% decrease in ED visits for suspected all-drug overdoses	14% decrease in ED visits for suspected all drug overdoses ⁴⁴	10% decrease in ED visits for suspected all-drug overdoses
Increase the number of counties with high overdose death rates which have at least one syringe service program (SSP) by 85 percent by 2025	130 counties	174 counties	188 counties	196 counties
Increase the percentage of SSPs that offer some type of drug safety checking support service, including, but not limited to Fentanyl Test Strips, is increased by 25 percent by 2025.	26.4%	17.9%	46.7%	18.7%

Discussion of Results

In FY 2022, CDC met and exceeded three target measures: *Increase the number of counties with high overdose death rates which have at least one syringe service program (SSP) by 85 percent by 2025*; *Increase the percentage of SSPs that offer some type of drug safety checking support*

⁴⁰ Data source: IQVIA NPA. IQVIA NPA is based on a sample of retail (non-hospital) pharmacies, which dispense 93% of all retail prescriptions in the United States and projected nationally. For this database, a prescription is an initial or refill prescription dispensed at a retail pharmacy in the sample and paid for by commercial insurance, Medicaid, Medicare, or cash or its equivalent. This analysis does not include mail order pharmacy data or those from long term care. Cough and cold formulations containing opioids and buprenorphine products typically used to treat opioid use disorder were not included. Population estimates were obtained from the US Census Bureau (<https://www.census.gov/data/datasets/time-series/demo/popest/2020s-national-total.html>).

⁴¹ Data for prescriptions during FY 2021 will be available in December 2022. This value is an estimate of a 10% reduction in prescriptions relative to the FY 2020 value.

⁴² This is an estimate of 10% year-over-year reductions each year from 2020 through 2022, and may need to be adjusted when FY 2021 data become available.

⁴³ Measure is estimated using DOSE syndromic surveillance data and reflects the percentage change in ED visit rates of suspected all-drug overdoses from December in a given year to December in the following year (e.g., December 2020 to December 2021).

⁴⁴ From November 2021 to November 2022. ED visit total for December 2022 will be available February 2023



service, including, but not limited to Fentanyl Test Strips, is increased by 25 percent by 2025; and reduce emergency department visits related to opioid overdose by 10%.

CDC cannot definitively say whether it has met the remaining two target measures, as data for FY2022 are not yet available but we anticipate final data available in December 2022.

- Reduce the age-adjusted annual rate of overdose deaths involving natural and semisynthetic opioids among states funded through OD2A (per 100,000 residents)
- Reduce age-adjusted annual rate of overdose deaths involving synthetic opioids other than methadone (e.g., fentanyl) among states funded through OD2A (per 100,000 residents)

Although the data necessary to definitively state whether these metrics were met are currently unavailable, trends from early available data can shed light on CDC's progress.

It is unlikely age-adjusted annual rates of overdose deaths from synthetic opioids decreased in FY2022 over FY2021 levels. However, rates of increase are not as high as previous years, which may be a sign that overdose deaths are slowing. Provisional data from CDC's National Vital Statistics System show predicted overdose deaths during the twelve months ending in May 2022 were 73,003 from synthetic opioids, which is 12.4 percent higher than the 64,924 deaths in the 12 months ending in May 2021. While the landscape of drug overdose deaths continues to shift rapidly, CDC is encouraged by a potential plateau seen in the provisional data for early 2022⁴⁵. CDC will continue to track these trends closely.

By these same early data, however, CDC is optimistic that overdose deaths from semi-synthetic and natural opioids⁴⁶ may have continued to decrease during FY2022. In this same time frame, predicted deaths from natural and semi-synthetic opioids decreased from 12,971 to 12,816. Over the past decade there have been sharp declines in opioid prescribing⁴⁷, despite increasing rates of overdose mainly attributable to illicit drugs. The recently published 2022 Clinical Practice Guideline for Prescribing Opioids for Pain, which provides clinicians and patients with updated tools and recommendations for appropriate pain care, combined with increased use of PDMPs and improved focus on better pain care, will continue to contribute to decreases in overdose deaths from these sources⁴⁸.

CDC's Drug Overdose Surveillance and Epidemiology (DOSE) system was developed to analyze data from syndromic surveillance systems to rapidly identify outbreaks and provide situational awareness of changes in drug overdose-related emergency department (ED) visits at the local, state, and regional level. These data helped CDC determine that it reached its ED visit target metric. As some individuals who experience a non-fatal overdose do not present to the ED, CDC is also pursuing novel methods for non-fatal overdose tracking and trend analysis. A recent

⁴⁵ <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

⁴⁶ [https://www.cdc.gov/opioids/basics/terms.html#:~:text=Natural%20opioid%20analgesics%2C%20including%20morphine,opioid%20use%20disorder%20\(OUD\)](https://www.cdc.gov/opioids/basics/terms.html#:~:text=Natural%20opioid%20analgesics%2C%20including%20morphine,opioid%20use%20disorder%20(OUD))

⁴⁷ <https://end-overdose-epidemic.org/wp-content/uploads/2021/09/IQVIA-opioid-prescription-trends-chart-Sept-2021-FINAL.pdf>

⁴⁸ https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm?s_cid=rr7103a1_w



MMWR publication details trends extrapolated from encounters with emergency medical services (EMS) following a non-fatal overdose⁴⁹.

CDC will continue to support these activities through its work with states and localities under the OD2A funding opportunity, collaboration with state, localities and territories through other means; and work through the Overdose Prevention Strategy to help local communities reduce drug overdoses and save lives by sharing timely data, pertinent intelligence and evidence-based and innovative strategies.

CDC did not meet its target for FY 2022 in terms of opioid prescriptions dispensed but did see a reduction. CDC will continue to support safe and effective pain care and reduce risks associated with opioid pain therapy, including opioid use disorder, overdose, and death. CDC released the *2022 Clinical Practice Guideline for Prescribing Opioids for Pain* in November 2022 to support clinicians and inform decision making. for prescribing opioids to improve pain management and patient safety.

Concurrent with this release, CDC released a suite of communication and translation materials to support implementation. New clinician education and communication materials are in development and will be released throughout 2023, including an updated training module and clinician app that discusses the use of nonopioid therapies for the treatment of pain.

⁴⁹ <https://www.cdc.gov/mmwr/volumes/71/wr/mm7134a1.htm>



Department of Health and Human Services Centers for Medicare & Medicaid Services

Mission

The Centers for Medicare & Medicaid Services (CMS) combines the oversight of the Medicare program, the Medicaid program and State Children's Health Insurance Program, the Health Insurance Marketplace, and related quality assurance activities. CMS serves the public as a trusted partner and steward, dedicated to advancing health equity, expanding coverage, and improving health outcomes.

Relevant PRS Performance Measure

Goal 1: Illicit substance use is reduced in the United States.

- Objective 1: The number of drug overdose deaths is reduced by 13 percent by 2025.
- Objective 2: The percentage of people meeting criteria for cocaine, opioid, and methamphetamine use disorders are each respectively reduced by 25 percent by 2025.

Goal 2: Prevention efforts are increased in the United States.

- Objective 2: Past 30-day use of an e-cigarette among middle and high school students is reduced by 15 percent by 2025.

Goal 4: Treatment efforts are increased in the United States.

- Objective 1: Treatment admissions for the populations most at risk of overdose death is increased by 100 percent by 2025.
- Objective 2: The projected shortfall in the qualified workforce of behavioral health providers (including addiction professionals) funded by federal programs in the United States is reduced by 70 percent by 2025.

CMS does not receive specific appropriated funding for drug control activities. The agency, through its Behavioral Health Strategy is taking action to improve access to prevention and treatment services for substance use disorders, mental health services, crisis intervention and pain care; and enable care that is well-coordinated and effectively integrated in Medicare, Medicaid, the Children's Health Insurance Program, and private health insurance.

Evaluation Plan and Performance Measures

The CMS Behavioral Health Strategy⁵⁰ seeks to remove barriers to care and services, and adopts a data-informed approach to evaluate behavioral health programs and policies. The Strategy strives to support a person's whole emotional and mental well-being and promotes person-centered behavioral health care.

⁵⁰ <https://www.cms.gov/About-CMS/Story-Page/behaviorial-health>



The CMS Behavioral Health Strategy consists of five goals:

- Strengthen equity and quality in behavioral health care
- Improve access to substance use disorders prevention, treatment and recovery services
- Ensure effective pain treatment and management
- Improve the quality of mental health care and services
- Utilize data for effective actions and impact

CMS also has a vital role in addressing the overdose crisis, a top priority of HHS. HHS released its Overdose Prevention Strategy⁵¹, which includes four priority areas, and also the HHS Roadmap for Behavioral Health Integration.

- Primary prevention
- Harm reduction
- Evidence-based treatment
- Recovery support

CMS is working to align relevant policies and programs to the HHS Strategy and the Roadmap.

- **Transformed-Medicaid Statistical Information System (T-MSIS) Data for SUD Trends** - T-MSIS collects Medicaid and CHIP data from U.S. states, territories, and the District of Columbia into the largest national resource of beneficiary information. CMS has developed research products using the T-MSIS Analytic Files (TAF) Research Identifiable Files (RIF) data in several key areas, including products to help researchers better understand Medicaid beneficiaries' utilization of SUD services.⁵² CMS also publishes annually the SUD Data Book⁵³ which reports the number of Medicaid beneficiaries with a SUD and the services beneficiaries received during a calendar year. The most recent annual SUD Data Book covers services received during calendar year 2020.⁵⁴
- **Mobile Crisis Intervention Services Planning Grants and State Plan Option in Medicaid** – Under the American Rescue Plan, states have a new option for supporting community-based mobile crisis intervention services for individuals with Medicaid. Mobile crisis intervention services are essential tools to meet people in crisis where they are and rapidly provide critical services to people experiencing mental health or substance use crises by connecting them to a behavioral health specialist 24 hours per day, 365 days a year. CMS also awarded \$15 million in planning grants to 20 states to support expanding community-based mobile crisis intervention services for Medicaid beneficiaries.

⁵¹ <https://www.hhs.gov/overdose-prevention/recovery-support>

⁵² <https://www.medicaid.gov/medicaid/data-systems/macbis/medicaid-chip-research-files/transformed-medicaid-statistical-information-system-t-msis-analytic-files-taf/index.html#sud>

⁵³ <https://www.medicaid.gov/medicaid/data-systems/downloads/2018-sud-data-book.pdf>

⁵⁴ <https://www.medicaid.gov/medicaid/data-systems/downloads/2020-sud-data-book.pdf>



- **Medicaid Section 1115 SUD Demonstrations** - As part of the HHS effort to combat the ongoing overdose crisis, CMS continues to offer⁵⁵ under the authority of section 1115(a) of the Social Security Act an option for states to demonstrate and test flexibilities to improve the continuum of care for beneficiaries with SUDs. CMS is encouraging states implementing section 1115 SUD demonstrations⁵⁶ to engage Medicaid managed care organizations to centralize, conduct and standardize screenings for their enrolled beneficiaries.
- **Medicaid Demonstration Project** - Under Section 1003 of the SUPPORT Act, CMS, in consultation with SAMHSA and the AHRQ, is conducting a Medicaid Demonstration Project⁵⁷ to increase the treatment capacity of Medicaid providers to deliver SUD treatment and recovery services. The demonstration project comprises two components: (1) a planning period, with planning grants originally awarded for an 18-month period to 15 states with funding of up to \$50 million in aggregate, and (2) a 36-month post-planning period with up to five states selected from among the 15 planning grant states.
- **Integrated Care for Kids (InCK) Model** - The InCK Model⁵⁸ is a child-centered local service delivery and state payment model that aims to reduce expenditures and improve the quality of care for children under 21 years of age covered by Medicaid through prevention, early identification, and treatment of behavioral and physical health needs in six states (Connecticut, Illinois, North Carolina, New Jersey, New York, and Ohio). Some programs also include CHIP beneficiaries and pregnant woman over age 21 who are covered by Medicaid. The model empowers states and local providers to better address these needs, as well as the impact of OUD through care integration across provider types.
- **Maternal Opioid Misuse (MOM) Model** - The MOM Model⁵⁹ addresses fragmentation of care for pregnant and postpartum Medicaid beneficiaries with OUD through state-driven transformation of the delivery system in eight states (Colorado, Indiana, Maine, Maryland, New Hampshire, Tennessee, Texas, and West Virginia).⁶⁰ The Model supports the coordination of clinical care and the integration of other services critical for health, wellbeing, and recovery. Participating beneficiaries will receive physical and behavioral health care services (e.g., maternity care, MOUD, mental health screening and treatment) provided by a team of healthcare providers with different specialties. Participating beneficiaries will also have to remove barriers that would prevent a pregnant person with OUD from receiving treatment.

⁵⁵ <https://www.medicaid.gov/federal-policy-guidance/downloads/smd15003.pdf>

⁵⁶ <https://www.medicaid.gov/medicaid/section-1115-demonstrations/1115-substance-use-disorder-demonstrations/section-1115-demonstrations-substance-use-disorders-serious-mental-illness-and-serious-emotional-disturbance/index.html>

⁵⁷ <https://www.medicaid.gov/medicaid/benefits/behavioral-health-services/substance-use-disorder-prevention-promotes-opioid-recovery-and-treatment-for-patients-and-communities-support-act-section-1003/index.html>

⁵⁸ <https://innovation.cms.gov/innovation-models/integrated-care-for-kids-model>

⁵⁹ <https://innovation.cms.gov/innovation-models/maternal-opioid-misuse-model>

⁶⁰ <https://innovation.cms.gov/data-and-reports/2022/mom-preimp-report>



- Value in Opioid Use Disorder Treatment (ViT) Demonstration** – CMS implemented the Value in Opioid Use Disorder Treatment⁶¹, a 4-year demonstration program added by section 6042 of the SUPPORT Act. The purpose of the demonstration is to increase access of applicable beneficiaries to OUD treatment services, improve physical and mental health outcomes, and to the extent possible, reduce Medicare program expenditures.
- Enhancements to Medicare’s Behavioral Health Services** – Each year CMS publishes Payment Policies under the Medicare Physician Fee Schedule (PFS), used by Medicare to pay physicians and other providers/suppliers on a fee-for service basis. The 2023 Final Rule creates a new General Behavioral Health Integration (BHI) code describing a service personally performed by clinical psychologists or clinical social workers to account for monthly care integration where the mental health services furnished by those clinicians are the focal point of care integration. Enhancements were also made to services available to beneficiaries through Opioid Treatment Programs (OTPs), including billing through mobile crisis units, in accordance with SAMHSA and DEA guidance. CMS also finalized two new payment codes for Chronic Pain Management and Treatment Services, to encourage clinicians to furnish care to more beneficiaries living with pain and holistically manage care in trusting, supportive, and ongoing care partnership. Elements of the codes include a person-centered care plan, facilitation and coordination of needed behavioral health treatment, and medication management. CMS also made it easier for Medicare beneficiaries to get some behavioral health services, by allowing behavioral health clinicians like licensed professional counselors and marriage and family therapists to offer services under general (rather than direct) supervision of the Medicare practitioner.

Performance Table

Centers for Medicare and Medicaid Services				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Outpatient Prospective Payment System (OPSS) - Increase in appropriate naloxone prescriptions	61%	60%	69.2%	80%
OPSS - Increase in buprenorphine waivers	42%	40%	41.9%	N/A

⁶¹ <https://innovation.cms.gov/innovation-models/value-in-treatment-demonstration>



Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
T-MSIS – number of Medicaid beneficiaries who received treatment for a SUD	TBD ⁶² .	Specific targets have not been established.	Approx. 8% of beneficiaries 12 and older ⁶³	Specific targets have not been established
T-MSIS – percent of beneficiaries treated for an OUD who received MOUD	TBD ⁶⁴	Specific targets have not been established.	78% ⁶⁵	Specific targets have not been established
Medicaid 1115 SUD demonstration - number of states that updated residential treatment requirements regarding access to MOUD	--	--	25 states added or updated requirements; 20 states added MAT access requirements for the first time	Additional time needed to pull data and set a target.
MOM Model - Among enrollees receiving pharmacotherapy, the percentage who remain on pharmacotherapy for a least 90 days (at any point during Model enrollment)	--	TBD ⁶⁶	Implementation period data potentially available early 2023.	New model – data unavailable at this time. ⁶⁷
MOM Model – number of Days/weeks of treatment	--	TBD	New model – data unavailable at this time.	New model – data unavailable at this time.

⁶² Data will not be published until the end of 2022

⁶³ In CY2020.

⁶⁴ Data will not be published until the end of 2022.

⁶⁵ In CY2020.

⁶⁶ New model – data targets are unavailable.

⁶⁷ Final data for the first implementation period should be available in January 2023. Targets for subsequent years would be set based on data collected during that first implementation period. (The implementation period, and data finalization, were delayed by COVID flexibilities.)



Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Medicaid Sec. 1003 Demonstration Project – percent of increase of Medicaid enrolled participants with a SUD, receiving SUD treatment in any setting as compared to FFY2018	--	TBD	Additional time needed to pull data and set a target.	Additional time needed to pull data and set a target.
Medicaid Sec. 1003 Demonstration Project – the proportion of Medicaid enrolled participants receiving Medicaid SUD services including MOUD in the community as compared to outpatient emergency services	--	TBD	Additional time needed to pull data and set a target.	Additional time needed to pull data and set a target.
ViT Demonstration – NQF 3589 Prescription or administration of pharmacotherapy to treat OUD	--	Benchmark determined based on midyear data to be delivered early 2023	Data will be available during Q2/2023	New model – data unavailable at this time

Discussion of Results

CMS will continue to collect and analyze data as it becomes available, and will report this information in 2024 *Assessment*.



Department of Health and Human Services

Food and Drug Administration

Mission

The Food and Drug Administration (FDA) is responsible for protecting the public health by ensuring the safety, efficacy, and security of human and veterinary drugs, biological products, and medical devices; and by ensuring the safety of our nation's food supply, cosmetics, and products that emit radiation. FDA also has responsibility for regulating the manufacturing, marketing, and distribution of tobacco products to protect the public health and to reduce tobacco use by minors.

FDA recognizes that the nation continues to face a multifaceted drug overdose crisis that has evolved beyond prescription opioids. In recent years, illicit opioids, largely driven by fentanyl and its analogues, have become key contributors to the overdose crisis. Other controlled substances, including benzodiazepines and stimulants (particularly methamphetamine), are also being used in combination with opioids, and alcohol and other substances. In response to this evolving crisis, in August 2022, the FDA launched the Overdose Prevention Framework – the Agency’s vision to undertake impactful, creative actions to prevent drug overdoses and reduce deaths.

The four priorities within the FDA Overdose Prevention Framework are:

- Supporting primary prevention by eliminating unnecessary initial prescription drug exposure and inappropriate prolonged prescribing.
- Encouraging harm reduction through innovation and education.
- Advancing development of evidence-based treatments for SUD.
- Protecting the public from unapproved, diverted, or counterfeit drugs presenting overdose risks.

Relevant PRS Performance Measure

Goal 1: Illicit substance use is reduced in the United States.

- Objective 1: The number of drug overdose deaths is reduced by 13 percent by 2025.
- Objective 2: The percentage of people meeting criteria for cocaine, opioid, and methamphetamine use disorders are each respectively reduced by 25 percent by 2025.

Goal 2: Prevention efforts are increased in the United States.

- Objective 1: Past 30-day alcohol use among young people aged 12-17 is reduced by 10 percent by 2025.
- Objective 2: Past 30-day use of an e-cigarette among middle and high school students is reduced by 15 percent by 2025.



Goal 3: Harm Reduction efforts are increased in the United States.

- Objective 1: The number of counties with high overdose death rates which have at least one Syringe Service Program (SSP) is increased by 85 percent by 2025.
- Objective 2: The percentage of SSPs that offer some type of drug safety checking support service, including, but not limited to Fentanyl Test Strips, is increased by 25 percent by 2025.

Goal 4: Treatment efforts are increased in the United States.

- Objective 1: Treatment admissions for the populations most at risk of overdose death is increased by 100 percent by 2025.
- Objective 2: The projected shortfall in the qualified workforce of behavioral health providers (including addiction professionals) funded by federal programs in the United States is reduced by 70 percent by 2025.

Goal 7: The supply of illicit substances into the United States is reduced.

- Objective 1: The number of targets identified in counternarcotics Executive Orders and related asset freezes and seizures made by law enforcement is increased by 365 percent by 2025.
- Objective 2: The number of defendants convicted in active OCDETF investigations that incorporate FinCEN/SAR data is increased by 14 percent by 2025.
- Objective 3: The percentage of active priority OCDETF investigations linked to the Sinaloa or Jalisco New Generation (CJNG) cartels, or their enablers (such as illicit financiers) is increased by 25 percent by 2025.
- Objective 4: Potential production of cocaine is decreased by 10 percent, and heroin is decreased by 30 percent by 2025.
- Objective 5: The number of incident reports for precursor chemicals sourced from China or India reported by North American countries increases by 125 percent by 2025.

FDA is working to improve the transparency of its benefit-risk paradigm for opioids, ensuring that it continues to consider appropriately the wider public health effects of prescription opioids, and it is engaged in many ongoing activities aimed at furthering the overarching strategy. The Center for Drug Evaluation and Research (CDER) is committed to supporting research that addresses questions that are critical to our work on the overdose crisis. CDER and The Office of Regulatory Affairs (ORA) is committed to protecting consumers from the importation of harmful, counterfeit, fraudulent, and illegal FDA-regulated drugs. FDA partners with U.S. Customs and Border Protection (CBP) to monitor drugs shipped into the United States via International Mail Facilities (IMFs) in order to prevent unsafe, counterfeit, and unapproved drugs from entering the United States. The Center for Devices and Radiological Health (CDRH) aims to advance innovation of medical devices used to assess, monitor, treat and/or manage OUD by leveraging real-world data to improve regulatory decision making for OUD device evaluation.



Evaluation Plan and Performance Measures

CDER

- CDER’s research initiatives enhance understanding of the risks of opioids and other controlled substances as well as the benefits of these drugs for people with debilitating chronic conditions. These initiatives contribute to several *Strategy* goals and do not specifically contribute to the individual objectives. Some of CDER’s contributions include:
- Advancing the development of evidence-based clinical practice guidelines on the appropriate management of acute dental pain and postoperative obstetric pain (as part of SUPPORT Act Sec. 3002 implementation), as well as the safe tapering of benzodiazepines – Goal 2
- Studying chronic pain therapies to help inform improved chronic pain care – Goal 2
- Examining how comparative feedback to providers would impact number of left-over opioid pills to help inform and improve safety of opioid prescribing practices for acute pain – Goal 2
- Sampling of finished drug products compounded from bulk opioid drug substances at 503B Outsourcing Facilities to analyze for declared opioid content and develop our understanding of the quality of compounded opioid products – Goal 3
- Enhancing FDA’s opioids systems modeling approaches, including the national population-level systems dynamics model, named SOURCE to improve understanding of/reaction to the overdose crisis and inform FDA's decision-making regarding the treatment of OUD – Goal 3
- Using predictive modeling and applied nonclinical and clinical research to evaluate drug interactions, risk assessment, and drug development to further inform FDA’s regulatory actions on opioids and other drug products with abuse potential – Goal 3
- Enhancing the Opioid Data Warehouse, a cloud based large data warehouse and analytical capability that allows FDA to better assess opioid vulnerability points in the population, anticipate changes in the overdose crisis, and target any regulatory changes required for opioids – Goal 3
- Exploring the impact of different packaging components of packaged opioids on opioid use as experienced by patients, prescribers, and pharmacists – Goal 3
- Assessing trends in opioid analgesic use in patients with and without cancer to understand the unintended impact of opioid-reduction efforts on cancer patients – Goal 2
- Supporting development and regulatory assessment of new and generic overdose reversal agents– Goal 3
- Analyzing data collected by harm reduction programs to better understand bystander naloxone administration and overdose reversal experiences and needs – Goal 3
- Improving methodology for identifying emerging drugs and distinguishing single- from multiple-drug overdose deaths, based on death certificate literal text – Goal 1
- Using prospective longitudinal survey data to study trajectories and correlates of medical and nonmedical drug use and transitions to illicit drug use and substance use disorders– Goal 1
- Understanding key knowledge gaps in a diverse group of patients with acute pain through real-world evidence by exploring pain trajectories, analgesic and nonpharmacologic



treatment use and activity, and health care use of opioid-naïve patients who are prescribed the analgesic for acute pain. – Goal 1.

ORA

ORA's efforts to monitor FDA-regulated products shipped into the United States via International Mail Facilities (IMFs) overall support advancing several National Drug Control Strategic goals and do not specifically contribute to the individual objectives. Some of ORA's contributions include:

- Investigations into the manufacturing and sale of counterfeit versions of FDA-approved medications to include opioids. Often, these investigations take special agents to manufacturing facilities outside of the United States and vendors that offer these fake drugs for sale online – Goal 1, 7
- Initiated a partnership with CBP Laboratory Scientific Services (LSS) group to expand a joint scientific presence at selected IMFs and reduce the duplication of efforts. This partnership brings laboratory presence, including scientists and portable tools, to points of entry to permit rapid field identification of unapproved and counterfeit pharmaceuticals, including opioids and subsequent refusal/destruction – Goal 1, 7
- Conducts investigations to support enforcement actions against products with opioid-like properties that have the potential for addiction and are sold online to US consumers – Goal 1, 7
- In coordination with international partners in the United Kingdom and with Europol, Interpol and other international law enforcement forums to exchange intelligence and information pertaining to drug counterfeiting worldwide – Goal 1, 7
- Increased investment in personnel and associated resources to combat the entry of counterfeit, adulterated and illicit drugs into the United States at our import locations such as IMFs, courier hubs, and port of entries – Goal 1, 7
- FDA/ORA, CBP and Homeland Security Investigations signed a Memorandum of Understanding (MOU) in October 2020 which will allow the agencies to maximize inspections, investigations, and detection capabilities and better coordinate these activities at the nations' IMF's and Ports of Entry– Goal 1, 7
- Dedicates specially-trained special agents and intelligence research specialists to the Cybercrime Investigations Unit and International Operations Program to investigate illicit online sales and disrupt the importation of counterfeit versions of FDA-approved opioid medications through IMFs while also working with internet stakeholders to remove websites, accounts, and product listings online where opioids and other illicit drugs are sold – Goal 1, 7

CDRH

CDRH's efforts to advance innovation of medical devices used to assess, monitor, treat and/or manage OUD contributes to the *Strategy's* Goal 4 (Treatment efforts are increased in the United States). CDRH will encourage the development of new and innovative medical devices to broaden the number of options and increase the effectiveness of OUD treatment overall. CDRH will support advancing several *Strategy* goals but these efforts may not directly support all objectives. Some of CDRH's contributions include:



- FDA will commission a patient preference information (PPI) study on digital health technologies to assess, monitor, treat and/or manage OUD. The PPI study will help identify unmet needs as well as digital health technology attributes patients are willing to accept to glean certain benefits of these technologies – Goal 4
- FDA will leverage real-world data to inform medical device regulatory decision making, by improving premarket assessment and post-market surveillance of devices used to assess, monitor, treat and/or manage OUD – Goal 4
- FDA will utilize data gathered on patient preferences to help inform clinical trial design as well as assist in fostering shared decision-making for clinicians treating patients with OUD – Goal 4

Performance Table

Food and Drug Administration				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Number of products reviewed at IMFs	95,993	100,000	100,473	100,000
Use of administrative destruction authority of all refused drug parcels imported through the IMFs	86%	70%	82.7%	70%

Discussion of Results

Initial FY 2022 targets were set conservatively due to limited baseline data and ongoing infrastructure and IT improvements at IMFs creating volatility in the data. FY 2023 targets will remain the same as FDA continues to identify and implement improvements to aid in reducing processing time at the IMFs.



Department of Health and Human Services Health Resources and Services Administration

Mission

The Health Resources and Services Administration (HRSA) is an agency within HHS with a mission to improve health outcomes and achieve health equity through access to quality services, a skilled health workforce, and innovative, high-value programs. HRSA is the principal federal agency charged with increasing access to primary health care for individuals in the most underserved and rural communities. HRSA administers a number of programs that support the *Strategy*.

Health Center Program

For more than 50 years, health centers have delivered affordable, accessible, quality, and cost-effective primary health care to patients regardless of their ability to pay. During that time, health centers have become an essential primary care provider for millions of people across the country. Health centers advance a model of coordinated, comprehensive, and patient-centered primary health care, integrating a wide range of medical, dental, behavioral health, and patient support/enabling services. Today, approximately 1,400 health centers operate over 14,000 service delivery sites that provide care in every State in the nation, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin.

Health centers offer a wide range of services including integrated services, including but not limited to Screening, Brief Intervention, and Referral to Treatment (SBIRT), counseling and psychiatric services, tele-behavioral health, 24-hour crisis intervention, detoxification, MOUD, naloxone distribution, and recovery support.

National Health Service Corps (NHSC) SUD Workforce Loan Repayment Program (LRP)

The NHSC Program received a dedicated appropriation to expand and improve access to quality SUD (including OUD) treatment in rural and underserved areas nationwide in a variety of settings including Opioid Treatment Programs, Office-based Opioid Treatment Facilities, and Non-opioid Outpatient SUD facilities. The funding supports the recruitment and retention of health professionals needed in underserved areas to provide evidence-based SUD treatment and prevent overdose deaths. Providers receive loan repayment assistance to reduce their educational financial debt in exchange for service at NHSC-approved SUD treatment facilities. The NHSC SUD Workforce LRP will continue to make awards to clinicians who are combating the overdose crisis in rural and underserved communities.

National Health Service Corps (NHSC) Rural Community Loan Repayment Program (LRP)

The NHSC Rural Community LRP recruits and retains medical, nursing, and behavioral clinicians with specific training and credentials to provide evidence-based SUD treatment in rural communities designated as Health Professional Shortage Areas. Given the need of rural SUD professionals within the NHSC, the NHSC Rural Community LRP made FY 2022 loan



repayment awards in coordination with the Rural Communities Opioid Response Program (RCORP) initiative within the Federal Office of Rural Health Policy.

Substance Use Disorder Treatment and Recovery Loan Repayment Program (STAR LRP)

The STAR LRP recruits and retains medical, nursing, behavioral clinicians and paraprofessionals who provide direct treatment or recovery support of patients with or in recovery from a SUD. STAR LRP participants must provide services in either a county (or a municipality, if not contained within any county) where the mean drug overdose death rate per 100,000 people over the past three years exceeds the national average, or in a Health Professional Shortage Area designated for Mental Health.

Addiction Medicine Fellowship (AMF) Program

The AMF Program seeks to increase the number of board-certified addiction medicine and addiction psychiatry specialists trained in providing interprofessional behavioral health services, including OUD and SUD prevention, treatment, and recovery services, in underserved, community-based settings. The AMF Program is designed to foster robust community-based clinical training of addiction medicine or addiction psychiatry physicians in underserved, community-based settings who see patients at various access points of care and provide addiction prevention, treatment, and recovery services across health care sectors.

Integrated Substance Use Disorder Training Program (ISTP)

The ISTP Program aims to integrate behavioral health care services to expand access to mental health and addiction prevention, treatment, and recovery by expanding the number of nurse practitioners, physician assistants, health service psychologists, and social workers trained to provide mental health and SUD services in underserved community-based settings that integrate primary care and mental health and SUD services. ISTP offers robust clinical training and an opportunity to build expertise among clinicians who see patients in community-based clinics. Grant recipients plan, develop, and operate programs to train providers to care for individuals in need of prevention, treatment, and recovery services.

Rural Communities Opioid Response Program (RCORP)

For 35 years, HRSA's Federal Office of Rural Health Policy has ensured that geographically underserved rural Americans have access to high-quality health care services through a variety of programs that provide support directly to rural communities.

HRSA established the RCORP initiative in response to the rising rates of opioid use disorder in rural communities. Since RCORP's inception in FY 2018, HRSA has provided life-saving SUD prevention, treatment, and recovery services in more than 1,800 rural communities across 47 states and two territories. RCORP grant recipients play an essential role in addressing the opioid epidemic in rural communities; in FY 2021 alone, RCORP grant recipients provided direct SUD services to more than two million rural residents.



Relevant PRS Performance Measure

Goal 4: Treatment efforts are increased in the United States.

- Objective 1: Treatment admissions for the populations most at risk of overdose death is increased by 100 percent by 2025.
- Objective 2: The projected shortfall in the qualified workforce of behavioral health providers (including addiction professionals) funded by federal programs in the United States is reduced by 70 percent by 2025.

In FY 2023, the Health Center Program plans to support nearly 1,400 grantees and provide primary health care services to over 30 million patients, including those health centers that provide access to ongoing SUD services for thousands of people of all age groups across the country. In FY 2023, HRSA plans to support approximately 115 new grantees through the RCORP initiative which will allow HRSA to increase the number of rural residents at risk of overdose death who have access to SUD prevention, treatment, and recovery services.

Evaluation Plan and Performance Measures

Health Center Program

From FY 2016 through FY 2019, HRSA invested \$540 million in targeted, ongoing annual grant funding for the expansion of SUD and mental health services in health centers. An additional \$300 million has been invested in one-time health center infrastructure costs that support the expansion of services. In FY 2022, these ongoing annual investments remain in health center continuation awards and are projected to continue in future FYs. This funding supports health centers in implementing and advancing evidence-based strategies to expand access to quality integrated SUD prevention and treatment services, including those addressing OUD and other emerging SUD issues, to best meet the health needs of the population served by each health center.

Screening for SUD has increased over 100 percent since 2016, with the number of patients receiving screening, brief intervention, referral and treatment (SBIRT) increasing from 716,677 in 2016 to 1,484,857 in 2021. From 2016–2021, the number of health center providers eligible to prescribe MAT increased 422 percent (from 1,699 in 2016 to 8,869 in 2021) and the number of patients receiving MAT increased 372 percent (from 39,075 in 2016 to 184,379 in 2021). In 2021, 799 health centers provided SUD counseling and treatment services and 761 health centers provided SBIRT services. In 2021, 2.7 million health center patients accessed mental health services, a 6 percent increase from 2020, due in part to increased telehealth utilization. Fifty-four percent of mental health visits were provided virtually in 2021, underscoring the importance of virtual care for meeting the demand for mental health services. HRSA continues to leverage a \$1.7 million contract to provide technical assistance in this area to leverage best practices in supporting behavioral health integration within health centers.

Health Workforce Programs

HRSA's Bureau of Health Workforce is focusing much of its efforts on increasing the supply of providers and capacity among providers (and thus, the capacity within health systems) to provide



new and enhance existing prevention and evidence-based treatment in rural and underserved areas. HRSA will achieve its opioid workforce strategy goals primarily through two objectives. First, increasing the number of clinicians delivering MOUD and SUD services; and second, focusing efforts on placing providers in service areas where they are needed most.

HRSA tracks the number of new graduates from the health workforce programs they support. In the AMF Program's addiction medicine and addiction psychiatry fellowship tracks, AMF awardees began their fellowship programs in Academic Year 2020-2021. During the first year of AMF fellowships, 63 physicians completed their training, which serves as the baseline for future performance targets. In the 2021-2022 academic year (the second year) there were 139 graduates. Additionally, ISTP tracks the number of providers trained in underserved community-based settings that integrate primary care and behavioral health services. In Academic Year 2021-2022, ISTP awardees trained 18 health care professionals (eight physician assistants, six nurse practitioners, and four clinical social workers); five health care professionals completed the program. In Academic Year 2021-2022, ISTP awardees trained 18 health care professionals (eight physician assistants, six nurse practitioners, and four clinical social workers); five health care professionals completed the program.

HRSA also tracks the number of SUD treatment providers receiving student loan repayment in exchange for providing behavioral health services in Health Professional Shortage Areas through the NHSC SUD Workforce LRP, NHSC Rural Community LRP, and STAR LRP. In FY 2022, the NHSC's SUD Workforce and Rural Community LRPs made a combined 1,447 new awards, and will continue to make new awards in FY 23 to clinicians providing evidence-based SUD treatment in rural and underserved communities. In FY 2021, the first year of the STAR LRP, the program provided loan repayment to 255 medical, nursing, behavioral health clinicians and paraprofessionals. In FY 2022 the STAR LRP made 208 awards and in FY 2023 it estimates providing additional loan repayment awards to providers working in Health Professional Shortage Areas. The STAR LRP has increased the amount of repayment to individuals which has resulted better support to providers.

RCORP

HRSA takes several approaches to improve access to high quality SUD services for geographically underserved communities. Through RCORP, rural communities work to build and enhance access to and capacity for sustainable SUD services with the aim of improving health outcomes of the populations they are serving.

RCORP consists of a variety of SUD/ODU-focused programs including a broad RCORP-Implementation program that allows rural communities to address multiple aspects of SUD, as well as more targeted programs such as RCORP-Neonatal Abstinence Syndrome, RCORP-Psychostimulant Support, RCORP-MAT Access, and RCORP-Behavioral Health Care Support. Each program allows rural communities to address challenges associated with providing SUD services. In order to ensure that rural residents maintain access to life-saving SUD prevention, treatment, and recovery services built through federal RCORP funding, HRSA requires that RCORP grantees emphasize sustainability planning throughout their projects. RCORP grantees may achieve sustainability through a variety of mechanisms such as improved billing and coding



for SUD services, enhanced reimbursement structures through third-party payers, and/or securing other non-RCORP funding sources.

Performance Table

Health Resources and Services Administration				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Number of Health Center Program grantees providing SUD counseling and treatment services	799	865	TBD ⁶⁸	800
Number of Health Center Program grantees providing SBIRT services	761	802	TBD ⁶⁹	760
Number of new addiction medicine and addiction psychiatry fellowship graduates entering workforce (Health Workforce Programs)	63	63	139	63
Number of SUD treatment and recovery providers receiving student loan repayment in exchange for providing behavioral health services in Health Professional Shortage Areas (Health Workforce Programs)	255	255	445	350
Percentage of RCORP grantees with other sources of funding for sustainability (aside from RCORP grant) ⁷⁰	75%	No target	TBD ⁷¹	No target, baseline results

Discussion of Results

The first cohort of RCORP grantees funded in FY 2019 completed their three-year period of performance in FY 2021. Seventy-five percent of these grantees reported that they had secured

⁶⁸ FY 2022 actuals are expected by August 2023.

⁶⁹ FY 2022 actuals are expected by August 2023.

⁷⁰ HRSA is in the process of baselining the measure. The baseline will be available after results are calculated for inclusion in the FY 2024 budget.

⁷¹ FY 2022 actuals are expected by November 2023.



other sources of funding, beyond additional RCORP grant funding, to sustain their activities. HRSA continues to invest in behavioral health programs to serve individuals with the highest need in the most underserved and rural communities across the nation.



Department of Health and Human Services Indian Health Service

Mission

The Indian Health Service (IHS), an agency within HHS is responsible for providing federal health services to American Indian and Alaska Native (AI/AN) people. The mission of IHS is to raise the physical, mental, social, and spiritual health of AI/AN persons to the highest level. The IHS Alcohol and Substance Abuse Program (ASAP) provides funding, policy, training, and technical assistance to local IHS, tribal, and urban Indian programs to ensure a variety of treatment options exist. In addition to direct services, the IHS Alcohol and Substance Abuse grant and federal award program focuses on the prevention, treatment and recovery of alcohol and SUD, and supports the IHS Strategic Plan Goal 1 to ensure comprehensive, culturally appropriate services are available and accessible to the AI/AN people; and Goal 2, Objective 2.2 to provide care to better meet the health care needs of AI/AN communities.

The IHS has a critical role in the delivery of care and the coordination of services provided to the AI/AN population. The IHS Division of Behavioral Health (DBH) manages and administers national behavioral health initiatives and policy developments for mental health and alcohol and substance misuse for AI/AN people. These efforts support the President's *Strategy* in addressing the opioid epidemic and overdose crisis. The rate of drug overdose deaths among AI/AN persons is above the national average. In December 2021, CDC's National Center for Health Statistics report found that in 2019 and 2020, compared to other groups, drug overdose death rates were highest for non-Hispanic AI/AN people, 30.5 and 42.5 per 100,000, respectively.

The IHS works in partnership with its IHS facilities, Tribes, and urban Indian health organizations (I/T/Us) to implement behavioral health grant programs that support community-based, culturally competent and appropriate, evidence-based, practice-based prevention and treatment services. These programs include the Substance Abuse and Suicide Prevention Program (SASP), the Community Opioid Intervention Pilot Project (COIPP), the Preventing Alcohol Related Death through Social Detoxification (PARD), and the Youth Regional Treatment Centers (YRTC). IHS also expanded the COIPP project in FY2022 to include creation of pilot projects in six (6) IHS Federal Hospitals to expand access to OUD treatment, consider strategies to enhance withdrawal management services, and standardize post-overdose resuscitation care coordination in IHS Emergency Departments and acute care settings. IHS also supports initiatives focused on improving behavioral health services within clinical settings through the Behavioral Health Integration Initiative.

In March 2017, IHS established a multi-disciplinary workgroup to form the IHS National Committee on Heroin, Opioids, and Pain Efforts (HOPE). The HOPE Committee is comprised of clinical representation from family medicine, pharmacy, behavioral health, nursing, pediatrics, physical therapy, epidemiology, and injury prevention. The HOPE Committee's work plan supports the HHS Overdose Strategy with a specific focus on better pain management; as well as improving access to culturally relevant prevention, treatment, and recovery support services, increasing availability and distribution of opioid overdose reversing drugs, and improving public health data reporting and surveillance.



The mission of the IHS Office of Urban Indian Health Programs (OUIHP) is to improve access to high quality, culturally competent health services for urban Indians residing in urban areas. In FY 2022, OUIHP awarded 4-in-1 grants to 32 urban Indian organizations (UIOs) in 17 states. The grantees were awarded on a five-year funding cycle on April 1, 2022. This grant provides local funding to support UIOs with increased health care access and services for urban Indians in the following four health program areas: health promotion and disease prevention services; immunization services; alcohol and substance use related services; and mental health services.

The IHS OUIHP 4-in-1 Grant Program integrates behavioral health, health education, health promotion and disease prevention into a culturally appropriate healthcare framework. UIOs have recognized the need for more mental health and SUD counselors to adequately address the needs presented by urban Indians with co-occurring mental health and substance use conditions. There is a need for more age and gender-appropriate resources for SUD outpatient and residential treatment. While AI/AN males encounter wait times for treatment admission up to six months, treatment options for AI/AN youth, women, and women with children can be greater than six months. Some of the most successful AI/AN treatment programs are administered by UIOs through culturally competent and appropriate programs to reduce health risk factors. The continued efforts of UIOs to target behavioral or lifestyle changes offer the best hope for positively impacting the major health challenges of urban Indian populations.

Relevant PRS Performance Measure

Goal 1: Illicit substance use is reduced in the United States.

- Objective 1: The number of drug overdose deaths is reduced by 13 percent by 2025.
- Objective 2: The percentage of people meeting criteria for cocaine, opioid, and methamphetamine use disorders are each respectively reduced by 25 percent by 2025.

Goal 4: Treatment efforts are increased in the United States.

- Objective 1: Treatment admissions for the populations most at risk of overdose death is increased by 100 percent by 2025.

These objectives align with the IHS mission and efforts to reduce the impact of SUDs through prevention, early intervention, treatment, and recovery to raise the physical, mental, social and spiritual health of AI/AN people to the highest level. IHS utilizes a combination of national policy efforts, promulgation of best and promising practices, enhanced health education outreach, and a robust workforce development strategy to mitigate harm related to SUDs for AI/AN communities. Outcome measures have been created with ongoing evaluation under each improvement objective.

Evaluation Plan and Performance Measures

The strategic goal is to support Tribal and urban Indian programs in their continued SUD prevention, treatment, and infrastructure development. These efforts represent an innovative partnership with the IHS to deliver services developed by the communities themselves with a national support network for ongoing program development and evaluation.



The IHS continues to support the integration of SUD treatment into primary care and emergency services through its activities to implement the *Strategy*. Integrating treatment services into outpatient primary care offers opportunities for healthcare providers to identify patients with SUDs, provide them with medical advice, help them understand the health risks and consequences, and refer patients to appropriate treatment and support services. One integration activity is SBIRT, which is intended to meet the public health goal of reducing the harms and societal costs associated with risky use by reducing diseases, accidents, and injuries. SBIRT screens for substance use and determines the patient’s risk levels from the screening results. IHS has increased efforts to implement SBIRT across IHS facilities as an evidence-based practice to identify patients with alcohol and/or substance related problems. SBIRT is a GPRA measure that the IHS reports annually.

SUDs continue to rank high on the concern list of Tribal partners. IHS believes a shift in emphasis to earlier intervention is required to be successful in reducing the consequences of SUDs. IHS proposes focusing on early intervention with children, adolescents, and young adults and preventing further progression by recognizing and responding to the source of the substance use. IHS administers community-based grants to promote the use and development of evidence-based and practice-based models representing culturally competent and appropriate prevention and treatment approaches to substance use from a community driven context. In particular, the SASP and COIPP grant programs support the *Strategy* by increasing efforts to promote early intervention strategies and implement positive AI/AN youth programming to reduce risk factors for substance misuse.

The 13 YRTC’s provide residential substance use and mental health treatment services to AI/AN youth. Congress established these YRTC’s in 9 of the 12 IHS Service Areas. Currently, the 13 YRTC’s provide quality holistic behavioral health care for AI/AN youth, integrating traditional healing, spiritual values, and cultural identification.

Performance Table

Indian Health Service				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Proportion of AI/AN who received SBIRT	15.8%	13.5%	14.3 ⁷²	TBD ⁷³
Accreditation Rate for YRTC in operation 18 months or more.	100%	100%	83%	100%

⁷² FY 2022 actuals are expected by December 2022.

⁷³ The FY 2023 target is TBD as the measure logic is updated to include telemedicine visits.



Discussion of Results

Proportion of AI/AN who received SBIRT – In FY 2022 the SBIRT was administered to 14.3 percent of AI/AN ages 9-75, exceeding the target of 13.5 percent to be screened.

In FY 2022, IHS expanded the Community Opioid Intervention Pilot projects to focus on SUD screening efforts in six (6) IHS Federal Hospitals to expand access to OUD treatment in IHS Emergency Departments and acute care settings. Strategies will enhance withdrawal management services, and standardize post-overdose resuscitation care coordination.

The COVID-19 pandemic response and the transition from in person primary care to virtual care at several sites, may have impacted SUD screening women. While IHS anticipates similar challenges in FY 2023, IHS will focus on increased administration of the SBIRT screening in primary care, emergency, ambulatory and behavioral health clinical settings. Finally, IHS will develop and release additional SBIRT trainings focused on the administration, documentation and expansion of screening in telehealth visits.

Accreditation Rate for YRTCs in operation 18 months or more - The accreditation measure for YRTCs reflects an evaluation of the quality of care associated with accreditation status by either The Joint Commission, the Commission on the Accreditation of Rehabilitation Facilities, state certification, or regional Tribal health authority certification. For youth with SUDs, the YRTCs provide invaluable treatment services. Of the 13 YRTCs, seven are federally operated facilities with the remaining six operated by a Tribal or Urban Indian Organization. The FY 2022 accreditation measure for YRTCs is limited to six federal YRTCs that were in operation 18 months or more. For FY 2022, IHS reports 83 percent for FY2022, which results in the measure as “Not Met.”

Throughout FY 2020-FY 2021, due to COVID-19 restrictions, many YRTCs experienced a disruption in services which resulted in closure at one federal facility and loss of Commission on Accreditation of Rehabilitation Facilities (CARF). For this particular facility, IHS conducted a gap analysis and is currently working with the facility and Joint Commission to complete a mock survey in 2023.

IHS continues to support all YRTCs through monthly calls that provide a community of learning among all 13 YRTCs where facility directors are invited to share accreditation resources, technical assistance, experiences with successes and challenges, and quality improvement. In addition, IHS invites all YRTCs to participate in the annual IHS National Combined Councils which offers access to engage with leadership and subject matter experts through the National Council on Behavioral Health. These efforts will enhance the knowledge, skills, and abilities to improve policies, procedures, and processes among all YRTCs.



Department of Health and Human Services National Institutes of Health

Mission

Two NIH Institutes are included in the Nation’s drug control budget: The National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA).

NIDA is the lead federal agency supporting scientific research on drug use and addiction. Its mission is to advance science on drug use and addiction and apply that knowledge to improve individual and public health. NIDA strategically supports and conducts basic and clinical research on drug use (including nicotine), its consequences, and the underlying neurobiological, behavioral, and social mechanisms involved. NIDA also works to ensure the effective translation, implementation, and dissemination of scientific research findings to improve the prevention and treatment of SUD and to enhance public awareness of addiction as a brain disorder.

NIAAA is the lead federal agency for conducting and supporting research on the impact of alcohol use on human health and well-being. Its mission is to generate and disseminate fundamental knowledge about the effects of alcohol on health and well-being, and apply that knowledge to improve diagnosis, prevention, and treatment of alcohol-related problems, including alcohol use disorder (AUD), across the lifespan. A major priority within NIAAA’s mission is research to prevent and reduce underage drinking and its harmful consequences.

Relevant PRS Performance Measure

NIDA

Goal 1: Illicit substance use is reduced in the United States.

- Objective 1: The number of drug overdose deaths is reduced by 13 percent by 2025.

Developing new approaches to reduce overdose mortality is a priority for NIDA. With partial funding from the NIH Helping to End Addiction Long-term Initiative (NIH HEAL Initiative®), NIDA supports research to develop new interventions to prevent and treat OUD and overdose, as well as implementation studies to evaluate how best to implement effective interventions across a range of settings.

- Objective 2: The percentage of people meeting criteria for cocaine, opioid, and methamphetamine use disorders are each respectively reduced by 25 percent by 2025.

NIDA supports a broad portfolio of research on pharmacological and non-pharmacological interventions to prevent and treat opioid, cocaine, methamphetamine, and concurrent use disorders; health services research to aimed at improving access to evidence-based interventions; and to understand risk and resilience factors for SUD to inform future intervention approaches.



Goal 2: Prevention efforts are increased in the United States.

- Objective 2: Past 30-day use of any vaping among youth aged 12-17 is reduced by 15-percent by 2025.

NIDA supports epidemiological research to provide timely data regarding substance use trends among youth, prevention research informed by these epidemiological studies, development and dissemination of evidence-based resources and educational materials for young people to counteract prevalent myths about drugs and alcohol, and resources for clinicians to provide SBIRT.

Goal 3: Harm Reduction efforts are increased in the United States.

- Objective 2: The percentage of SSPs that offer some type of drug safety checking support service, including, but not limited to Fentanyl Test Strips, is increased by 25-percent by 2025.

Reducing rates of overdose and other harms associated with substance misuse is a priority for NIDA. The Institute supports a robust array of projects to evaluate harm reduction strategies such as drug checking where not prohibited by law, and their impact on the behavior and health outcomes of people who use drugs.

Goal 4: Treatment efforts are increased in the United States.

- Objective 1: Treatment admissions for the populations most at risk of overdose death is increased by 100 percent by 2025.

NIDA supports research on novel strategies to expand substance use treatment into diverse settings, including justice, community, and diverse healthcare settings, with the goal of informing real-world practice so that more people who need treatment can receive it.

Goal 5: Recovery efforts are increased in the United States.

- Objective 2: The number of peer-led recovery community organizations is increased by 25-percent by 2025.
- Objective 3: The number of recovery high schools is increased by 10-percent by 2025.
- Objective 4: The number of collegiate recovery programs is increased by 25-percent by 2025.
- Objective 5: The number of certified recovery residences is increased by 25-percent by 2025.

NIDA supports a substantial portfolio of research on health services, including recovery support for people struggling with substance misuse and SUDs. A new NIDA initiative funds stakeholder engagement (e.g., researchers, providers, people in recovery), resource development and sharing, and investigator training to support research on recovery services, as well as projects to investigate different recovery service models.



Goal 6. Criminal Justice reform and public safety efforts in the United States include drug policy matters.

- Objective 2: The percentage of Federal Bureau of Prisons (BOP) inmates diagnosed with an OUD who are given access to MOUD is increased to 100-percent by 2025; the percentage of both state prison programs and local jail facilities offering MOUD is increased by 50-percent.

NIDA supports a robust portfolio of research addressing treatment for opioid misuse and OUD in the context of the justice system, including studies to understand and overcome barriers to the use of MOUD in prisons and jails.

NIAAA

Goal 2: Prevention efforts are increased in the United States.

- Objective 1: Past 30-day alcohol use among young people aged 12-17 is reduced by 10-percent by 2025.

NIAAA supports research to develop and evaluate prevention interventions at the individual, family, school, community, and policy levels. The Institute provides resources for intervening with underage drinking based on this research, including Alcohol Screening and Brief Intervention for Youth: A Practitioners Guide and the College Alcohol Intervention Matrix (CollegeAIM).

Goal 4: Treatment efforts are increased in the United States.

The development of evidence-based interventions for alcohol-related problems is a major priority for NIAAA. The Institute supports research on the use of evidence-based behavioral therapies and medications that target alcohol misuse and AUD among adolescents.

Goal 5: Recovery efforts are increased in the United States.

NIAAA has developed a new definition of recovery from AUD for use in research to improve consistency in the assessment of AUD recovery across studies and settings. Development of this definition is stimulating research on recovery in the field. NIAAA continues to support research that explores the complex nature of, and varied paths to, recovery.

Evaluation Plan and Performance Measures

NIDA

Goal 1, Objective 1. NIDA supports research focused on developing new medications to reduce illicit substance use and prevent overdose. Projects are underway to develop novel treatment strategies for OUD and overdose and to translate evidence-based interventions into effective medical practice. With support through the NIH HEAL Initiative, a NIDA-led focused medication development program is supporting a series of targeted studies with the goal of submitting approximately 15 investigational new drug applications (INDs) and five new drug



applications (NDAs) to FDA. As of November 2022, this program has already led to 30 INDs for medications to prevent and treat OUD and overdose.

Supported through the NIH HEAL Initiative, The HEALing Communities Study®, a partnership between NIDA and SAMHSA, is testing a novel approach to deliver evidence-based treatment and prevention of opioid misuse and OUD across healthcare, behavioral health, justice, and other community-based settings. This approach—called the Communities That HEAL intervention—includes community engagement, targeted communication campaigns, and a menu of evidence-based practices that can be tailored to the needs of the local communities. Project goals are to reduce overdose deaths; reduce risky opioid prescribing practices; increase the distribution of naloxone; decrease the incidence of OUD; and increase the number of individuals who are receiving MOUD, retained in treatment, or receiving post-treatment recovery support services (RSS). The study takes place in 67 urban and rural communities hit hard by the overdose crisis in Kentucky, Massachusetts, New York, and Ohio.

Goal 1, Objective 2. In addition to NIDA’s portfolio of research on treatment for OUD and overdose, the Institute is prioritizing the development of new treatments for stimulant (i.e., cocaine and methamphetamine) use disorders and overdose. NIDA-supported researchers are developing and testing novel compounds that block a protein (VMAT2) found to reinforce and increase the effects of stimulants. Others are developing antibodies that sequester stimulants in the blood so they do not reach the brain. As one example, a monoclonal antibody for the treatment of methamphetamine use disorder and overdose is being studied in a Phase II clinical trial and received Fast Track designation from the FDA. Additional studies focus on long-acting enzymes that block the physiological and toxic effects of stimulants, and others are exploring medications approved for other indications to test their effectiveness in treating stimulant use disorders.

Reducing the prevalence of SUD also requires preventing it from occurring in the first place. Because most problematic substance use begins during adolescence and young adulthood, this is a critical time for prevention and early intervention. NIDA is supporting a series of studies to develop and test effective prevention strategies for these age groups in settings that can facilitate reaching at-risk individuals and populations, such as health care, justice, school, and child welfare systems. Under the auspices of the NIH HEAL Initiative®, NIDA launched two multi-site clinical trials in FY 2021 to study opioid prevention approaches for youth and young adults. In one trial, a videogame intervention is being implemented in ten school health centers and administered to adolescents aged 16-19. The other trial is testing the effectiveness of an adolescent community reinforcement approach combined with home-based post-release continuing care to prevent OUD among youth aged 16-25 who are confined in a state juvenile justice system, a population with high rates of OUD.

NIDA also supports research to understand mechanisms of substance use risk and resilience to inform future approaches to prevention. The NIDA-led Adolescent Brain Cognitive Development Study (ABCD Study®) is the largest long-term study of child health and development ever conducted in the United States. Following nearly 12,000 children, the study will help reveal how the experiences of adolescence—including drug use—shape physical, cognitive, and social domains of brain development. In FY 2021, the study released 18-month and 2-year follow-up data to the scientific community. These data releases have generated more



than 350 scientific papers on a range of issues including substance use, psychiatric symptoms, screen time, neighborhood disadvantage, obesity/weight gain, genetics, impacts of the COVID-19 pandemic, and their relationship with brain structure and function. As a prospective, longitudinal study, the ABCD Study® is poised to identify risk and resilience factors underlying substance use and SUDs among youth, paving the way for more effective prevention strategies.

Goal 2, Objective 2. To reduce the burden of drug use and its consequences, it is essential to understand the real-world landscape of drug use, particularly among youth and young adults. NIDA has long supported large-scale epidemiological studies that monitor trends in drug use and associated outcomes. Since 1975, the annual Monitoring the Future (MTF) survey has measured substance use and related attitudes in a nationally representative sample of adolescent students. The Population Assessment of Tobacco and Health (PATH) Study, a collaboration between NIDA and the FDA Center for Tobacco Products that launched in 2011, is a nationally representative longitudinal study of youth and adults aimed at understanding how all kinds of tobacco use affect behavior and health outcomes over time. The MTF and PATH studies have shown that flavored e-cigarette products are particularly appealing to youth, and thus informed the 2020 FDA guidance prioritizing enforcement against certain unauthorized flavored e-cigarette products. Building on findings from these and other studies, NIDA supports prevention research that integrates knowledge about the risks of vaping and e-cigarettes into evidence-based prevention programs for youth in diverse settings, including schools where many children can be reached. For example, one study is testing a computer-based intervention program for 5th and 6th graders that requires minimal teacher training, and another study is testing an intervention designed to strengthen staff knowledge, attitudes, and skills needed to choose, plan, implement, evaluate, and sustain prevention programs for students.

To counteract the myths about drugs and alcohol that teens get from the Internet, social media, TV, movies, music, and their peers, NIDA sponsors National Drug and Alcohol Facts Week® (NDAFW), an annual event that links students with scientists and other experts. The NDAFW was launched in 2010 by NIDA scientists to stimulate community education events to help teens learn the science of drug use and addiction. NIAAA became a partner in 2016. NIDA and NIAAA work with many federal, state, and local partners to disseminate facts about drugs to teens in communities across the United States. Despite the challenges presented by the COVID-19 pandemic, NDAFW celebrated its 12th year in March 2022. More than 1,900 events were registered in 46 states, the District of Columbia, three United States territories, and 19 countries.

The NIDAMED program develops science-based resources to help current and future health professionals prevent and treat substance misuse and SUD. For example, NIDAMED has produced two free, validated, brief online questionnaires that providers can use to screen adolescents aged 12-17 for use of tobacco, alcohol, and other drugs. These questionnaires can be administered in less than 2 minutes and can guide brief interventions and referrals to treatment.

Goal 3, Objective 2. Drug checking, including using FTS, represents a promising tool to reduce overdose deaths. Nonetheless, in many states in the United States, the distribution or possession of FTS and other drug checking equipment—even by SSPs—is either illegal or not clearly legal. NIDA expects that continued research on the impact of FTS will help further evolve evidence-based policies and laws regarding their use. For example, while studies show that fentanyl detection can motivate people to use less of the tested drug, data are needed on the extent to



which FTS can prevent overdose. To that end, NIDA supports a study of drug checking for fentanyl and other substances in the Canadian province of British Columbia, where it is legal to distribute or possess FTS. The study will investigate patterns of drug checking by people who use or sell illicit drugs, and the impact on their behavior and health outcomes, including overdose. It includes point-of-care drug checking by FTS as well as infrared spectroscopy, which can identify and quantify a range of drug types and cutting agents. In addition, studies in the United States are examining how the use of FTS through harm reduction programs affects drug-taking behavior and health outcomes. NIDA also supports research to improve the sensitivity and specificity of drug checking technology. Finally, through the NIH HEAL Initiative®, NIDA has established a harm reduction research network that will develop, test, and implement strategies to prevent overdose, transmission of HIV and hepatitis C virus, and other harms associated with drug use. The network currently funds nine projects focused on a variety of strategies and outcomes, including patient and provider experiences with FTS and other types of drug checking.

Goal 4, Objective 1. Effective provision of prevention and treatment services across health care, justice, and community settings is key to addressing SUD and is the most promising way to improve treatment access and uptake. NIDA places a high priority on implementation research in diverse settings and is supporting studies to test the implementation of evidence-based interventions for SUD through the HEALing Communities Study® (described under Goal 1 above), Justice Community Opioid Innovation Network in legal settings (described under Goal 6 below), and the Clinical Trials Network (CTN) in healthcare settings. The CTN is testing approaches to improve access to SUD treatment, especially for people in under-resourced and high-risk communities. It provides a framework for medical and specialty treatment providers, researchers, patients, and NIDA to cooperatively develop, validate, refine, and deliver new treatment options to patients. In 2020, with funding from the NIH HEAL Initiative®, the CTN expanded its geographical reach by adding five new research nodes. The CTN now comprises 16 nodes at academic medical centers and large health care networks across the United States, two research coordinating centers, and more than 240 community-anchored treatment programs. This unique partnership enables the CTN to conduct studies of behavioral, pharmacological, and integrated treatment interventions in multi-site clinical trials to determine effectiveness across a broad range of settings and populations. One strategy under study is to increase access to SUD treatment by integrating it into diverse healthcare settings, such as primary care and emergency settings. For example, one recent CTN study found that providing high-dose buprenorphine during emergency care was safe for patients with OUD who did not respond well to low-dose buprenorphine—an approach that may help such patients control cravings and withdrawal and engage in follow-up care.

Goal 5. In FY 2020, NIDA began supporting research networks to advance studies toward more effective, scalable, and sustainable RSS for people with OUD. These networks are expected to develop and disseminate new resources, such as research methods, tools, and outcome measures; and research training programs and materials to support growth in the recovery field. In FY 2022, with funding from the NIH HEAL Initiative®, NIDA expanded the program to support additional networks (now nine in total) as well as the design and piloting of clinical trials to test different recovery models, including recovery residences.



Recovery community centers (RCCs) offer an array of services for people with SUD, including peer support, coaching in relapse prevention, basic needs assistance, and referrals for employment and job training. Research funded in part by NIDA has found that RCCs may help people reduce their substance use and improve their quality of life. However, programs that provide clinical treatment, such as MOUD, often do not link patients to RCCs. In addition to funding a research network focused on RCCs, NIDA is funding a pilot trial to determine if proactively linking patients to an RCC can improve their recovery. Another trial will examine whether Black clients of OUD treatment clinics have improved recovery outcomes when their clinic refers them to an RCC.

Research suggests that family involvement is critical for supporting recovery of adolescents and young adults with OUD, but there is a lack of evidence regarding when and how to involve families in the recovery process. With funding from the NIH HEAL Initiative®, one of NIDA's recovery research networks will develop and evaluate innovative family-based RSS for youth with OUD. The network will develop and disseminate resources to assist providers in integrating families into treatment, as well as to improve direct-to-family services, such as parental coaching and helplines.

While a growing number of higher education institutions in the United States have established collegiate recovery programs (CRPs), there is a lack of evidence-based standards to guide these programs. NIDA is supporting a study to assess CRP practices, challenges, and outcomes across the country, which will be used to develop a toolkit to help colleges implement evidence-based CRPs.

There are thousands of sober living houses (SLH) across the United States, operating in diverse conditions and using varied approaches to support recovery. Although there are best practices for SLH, there is need for research to refine, update, and disseminate them. NIDA-funded investigators are studying 40 SLH in Los Angeles County to characterize each house's social environment, leadership and rules, physical properties (e.g., layout, number of rooms, upkeep), and neighborhood (e.g., proximity to drug treatment, socioeconomics). By examining how these factors relate to substance use and other outcomes, the research will help generate new evidence-based best practices for SLH.

Goal 6, Objective 2. In partnership with NIDA, the NIH HEAL Initiative® supports the Justice Community Opioid Innovation Network (JCOIN) to study approaches to improve and expand effective treatment for people with OUD in justice settings. JCOIN has helped define the significant gaps in the availability of MOUD in justice settings. For example, JCOIN investigators surveyed prison systems in 21 states with high OUD overdose rates, and found that just 36 percent provided naltrexone, 15 percent provided buprenorphine, 9 percent provided methadone, and only 7 percent provided all three. In addition, where these medications were available, they were often limited to specific populations, such as pregnant women, those taking MOUD at onset of incarceration, or those being released. Recent JCOIN studies show that ensuring access to MOUD in prisons and jails could significantly reduce overdose deaths and recidivism among incarcerated people in the years following their release.

NIDA-funded research has helped identify barriers to MOUD implementation in prisons and jails, including lack of staff qualified in addiction medicine, stigma toward MOUD, and a



tendency to focus on rapid detoxification and abstinence over long-term treatment. JCOIN's Implementation and Translation Research Project Core is now conducting a clinical trial to determine if organizational and healthcare change models shown to be effective outside of justice settings can improve rates of MOUD treatment inside justice settings. The trial will involve 48 jails and community-based treatment provider sites across the United States, and will test low- vs. high-intensity (more frequent) organizational change coaching for site managers, with or without technical assistance for MOUD prescribers, for one year with an additional year of follow-up.

NIAAA

Goal 2, Objective 1. A growing body of evidence indicates that individual and environmental approaches can be effective in curbing underage drinking and other substance use in youth; however, not all approaches are effective for all subgroups of adolescents or in all settings. Effective prevention interventions that are both developmentally and culturally competent and appropriate are needed. To meet this need, NIAAA supports research to develop and evaluate evidence-based interventions for diverse groups of adolescents that can be implemented in different settings, including youth in underserved settings. Factors that influence effectiveness, adoption, or implementation of interventions are also being characterized and used to inform further development.

Goal 4. Alcohol screening and brief intervention in primary care has been recognized as a leading preventive service for reducing harmful alcohol use in adults, and a growing body of evidence demonstrates its effectiveness in preventing and reducing alcohol misuse in youth as well. Yet, research indicates that adolescents are not routinely asked about drinking when they interface with the health care system. NIAAA supports research on the implementation of alcohol screening and brief intervention among youth, including those disproportionately affected by alcohol misuse, in healthcare and community settings. This research includes studies to evaluate the effectiveness of digital health technologies in improving access to and quality of interventions for adolescents.

Goal 5. Recovery from AUD is complex and highly individualized. To fully clarify the concept of recovery and to improve consistency across recovery research, NIAAA developed an operational definition of recovery from AUD. The definition involves remission from AUD, cessation from heavy drinking, and improvements in dimensions of well-being, quality of life, and biopsychosocial functioning. The definition was developed based on feedback from recovery researchers and other stakeholders. NIAAA has disseminated the definition to the broader research community and is using the definition to stimulate research into recovery and the elements of resilience that promote and sustain recovery.



Performance Table

National Institutes of Health				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
NIDA: By 2026, evaluate the efficacy of new or refined interventions to treat OUD.	Conducted one Phase I clinical trial to test the safety and efficacy of an anti-opioid vaccine, and two Phase I clinical trials to test the safety and efficacy of two novel treatment drugs for OUD.	Conduct a clinical trial of a medication for relapse prevention of OUD or overdose.	Researchers conducted two clinical trials to test medications to prevent opioid overdose death.	Complete a Phase 2 trial of a long-acting formulation of an opioid antagonist.
NIDA: By 2025, develop or evaluate the efficacy or effectiveness of new or adapted prevention interventions for SUD.	Two clinical trials were launched as part of the HEAL Initiative®.	Conduct one to two studies to test the effectiveness of prevention interventions focused on electronic nicotine delivery systems (including vaping).	Researchers conducted two studies to test the effectiveness of prevention interventions focused on electronic nicotine delivery systems in schools, via social media and electronic cigarette advertising restrictions.	Launch one to two clinical trials testing approaches to prevent opioid and other substance misuse by intervening on social determinants of health.



Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
NIAAA: By 2025, develop, refine, and evaluate the effectiveness of evidence-based intervention strategies for facilitating treatment of alcohol misuse in underage populations.	Researchers tested the effectiveness of motivation enhancement therapy and cognitive-behavioral therapy in reducing alcohol and cannabis use and co-occurring depression among adolescents.	Evaluate the effectiveness of a digital-based alcohol screening and brief intervention for adolescents.	Researchers conducted studies to evaluate the feasibility and effectiveness of delivering computer-based alcohol screening and brief interventions to adolescents in primary care settings.	Evaluate the effectiveness of an alcohol intervention in reducing alcohol misuse among emerging adults outside of college settings.
NIAAA: By 2025, develop, refine and evaluate evidence-based intervention strategies and promote their use to prevent substance misuse and SUDs and their consequences in underage populations.	NIAAA hosted webinars and developed fact sheets to disseminate information about evidence-based interventions for underage populations.	Develop and/or evaluate preventive interventions to address underage alcohol use among specific underserved populations.	Researchers demonstrated the effectiveness of a suicide and alcohol prevention intervention for adolescents living in rural Alaska Native communities.	Evaluate a culturally appropriate family-based intervention to prevent and reduce underage drinking among an underserved population

Discussion of Results

NIDA

NIDA met both FY 2022 targets.

In FY 2022, NIDA-supported researchers conducted two clinical trials to test medications to prevent opioid overdose death. These studies aim to develop new formulations of opioid antagonists which are effective treatments for OUD and overdose reversal. Naloxone is a short-acting opioid antagonist that rapidly reverses an opioid overdose by restoring normal breathing and is currently available in injectable and intranasal inhalation formulations. However, these



products are not always accessible or affordable. To meet the urgent need to expand the availability of this life-saving medication amid the overdose crisis, NIDA funded and completed a successful trial of a novel intranasal swab of naloxone, and a NDA will be filed soon to request FDA approval of this medication as an over-the-counter product.⁷⁴ At the same time, longer-acting overdose reversal medications are needed for people in rural and other hard-to-reach areas where emergency services may be delayed. A NIDA trial tested an intranasal formulation of nalmefene, a novel, longer-acting opioid antagonist, to reverse opioid overdose.⁷⁵ The results of this trial were positive, and the data have been submitted to the FDA as part of an NDA to obtain approval for this indication.

In FY 2022, NIDA-funded researchers conducted two studies to test the effectiveness of prevention interventions focused on electronic nicotine delivery systems in schools, via social media and electronic cigarette advertising restrictions. Vaping continues to be the predominant method of nicotine consumption among youth, and early nicotine use is associated with subsequent drug use and dependence. Sexual and gender minority (SGM) youth are more likely to initiate and continue vaping than non-SGM youth. A NIDA study is evaluating the effectiveness of culturally-tailored, anti-vaping social media messages for SGM youth ages 13-18.⁷⁶ If successful, findings will inform efforts to reduce vaping-related health disparities in this vulnerable population. In FY 2022, investigators on this project published a commentary calling for a more nuanced approach to discussions about vaping. Specifically, the authors pointed out that 1) discussions that lump the scientific/public health community into “supporters” and “opponents” of e-cigarettes are not productive because they ignore the areas of agreement, and 2) that discussions of potential harms and benefits of e-cigarettes need to be grounded in the characteristics of the products themselves, which are quite variable.⁷⁷ NIDA is also conducting a study to identify features of electronic cigarette advertisements that influence young adults' susceptibility toward vaping and to determine if restricting those features impacts attitudes, initiation, and continued use of vaping products.⁷⁸ Recent findings published in FY 2022 highlight the importance of source messaging in these advertisements. Expert messaging, compared with peer messaging, was perceived as more credible and was associated with increased perceptions of e-cigarette harm.⁷⁹ Because the FDA has the authority to regulate electronic cigarette advertisement features, results from this study may inform real-world policy decisions aimed at vaping prevention. Additional vaping prevention studies are ongoing.

NIAAA

NIAAA met both FY 2022 targets. In FY 2022, NIAAA-funded researchers conducted studies to evaluate the feasibility and effectiveness of delivering computer-based alcohol screening and brief interventions to adolescents in primary care settings. While the United States Preventive Services Task Force recommends primary care-based alcohol screening and brief intervention for adults, it has found insufficient evidence to recommend it for adolescents. NIAAA is

⁷⁴ <https://reporter.nih.gov/project-details/10400589>

⁷⁵ <https://reporter.nih.gov/project-details/9901501>

⁷⁶ <https://reporter.nih.gov/project-details/10437018>

⁷⁷ <https://pubmed.ncbi.nlm.nih.gov/35080942/>

⁷⁸ <https://reporter.nih.gov/project-details/10383766>

⁷⁹ <https://pubmed.ncbi.nlm.nih.gov/35897488/>



supporting research to address this evidence gap. In a pilot trial, NIAAA-funded researchers demonstrated that a computer-facilitated alcohol screening and brief intervention (CSBI), delivered by pediatric primary care clinicians during well-visits, was feasible and accepted in clinical practice, increased confidence among clinicians, and reduced the risk of heavy drinking among at risk youth.^{80,81} These positive results prompted the initiation of a large, multi-site randomized clinical trial to further examine the effectiveness of CBSI in reducing heavy drinking among adolescents.⁸² The ongoing study, which is currently recruiting patients, is being conducted among clinical practices participating in the American Academy of Pediatrics' Pediatric Research in Office Settings network, a large national research network of pediatric primary care practices. As another example, a new NIAAA-supported study will assess whether a centralized, telehealth version of alcohol screening, brief intervention, and referral to treatment can improve early identification and treatment of alcohol and other comorbid mental health problems among adolescents at high risk for these conditions.⁸³ The telehealth intervention will be delivered by a centralized behavioral health clinician accessible to pediatric primary care clinics in the study and it will be compared to in-person alcohol screening and brief intervention, also delivered by a behavioral health clinician.

In FY 2022, NIAAA-supported researchers demonstrated the effectiveness of a suicide and alcohol prevention intervention for adolescents living in rural Alaska Native communities. As one example, NIAAA-funded researchers demonstrated the effectiveness of the Qungasvik (Tools for Life) intervention as a universal suicide and alcohol prevention strategy for young people ages 12-18 living in rural Alaska Native communities.⁸⁴ This study builds on a decades-long collaboration between NIAAA-supported researchers at the University of Alaska, Fairbanks, and the Yup'ik Alaska Native community to examine how tapping into a community's culture can provide a cornerstone for youth alcohol and other substance misuse and suicide prevention efforts. Together, they developed the Qungasvik intervention, which uses community, cultural, and historical connectedness to build protective factors against suicide and alcohol misuse. The intervention was associated with an increase in protective factors (e.g., an individual's belief that they can overcome life's challenges, cultural and spiritual beliefs, and reflection of negative consequences of alcohol misuse). The principles of using community and culture to enhance protective factors against suicide and substance misuse could be extended to interventions for youth in other underserved populations.

⁸⁰ <https://pubmed.ncbi.nlm.nih.gov/33143987/>

⁸¹ <https://pubmed.ncbi.nlm.nih.gov/31225897/>

⁸² <https://reporter.nih.gov/search/NVaAeSU4AEyrEL2o486v7g/project-details/10140253>

⁸³ <https://reporter.nih.gov/search/NVaAeSU4AEyrEL2o486v7g/project-details/10606351>

⁸⁴ <https://pubmed.ncbi.nlm.nih.gov/36214726/>



Department of Health and Human Services

Substance Abuse and Mental Health Services

Administration

Mission

SAMHSA’s mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes. SAMHSA envisions that these efforts will ensure people with, affected by, or at risk for mental health and substance use conditions receive care, thrive, and achieve wellbeing.

SAMHSA’s National Drug Control portfolio includes competitive grant programs reflected in the *Programs of Regional and National Significance*, the *Substance Abuse Prevention and Treatment Block Grant (SABG)*, and the *State Opioid Response (SOR) Grants*, and addresses six goals with respect to the *Strategy*. The 2022 Omnibus renamed the SABG to the “Substance Use Prevention, Treatment, and Recovery Services Block Grant, SUPTRS BG,”

Relevant PRS Performance Measure

Goal 1: Illicit substance use is reduced in the United States.

- Objective 1: The number of drug overdose deaths is reduced by 13 percent by 2025.
- Objective 2: The percentage of people meeting criteria for cocaine, opioid, and methamphetamine use disorders are each respectively reduced by 25 percent by 2025.

Goal 2: Prevention efforts are increased in the United States.

- Objective 1: Past 30-day alcohol use among young people aged 12-17 is reduced by 10 percent by 2025.
- Objective 2: Past 30-day use of an e-cigarette among middle and high school students is reduced by 15 percent by 2025.

Goal 3: Harm Reduction efforts are increased in the United States.

- Objective 2: The percentage of Syringe Service Programs (SSPs) that offer some type of drug safety checking support service, including, but not limited to Fentanyl Test Strips, is increased by 25 percent by 2025.

Goal 4: Treatment efforts are increased in the United States.

- Objective 1: Treatment admissions for the populations most at risk of overdose death is increased by 100 percent by 2025.
- Objective 2: The projected shortfall in the qualified workforce of behavioral health providers (including addiction professionals) funded by federal programs in the United States is reduced by 70 percent by 2025.



Goal 5: Recovery efforts are increased in the United States.

- Objective 2: The number of peer-led recovery community organizations is increased by 25 percent by 2025.

Goal 6: Criminal Justice reform efforts in the United States include drug policy matters.

- Objective 1: Eighty percent of all treatment courts will be trained and will implement practices to increase equity by 2025.

Evaluation Plan and Performance Measures

A commitment to data and evidence is a SAMHSA key principle. SAMHSA collects critical performance data on its programs using a variety of data sources. As impact is measured and reported, SAMHSA leverages the results to identify the conditions that foster success, address barriers, enable collaboration across programs, and promote overall efficiency. Consistent with Government Performance Results Modernization Act (GPRMA), SAMHSA continues to refine its use of performance and evaluation data to measure impact and mitigate risk.

In FY 2022, SAMHSA modified several of its data collection tools to better capture information about individuals served and programmatic impacts. For example, SAMHSA revised its SOR program tool to collect detailed data on naloxone overdose kits purchased and distributed. In addition, the revised instrument will collect data on the following measures: (1) overdose reversals, (2) Fentanyl Test Strips (FTS) purchased and distributed where not prohibited by law, (3) education of school-aged children, first responders, and key community sectors on opioid and/or stimulant misuse, and (4) outreach activities that target underserved and/or diverse populations. The Government Performance and Results Act Client Outcome Measures for Discretionary Programs tool (GPRA Client Tool), which is an instrument used by several SAMHSA grant programs, was updated to reduce administrative burden and improve data quality. Revisions made to the tool improve functionality while also eliciting information that demonstrates programmatic impact at the client-level. SAMHSA also updated the GPRA Best Practices Post Event Form and the SABG Instructions G Instructions.

The revised tools went into effect in January 2023. Data from these tools will not be available until fiscal year 2024. However, for the purposes of this *Assessment*, SAMHSA’s new measures will serve as better indicators for the new *Strategy’s* goals and objectives. The new performance measures have been annotated in each performance table.

SAMHSA manages a significant number of formula and discretionary programs. To identify which of these programs to highlight as part of the new *Strategy*, SAMHSA used the following criteria:

- Longevity of the program- Discretionary programs are subject to funding availability. SAMHSA included programs that are expected to be funded for at least three years.
- Data availability- Programs selected are expected to have data sources that will allow for program measurement for at least 3 years (i.e., until 2025).
- Program focus- Programs selected were also reviewed to ensure that the primary focus of the program aligned with the goals and objectives of the new strategy.



SAMHSA's measures for the new *Strategy* consist of program specific output and outcome measures. SAMHSA's measurement approach also includes composite measures that summarize overall performance data across multiple measures and programs to provide a single estimate.

Strategic Prevention Framework for Prescription Drugs (SPF-Rx)

The Strategic Prevention Framework (SPF) grant programs support activities to help grantees reduce SUD by developing a system which leverages data collected by State managed Prescription Drug Monitoring Program (PDMP). SPF-Rx raises awareness about the dangers of sharing medications and works with pharmaceutical and medical communities on reducing overprescribing of opioids, benzodiazepines and other drugs with addictive potential.

Strategic Prevention Framework - Partnerships for Success (SPF-PFS)

The SPF- PFS is designed to help both states and communities to reduce the onset and progression of substance misuse and its related problems by supporting the development and delivery of state and community substance misuse prevention and mental health promotion services.

Sober Truth on Preventing Underage Drinking (STOP Act)

The STOP Act of 2006 (Public Law 109 - 422) was the nation's first comprehensive legislation on underage drinking. The STOP Act program enables organizations to strengthen collaboration and coordination among stakeholders to achieve a reduction in underage drinking in their communities.

Tribal Opioid Response Grants (TOR)

The TOR program aims to address the opioid crisis in tribal communities by increasing access to culturally appropriate and evidence-based treatment, that includes the three FDA-approved medications for the treatment of OUD. The program reduces unmet treatment need and opioid overdose-related deaths through the provision of prevention, treatment, and recovery support services for OUD and, if so desired, stimulant misuse and use disorders.

Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG)

The block grant program serves as a source of safety-net funding, including assisting states in addressing and evaluating activities to prevent, reduce harm, treat, and provide RSS for individuals, families, and communities that are adversely impacted by SUD, including OUD. SUPTRS BG will continue to support certain services not covered by commercial insurance and non-clinical activities and services that address the critical needs of state substance use prevention and treatment service systems.

Harm Reduction Grant Program

Harm Reduction is a new program that was funded by the American Rescue Plan. The Harm Reduction program supports community-based overdose prevention programs, syringe services programs, and other harm reduction services where not prohibited by law. Funding is used to



enhance overdose and other types of prevention activities to help control the spread of infectious diseases and the consequences of such diseases for individuals with, or at risk of developing a SUD, support distribution of FDA-approved overdose reversal medication to individuals at risk of overdose, build connections for individuals at risk for, or with, a SUD to overdose education, counseling, and health education, refer individuals to treatment for infectious diseases such as HIV, sexually transmitted infections, and viral hepatitis, and encourage such individuals to take steps to reduce the negative personal and public health impacts of substance use or misuse. This program includes supporting capacity development to strengthen harm reduction programs where not prohibited by law as part of the continuum of care.

First Responder Training (FR CARA)

FR CARA allows first responders and members of other key community sectors to administer a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency reversal of known or suspected opioid overdose (e.g., naloxone). The program also provides funding to state, Tribal and local governments to train and equip first responders to administer naloxone.

Grants to Prevent Prescription Drug/ Opioid Overdose- Related Deaths

The Grants to Prevent Prescription Drug/ Opioid Overdose Related Deaths program helps states identify communities of high need, and provide education, training, and resources necessary to tailor the overdose response kits to meet their specific needs. Grantees can use the funds to purchase naloxone, equip first responders and communities with naloxone and other overdose death prevention strategies, support education on these strategies, and provide materials to assemble and disseminate overdose response kits.

State Opioid Response Grants (SOR)

The SOR program aims to address the opioid crisis by increasing access to treatment that includes the three FDA-approved medications for the treatment of OUD, reducing unmet treatment needs, and reducing opioid overdose related deaths through the provision of prevention, harm reduction, treatment, and recovery support services for OUD (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs). The SOR program also supports the continuum of care for stimulant misuse and use disorders, including for cocaine and methamphetamine.

Provider's Clinical Support System- Universities (PCSS-U)

The PCSS-U program provides education, training and clinical mentoring to primary care providers who wish to treat OUD. The purpose of this program is to expand and/or enhance access to medications for OUD through ensuring the education and training of students in the medical, physician assistant and nurse practitioner fields. The PCSS-U program promotes SUD education in professional schools and aims to engage students in treating OUD upon graduation.



The Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (MAT-PDOA) Program

The MAT-PDOA program addresses treatment needs of individuals who have an OUD by expanding/enhancing treatment system capacity. This increased capacity provides individuals with access to effective, comprehensive, coordinated/integrated, and evidence-based medications for OUD (MOUD) and RSS. Recovery support services include linking patients and families to social, legal, housing, and other supports to improve retention in care and increase the probability of positive outcomes.

Targeted Capacity Expansion Programs - Special Projects (TCE – SP)

The purpose of the Targeted Capacity Expansion-SP program is to implement targeted strategies for the provision of SUD or co-occurring disorder (COD) harm reduction, treatment, and/or recovery support services to support an under-resourced population or unmet need identified by the community. Grantees identify the specific need or population they seek to support through the provision of evidence-based SUD or COD harm reduction, treatment, and/or recovery support services. Diversity, equity, and inclusion are integrated in the provision of services and activities throughout the project, for example, when conducting eligibility assessments, outreach, and engagement or developing policies.

Children and Families - The Youth and Family Tree Program (YFTREE)

The Children and Families program makes appropriate treatment available to youth and their families or caregivers to reduce the impact of SUD and /or other co-occurring mental and SUDs on communities in the United States. The YFTREE program enhances and expands comprehensive treatment and early intervention, which includes harm reduction and RSS for adolescents (ages 12-18) and transitional aged youth (ages 16-25) with SUD and/or COD, and their families/primary caregivers.

Comprehensive Opioid Recovery Centers (CORC)

The CORC program provide a full spectrum of treatment and recovery support services for OUD. Grantees are required to provide outreach and the full continuum of treatment services including MOUD; counseling; treatment for mental disorders; testing for infectious diseases, residential treatment, and intensive outpatient services; recovery housing; peer RSS; job training, job placement assistance, and continuing education; and family support services such as childcare, family counseling, and parenting interventions.

Recovery Community Services Program (RCSP)

The RCSP was designed to assist recovery communities to strengthen their infrastructure and provide peer RSS to those in or seeking recovery from SUDs across the nation. More people in recovery are now willing to be open about their own recovery and to share their experience to help others attempting to achieve recovery. Through their lived experience, individuals in recovery can provide support and hope to those newly seeking recovery. As a five-year grant,



the RCSP focuses on long-term recovery with the expectation that engagement in RSS over an extended period of time assists in maintaining recovery.

Building Communities of Recovery (BCOR)

The BCOR program mobilizes resources within and outside of the recovery community to increase the prevalence and quality of long-term recovery support for persons with SUD and COD. Programs are designed to be overseen by individuals in recovery from SUDs who reflect the community served. These grants are intended to support the development, enhancement, expansion, and delivery of RSS as well as promotion of, and education about recovery.

Treatment, Recovery, and Workforce Support (TRWS)

The TRWS program supports the implementation of evidence-based programs for individuals in SUD treatment and recovery to live independently and participate in the workforce. Grant funds are used to hire Case Managers, Care Coordinators, Peer Recovery Specialists and other professionals to provide services that support treatment and recovery for clients, as well as outreach activities that inform employers of substance use resources that are available to their employees.

Public Awareness and Support (PAS)

PAS provides SAMHSA with a unified communications approach to increase awareness of behavioral health, inclusive of mental disorders and substance use issues. SAMHSA’s Office of Communications (OC) staff ensure that the vital information, publications, and training materials produced through SAMHSA’s centers and offices are available to the healthcare workforce, people in treatment and recovery, people in crisis or in areas affected by disasters, SAMHSA grantees, and the public.

Performance Table

Substance Abuse and Mental Health Services Administration				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
SPF-Rx: Percent of funded states reporting reductions in opioid overdoses	75%	75%	TBD	75%
FR-CARA: Number of FDA-approved overdose reversing medication kits distributed	96,293	171,831	58,025	58,025
FR-CARA: Number of Naloxone Administrations	55,148	55,148	31,785	34,964
FR-CARA: Number of Overdose Reversals due to Naloxone Administration	13,245	13,245	8,695	9,565



Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
FR-CARA: Number of first responders trained how to administer FDA-approved overdose reversing medication kits	12,100	44,155	10,690	11,690
Grants to Prevent Prescription/Drug Opioid Drug Related Deaths: Number of FDA-approved overdose reversing medication kits distributed	73,104	73,104	36,719	40,391
Grants to Prevent Prescription/Drug Opioid Drug Related Deaths: Number of Naloxone Administrations	7,615	7,615	4,907	45,398
Grants to Prevent Prescription/Drug Opioid Drug Related Deaths: Number of Overdose Reversals due to Naloxone Administration	4,236	4,236	3,547	3,902
Grants to Prevent Prescription/Drug Opioid Drug Related Deaths: Number of persons trained how to administer Naloxone (or other FDA approved drug or device)	27,266	27,266	22,453	24,698
SABG: Number of SSPs who provide Fentanyl Test Strips through SABG	-	-	-	TBD ⁸⁵
SOR: Number of fentanyl test strips distributed through SOR	-	-	-	TBD ⁸⁵
SPF-PFS: Percent of grantees that report at least 5 percent improvement in the past 30 day use of targeted substance in target population	79.2%	79.2%	84.6%	79.2%

⁸⁵ New performance measure that is starting in FY 2023 with actual data anticipated in FY 2024. Future targets will be set based on the end of year actual performance results.



Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
SPF-PFS: Percent of grantees that report improvement of perception of risk from targeted substance use in target population	50%	50%	39.7%	50%
YFTREE - Percent of clients who report an OUD or SUD diagnosis at baseline who report no opioid use or stimulant use at 6-month follow-up	-	-	-	TBD
YFTREE - Percent of clients ages 12-17 receiving services who had no past 30-day alcohol use at 6-month follow-up	-	-	-	TBD ⁸⁵
YFTREE - Percent of clients ages 12-17 receiving services who reported vaping any substances at intake who abstained from vaping at 6-month follow-up	-	-	-	TBD ⁸⁵
STOP Act - Percent of coalitions that report at least 5 percent improvement in the past 30-day use of alcohol in at least two grades	83%	83%	66.7%	66.7%
STOP Act - Percent of coalitions that report improvement in youth perception of risk from alcohol in at least two grades	55%	75%	33%	75%
SABG - Percent of states showing a decrease in state level estimates of percent of survey respondents who report 30 day use of alcohol (age 12-17)	73.9%	73.9%	62.6%	73.9%



Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Harm Reduction Grant Program - Number of Naloxone kits	-	-	TBD ⁸⁶	TBD
Harm Reduction Grant Program - Number of substance test kits distributed	-	-	TBD ⁸⁶	TBD
Harm Reduction Grant Program - Number of syringes distributed	-	-	TBD ⁸⁶	TBD
Composite Measure: Percent of clients who report an OUD or Stimulant Use Disorder diagnosis at baseline who report no opioid use or stimulant use at 6-month follow-up ⁸⁷ .	-	-	-	TBD
Composite Measure: Percentage of clients who report fentanyl use or experienced an overdose prior to intake	-	-	-	TBD
Composite Measure: Number of behavioral health providers trained under a Center for Substance Abuse Treatment training program ⁸⁸ .	-	-	-	TBD
Composite Measure: Number of peer-led recovery community organizations ⁸⁹ .	-	-	-	TBD
Public Awareness and Support: Number of individuals referred for behavioral health treatment resources.	1,023,496	1,023,496	1,115,900	1,085,800

⁸⁶ New performance measure that is starting in FY 2022 with actual data anticipated in FY 2023. Future targets will be set based on the end of year actual performance results.

⁸⁷The composite measure includes the following SAMHSA programs: SOR, TCE-SP, MAT-PDOA, GBHI, TDC, ORP, BCOR, SBIRT, MAI-HIV, PPW, RCSP, YFTREE, and CORC.

⁸⁸ The composite measure includes the following SAMHSA programs: BCOR and PCSS-Universities.

⁸⁹The composite measure includes the following SAMHSA programs: RCSP, BCOR, and TRWS.



Discussion of Results

SAMHSA continues to provide state of the art technical assistance to all grantees. In addition, SAMHSA has a new Program, to combat and address substance misuse, entitled Harm Reduction. The performance results for this new program will be available in December 2023.

For FY 2022, the information regarding the performance of the drug control efforts of SAMHSA is based on agency Government Performance Results and Management Act and other agency information that measures the agency's contribution to the *Strategy*. The new performance measures have been annotated in the table above. The following provide the target and actual data for the most recently available performance data.

Primary Prevention

In FY 2022, SAMHSA exceeded in two prevention performance measures with targets. The percentage of Partnerships for Success grantees that reported at least a 5 % improvement in past 30 day use of targeted substances in target populations exceeded the target by 5.4%. Additionally, the percentage of states showing a decrease in state-level estimates of percent of survey respondents who reported 30 day use of any illicit drugs other than marijuana (age 12 – 17) increased to 69.6% of SABG Prevention Set-Aside recipients.

SAMHSA is taking steps to address challenges with grantees' abilities to achieve targets. In FY 2022, SAMHSA funded two new and 13 continuation PDO grants. Grantees distributed 36,719 Naloxone or other FDA-approved kits in FY 2022, which did not meet the target set at 73,104. Nevertheless, grantees reported 4,907 administration events and 3,547 overdose reversals. In addition, 8,207 lay persons were trained how to administer Naloxone or other FDA approved drug or device in FY 2022, which did not meet the target set at 27,266. However, 8,207 first responders and 2,640 other individuals were also trained in FY 2022 for a combined total of 22,216 individuals trained in how to administer Naloxone or other FDA approved drug or device. In FY 2023, SAMHSA will fund two new and 15 continuation grants. The program has set a FY 2023 target to distribute 36,719 Naloxone or other FDA-approved kits and to train 8,207 people. SAMHSA has adjusted its targets for FY 2023 to better reflect real life circumstances within the communities in which our grantees conduct business. The FY 2023 targets are more pragmatic, as a result, and yet remain aspirational. These targets align with SAMHSA's efforts to reduce opioid overdose by saturating communities with high rates of opioid overdose with opioid overdose reversal medication, trained first responders and concerned public citizens, who have been trained to administer naloxone to those experiencing an overdose, and an increased emphasis to refer these individuals into buprenorphine and other related MAT and other forms of treatment and recovery supports, wherever appropriate.

In FY 2022, SAMHSA funded 40 new and 42 continuation grants through the FR CARA grant program to ensure that EMS personnel are trained on mental and substance use disorders and care for people with such disorders in emergency situations. During this year, 58,025 FDA-approved overdose reversing medication kits were distributed, but this did not meet the target set at 171,831. In addition, 10,540 first responders were trained on how to administer FDA-approved overdose reversing medication kits. The target set for FY 2022 was based on the total number of individuals trained rather than the number of first responders trained, which in part



explains why the program did not meet the FY 2022 target set at 44,155. However, the program also trained 20,620 lay persons and 2,657 community organization staff for a total of 33,817 individuals trained on how to administer FDA-approved overdose reversing medication kits. In FY 2023, the program will fund 86 new and 47 continuation grants that expand organizational and workforce capacity that enhances linkage to care for people at risk for opioid overdose and implementing innovative prevention activities.

Treatment

Although SAMHSA is revising its performance indicators to better measure the impact of its programs on the ONDCP goals and objectives included in the *Strategy*, SAMHSA can highlight programmatic accomplishments based on available data. Another example for FY 2022, the YFTREE program served 2,924 clients. The YFTEE program also found an increase in clients who received an intake and a six-month re-assessment with no past 30-day experience with alcohol or drug related health, behavioral, or social consequences. SAMHSA intends establish its new performance targets for the treatment programs noted above in early FY 2024.

Harm Reduction

In FY 2021, SAMHSA had three new performance measures under Harm Reduction and there were no conclusive historical data/trend for projecting targets. SAMHSA monitored performance measure and obtained baseline statistics to set targets for FY 2022. Due to delays in the reporting system, harm reduction data will not be available until March 2023.

Recovery

SAMHSA continues to make strives to ensure people affected by or at risk for mental health and substance use conditions receive the recovery services they need to live self-directed lives, while striving to reach their full potential.



Department of Homeland Security Customs and Border Protection

Mission

Numerous titles and provisions of the United States Code authorize CBP to regulate the movement of carriers, persons, and commodities between the United States and other nations. It is through this expansive 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, in part, pursuant to the authority of the Anti-Drug Abuse Act of 1986 (P.L. 99-570), "USA PATRIOT Act" (P.L. 107-56), Money Laundering Control Act (P.L. 99-570), among other laws.

Relevant PRS Performance Measure

Goal 7: The supply of illicit substances into the United States is reduced.

- Objective 1: The number of targets identified in counternarcotics Executive Orders and related asset freezes and seizures made by law enforcement is increased by 365 percent by 2025.

CBP supports this objective through the following activities:

- The Office of Field Operations (OFO) Outbound Enforcement Program (OEP) conducts risk-based Outbound operations at land border ports of entry (POE), seaports, and international airports to disrupt domestic drug trafficking at the land borders by stemming the flow of potential narcotics-related proceeds destined to domestic criminal or transnational criminal organizations.
- Air and Marine Operations (AMO) conducts border and extended border operations as part of CBP's layered approach to homeland security. AMO operates in the air and marine domains along the border and deploys assets in the source and transit zones through coordinated liaison with other agencies and international partners to conduct counter-drug missions.
- U.S. Border Patrol (USBP) agents seek to 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 regularly enter the United States without authorization. The interdiction of people can coincide with the interdiction of drugs in the border environment.

Evaluation Plan and Performance Measures

Amount of smuggled outbound currency seized at the ports of entry

The performance measure "Amount of smuggled outbound currency seized at the POE" 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 reducing the supply of illicit substances into the United States at the land border POEs.

OFO conducts risk-based Outbound operations at land border POEs and international airports, enabling CBP to enforce United States laws and regulations applying to the Outbound arena, including but not limited to immigration, counterproliferation, and drug interdiction. 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 federal 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, including drug trafficking, and arresting members of their organizations.

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 Administration (DEA) and U.S. Immigration and Customs Enforcement (ICE), as well as with other law enforcement agencies through the Border Enforcement Security Task Force. 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.

Percentage of JIATF-S Annual Mission Hour Objective Achieved

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 *Strategy*, which is reported to DHS, ONDCP, and JIATF-S. This measure assists in evaluating CBP's success in supporting counter-drug mission in the source and transit zones. 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 National Interdiction Command and Control Plan (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.



Performance Table

Customs and Border Protection				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Amount of smuggled outbound currency seized at the POE (in millions)	\$46.3	\$30.0	\$27.4	\$30.0
Percentage of JIATF-S annual mission hour objective achieved	100%	100%	100%	100%

Discussion of Results

Amount of smuggled outbound currency seized at the ports of entry (in millions)

Outbound currency seized during FY 2022 declined with the decrease in outbound travel. Currency seizures total value in Boston, El Paso, Laredo, San Diego and Seattle declined by 46, 77, 48, 64, and 76 percent, respectively. OFO’s dedication of resources to outbound operations resulted in impressive overall enforcement results, with an over 50 percent increase in outbound drug seizures (by weight) in comparison with FY 2021, and a 38 percent excess above the target for outbound weapons seizures in the separate GPRMA measure.

Ongoing CBP efforts at risk-based outbound enforcement and conducting limited special operations will continue in FY 2023, though availability of officers may be impacted by assignments to POEs with major migrant activity or to coronavirus prevention or mitigation activity. CBP will retain the target of \$30.0M for FY 2023. CBP will consider revising the target in FY 2024 if the FY 2023 results more clearly establish a long-term trend.

Percentage of JIATF-S annual mission hour objective achieved

AMO’s JIATF-S flight hour objective for FY 2022 was 5,500 flight hours. AMO executed 6,974 flight hours; exceeding its flight hour objective by 1,474 hours. The program has met the minimum JIATF-S hours required for the FY, with the P-3 aircraft accounting for 6,146 hours flown and 828 hours from the Unmanned Aircraft System (UAS). AMO had 333 interdictions that resulted in narcotic shipment disruptions or seizures in the Source and Transit Zones in FY 2022 which was a 56% increase over FY 2021. AMO focused on expanding its UAS footprint in the source and transit zone in FY 2022 through Operation Corvina III, specifically designed to employ unmanned aircraft in a maritime interdiction environment. In addition to providing over 800 flight hours to JIATF-South, this operation resulted in the seizure of nearly 29,000 pounds of cocaine, making it AMO’s most successful counter-narcotic maritime UAS operation to date. AMO submitted its input for the FY 2023 DHS Statement of Intent to the DHS Office of Strategy, Policy, and Plans. 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 2023 DHS Statement of Intent included CBP’s objective to provide 5,500 flight hours in the transit zone with its P-3 and UAS.



Department of Homeland Security Federal Emergency Management Agency

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 system of preparedness, protection, response, recovery, and mitigation.

Relevant PRS Performance Measure

Goal 7: The supply of illicit substances into the United States is reduced.

While the FEMA does not directly disrupt production illicit substances, FEMA aims to meet the overarching *Strategy* goal of reducing the supply of illicit substances into the United States through disruption of the illicit flow illegal drugs into the country. Operation Stonegarden (OPSG) grants are awarded by FEMA in coordination with CBP, and contributes to efforts to secure the United States borders along routes of ingress from international borders. OPSG is an anti-terrorism border security program that supports a broad spectrum of border security activities performed by State, local and Tribal LEAs through increased material, manpower readiness, and the number of personnel.

Evaluation Plan and Performance Measures

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 CBP.

Performance Table

Federal Emergency Management Agency				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Narcotics Encounters	2,661	N/A	2,225	N/A

Discussion of Results

OPSG-funded patrols provide narcotics enforcement performance data in Daily Activity Reports. In fiscal year (FY) 2022, a total of 1,992 narcotics cases were reported, resulting in the seizure of over 44,000 pounds of narcotics, including heroin, fentanyl, methamphetamines, and cocaine.



Department of Homeland Security Federal Law Enforcement Training Centers

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 interagency law enforcement training for approximately 120 Federal Partner Organizations (POs), as well as training and technical assistance to participating state, local, tribal, territorial, and international law enforcement entities. FLETC provides training programs in support of drug enforcement activities, primarily in advanced programs that teach and reinforce law enforcement skills related to investigation. FLETC supports the *Strategy* by providing drug investigations training for law enforcement agents and officers.

Relevant PRS Performance Measure

Goal 7: The supply of illicit substances into the United States is reduced.

- Objective 1: The number of targets identified in counternarcotics Executive Orders and related asset freezes, and seizures made by law enforcement is increased by 365 percent by 2025.

FLETC delivers counter-drug basic skills training to POs in courses titled Controlled Substance Identification, Drug Recognition, Recognition of Clandestine Labs, Marijuana Cultivation Investigations, Sequential Testing, and Drugs of Misuse which are covered in FLETC's Center Basic and Center Integrated training programs as well as specialized investigation training in many of FLETC's advanced training programs. These training programs help ensure the appropriate skills and expertise for federal law enforcement officers to conduct activities intended to reduce the supply of illicit substances in the U.S.

Evaluation Plan and Performance Measures

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. FLETC measures its success by assessing the satisfaction of its POs with the requested training that FLETC provided.

FLETC has a metric to capture the satisfaction of POs with the CD-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 POs to gauge their satisfaction with FLETC's drug control-related training to date. For FY 2021, the target was set to 90 percent. Results of the 2021 PO Satisfaction Survey that FLETC conducted indicate that 100 percent of POs are satisfied with FLETC CD-related training.



Performance Table

Federal Law Enforcement Training Centers				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Percent of Partner Organizations that agree the FLETC CD-related training is effective.	100%	90%	95%	90%

Discussion of Results

FLETC uses the annual Partner Organization (PO) Satisfaction Survey as the means to determine PO opinions on the quality of training students receive at any of the FLETC locations in Glynco, Georgia; Artesia, New Mexico; Charleston, South Carolina; and Cheltenham, Maryland. Additionally, POs provide comments and feedback on training that is exported domestically and internationally. This measure determines if the CD training provided meets the training needs of organizations with a CD mission. A 95 percent satisfaction rate was reported among partner organizations for FY 2022.



Department of Homeland Security U.S. Immigration and Customs Enforcement

Mission

ICE, a multi-mission law enforcement agency, uses comprehensive border enforcement strategies to investigate and disrupt the flow of narcotics and ill-gotten gains across the Nation's borders and dismantle related smuggling organizations. The ICE 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 United States drug control policy - specifically the President's *Strategy*, and initiatives to 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 ICE's broader goal to detect, disrupt, and dismantle smuggling organizations.

Relevant PRS Performance Measure

The desired outcomes for the execution of DHS's 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. HSI's efforts support the following Strategy Goal:

Goal 7: The supply of illicit substances into the United States is reduced.

- Objective 1: The number of targets identified in counternarcotics Executive Orders and related asset freezes and seizures made by law enforcement is increased by 365 percent by 2025.
- Objective 2: The number of defendants convicted in active OCDETF investigations that incorporate FinCEN/Suspicious Activity Report (SAR) data is increased by 14 percent by 2025.
- Objective 3: The percentage of active priority OCDETF investigations linked to the Sinaloa or Jalisco New Generation (CJNG) cartels, or their enablers (such as illicit financiers) is increased by 25 percent by 2025.
- Objective 5: The number of incident reports for precursor chemicals sourced from China or India reported by North American countries increases by 125 percent by 2025.

Information supporting HSI's drug control performance efforts is based on the GPRMA, agency documents and other information measuring HSI contributions to the goals and objectives of the *Strategy*.

Evaluation Plan and Performance Measures

In FY 2021, HSI officially retired its current "Percent of" performance measure to implement its new "Number of" measure. This metric supports the *Strategy* objectives and initiatives to



disrupt and dismantle transnational and domestic drug trafficking and money laundering organizations and reduce the supply of illicit substances into the United States.

The objective of “number of targets identified in counternarcotics Executive Orders and related asset freezes/seizures” provides an indicator of success for HSI’s investigative efforts in disrupting and dismantling TCOs. HSI utilizes the Significant Case Report (SCR) process to track its impact on the mission. SCRs encompass the diverse categories investigated by HSI special agents, including illicit trade, travel, and finance (both drug and non-drug-related); counter-proliferation; national security; transnational gangs; transnational crimes against children; worksite enforcement; and cyber-enabled crime. These investigations include HSI investigations directly related to the disruption and/or dismantlement of CPOT and Regional Priority Organization Targets (RPOT) to address the most significant and emerging drug threats in accordance with targets designated by the OCDETF. HSI supports the strategy by attacking the vulnerabilities of drug trafficking organizations and seizing currency and assets to reduce the financial incentives for criminals. HSI tracks financial crimes related to the drug trade and reports the dollar value of real or other property seized from drug operations. Much of the illegal drug market in the United States is supplied with illicit narcotics grown or manufactured in foreign countries and smuggled across our Nation’s borders. HSI offices in Mexico, Colombia, Ecuador, and Peru are actively working through multinational task forces, and providing capacity building to those law enforcement partners, as well as outreach and training with private sector entities in those nations to identify and interdict narcotics prior to their entering the United States. HSI cooperates with European law enforcement agencies in joint investigations at post, package, and airport facilities to identify and intercept narcotics shipments being sent via mail and parcel post to the United States after their purchase from darknet marketplaces. In South Africa, HSI continues to work with postal authorities to identify and investigate internet pharmacies who illicitly ship controlled medications, including opioids, to the United States.

The objective “number of defendants convicted in active OCDETF investigations that incorporate FinCEN/SAR data” identifies the degree to which HSI is combatting illicit finance and targeting the wide range of actors involved in the illicit drug trade. Through HSI Financial Crimes Unit programs, Border Enforcement Security Task Forces (BEST), and the OCDETF program, HSI supports investigative efforts aimed at disrupting the flow of narcotics into the United States and denying TCOs the illicit proceeds that fund their operations. As TCOs continue to explore methods to conceal illicit smuggling at the land border POEs by blending into the legitimate cross-border traffic, TCOs also seek to exploit the International Mail Facilities (IMFs) and express consignment facilities that handle large volumes of mail and parcels entering and crossing the United States to conceal their illicit activities. To prevent opioid trafficking through IMFs and express consignment hubs, HSI relies on advance data, targets supply chain networks, coordinates with domestic and international partners, and through the BEST platform, provides field training to include officer safety and smuggling trends. HSI’s National 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 and, through the National Bulk Cash Smuggling Center, HSI generates long-term, multi-jurisdictional bulk cash investigations. Additionally, the HSI Trade Transparency Unit (TTU) continues to provide the analytic infrastructure supporting financial and trade investigations. The TTU’s unique ability to analyze



cross-border trade and financial data enables HSI to identify transnational money laundering methods and schemes used by international and domestic criminal organizations.

The objective “active OCDETF investigations linked to Sinaloa or CJNG or their enablers” identifies the number of significant HSI OCDETF investigations targeting not only drug trafficking organizations responsible for getting drugs to market in the United States, but also those responsible for moving illicit proceeds through bulk cash smuggling, virtual currency transactions, trade-based money laundering, black market peso exchanges, third party enablers, and informal networks. Additionally, HSI 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 targeting the command, control, finance, and logistics networks used by the Sinaloa and CJNG drug cartels to procure and smuggle weapons from the United States to Mexico.

The objective “number of incident reports for precursor chemicals from China or India” quantifies how many seizures incidents and quantity of narcotics and precursor chemicals have been affected by HSI to disrupt the supply chain and reduce the availability of foreign-produced drugs in the United States. This measure assists in evaluating HSI’s success in identifying source countries and exploiting information gathered from interdictions to further ongoing investigations. HSI, in partnership with CBP, employ the National Initiative for Illicit Trade Enforcement maritime targeting model by leveraging global maritime shipping industry data in conjunction with other intelligence holdings to support domestic and foreign offices’ efforts to illuminate TCOs that operate in foreign countries. HSI is focused on industries and nations that produce known precursors that are diverted to illegally produce fentanyl, methamphetamine, and other narcotics supplied to the United States. These targeting leads have produced actionable seizures of narcotics and precursor chemicals leading to further intelligence gathering and case support for ongoing domestic and foreign investigations. HSI has developed Operation Hydra, an intelligence based counternarcotics operation designed to target the illicit shipment of fentanyl and fentanyl precursors from foreign locations that are destined for the United States. Operation Hydra works by enabling HSI to identify and analyze criminal networks by processing large amounts of financial data combined with additional government data holdings, open source/social media, and communication records, and electronic search warrants to identify suspicious shipments and transactions between China, India, the United States, and narcotics source countries such as Mexico. HSI efforts have led to the indictments and arrests of several high level TCO members in bilateral investigations.



Performance Table

U.S. Immigrations and Custom Enforcement				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Number of targets arrested by HSI in counternarcotics investigations.	12,920	13,000	11,312	13,000
Total currency and assets seized by HSI in counternarcotics investigations (in millions).	\$188.5M	\$200M	\$213M	\$215M
Number of defendants convicted in active OCDETF investigations that incorporate FinCEN/SAR data.	64	75	52	75
Number of HSI OCDETF investigations linked to the Sinaloa or CJNG cartels, or their enablers.	12	20	17	20
Number of incident reports for precursor chemicals seized by HSI.	51	60	42	60

Discussion of Results:

While HSI’s criminal arrests dropped from 12,920 in FY 2021 to 11,312 in FY 2022, this can be attributed to many factors, such as an emphasis by HSI to arrest leadership in a criminal organization rather than just arresting its lowest members. Additionally, targeting the supply chains and illicit proceeds of a criminal organization can lead to a disruption or even a dismantlement of the cartel. For counternarcotics seizures, HSI seized \$213M in FY 2022, which is a 13 percent increase from FY 2021(\$188.5M). In FY 2023, HSI will continue to target the supply chains of criminal organizations that traffic synthetic drugs and other contraband.

HSI does not track or document SARs in reporting, as this is sensitive material. While the number of convictions for HSI has decreased from FY 2021 (64) to FY 2022 (52), illicit proceeds seized by HSI in FY 2022 (\$213M) is significantly higher than FY 2021 (\$188.5M). Criminal groups have expanded beyond narcotics smuggling into the associated crimes of weapons trafficking, human smuggling and trafficking, cybercrime, and money laundering—all of which are within the investigative purview of HSI. In FY 2023, HSI will continue to expand and target the illicit proceeds of TCOs.

For HSI OCDETF investigations linked to the Sinaloa or CJNG cartels, there was a 42 percent increase from FY 2021 (12 investigations) to FY 2022 (17 investigations). In FY 2023, HSI will continue to work with partner agencies and OCDETF to target the supply chains of both the Sinaloa and CJNG Mexican cartels, as both produce and traffic most of the illicit fentanyl that is being transported into the United States from Mexico.



HSI's approach to dismantling TCOs focuses on disrupting multiple aspects of their poly-criminal nature by targeting their narcotics trafficking, human and weapons smuggling, illicit finance, and cyber-crime activities. HSI task forces, which are similarly multi-programmatic, include the BEST program, whose mission is to combat emerging and existing transnational organized crime. There are currently 84 BESTs comprising more than 2,000 law enforcement officers and personnel representing more than 200 federal, state, local, tribal, and international law enforcement agencies as well as National Guard units. In addition to BESTs, HSI also leads HIDTA initiatives focused on disrupting and dismantling internet-based sales of fentanyl and other opioids.

The number of incident reports for precursor chemicals seized by HSI can be a limiting factor as this does not consider the size or significance of each seizure. In FY 2021 and FY 2022, HSI's Operation Hydra is credited with seizing or disrupting the delivery of hundreds of thousands of kilograms of precursor chemicals destined for use by illicit narcotics production labs in both Mexico and Canada. However, because most of these precursors are shipped from China via maritime container, when they are seized by HSI, they often are only counted as one seizure incident. A change from number of incident reports to total weight of seizures would reflect a more accurate depiction of precursor seizures. For FY 2023, HSI is expanding Operation Hydra as a national program and it is anticipated that the precursor targeting methodology that makes this program successful will be incorporated into other field offices, thereby resulting in more seizures.



Department of Homeland Security Science and Technology Directorate

Mission

The scope and diversity of DHS missions requires the Science and Technology Directorate (S&T) to address a wide range of programs including DHS Components' near-term needs for new operational capabilities and improved operational effectiveness, efficiency, and safety for the Homeland Security Enterprise (HSE). S&T has responsibilities related to understanding and creating solutions for explosives, border security, cyber security, biological and chemical threats, and conducting the research, development, test and evaluation (RDT&E) required to meet other Homeland Security needs. S&T performs research and development (R&D) related to drug control in support of CBP and ICE.

Relevant PRS Performance Measures

Goal 7: The supply of illicit substances into the United States is reduced.

- Objective 1: The number of targets identified in counternarcotics Executive Orders and related asset freezes and seizures made by law enforcement is increased by 365 percent by 2025.

In coordination with DHS operational components, S&T is working to deliver a layered set of solutions, including detection hardware, fusion of sensor data, advanced analytics, and training, which can be deployed rapidly within existing operational environments to support interdiction missions within the mail and express consignment missions. S&T's efforts will provide DHS Components and law enforcement partners with advanced, operationally effective detection, intelligence, and investigative capabilities to enable confident discovery and interdiction of opioids, and other narcotics, being smuggled across the United States' borders without disrupting the flow of legitimate commerce.

Evaluation Plan and Performance Measures

Information is based on agency Government Performance and Results Modernization Act (GPRMA) documents and other agency information that measures the agency's contribution to the *Strategy*.

S&T's measure (Percent of stakeholder CD related requests fulfilled) reflects the percent at which S&T fulfills requests from stakeholders for CD-related research and development program outputs and accomplishments. Stakeholder requests include information, data, or technology needs related to the detection, identification, and investigation of narcotics, such as opioids/fentanyl, and trafficking networks. Outputs and accomplishments encompass the delivery, demonstration, transfer, or transition of knowledge or technology products. Knowledge products include, but are not limited to, standards, technology assessments, test and evaluation results, training, data, and documents for decision support. Technology product is a piece of equipment, system, or component of a system, such as an algorithm to be embedded into a piece



of software. This measure reflects the value that S&T provides in delivering capabilities to meet critical needs to support and improve homeland CD missions.

In FY 2022, S&T established a target to fulfill sixty-five percent of stakeholder CD related requests. This target was established upon reviewing baseline data during development of this performance measure.

Performance Table

Science & Technology Directorate				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Percent of stakeholder CD-related requests fulfilled	100%	65%	100%	70%

Discussion of Results

In FY 2022, S&T exceeded its 65 percent target, with a result of 100 percent completion. S&T had three CD-related research outputs. The Opioid Detection Project successfully completed all of the research outputs. A test event and data collection were completed in the third quarter of FY 2022, and the final report and briefing to CBP of those results was completed and delivered in the fourth quarter FY 2022. Reaching this target indicates substantial progress toward achieving long-term CD-related performance goals as well as Department-wide goals and objectives.

In FY 2023, S&T expects to build on its success from FY 2022 and aims to fulfill seventy percent of stakeholder CD related requests.



Department of Homeland Security

U.S. Coast Guard

Mission

The United States Coast Guard (USCG) 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. As part of its maritime security strategic goal, USCG'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 TCO networks that directly threaten the national security of the United States, exploit United States citizens, and destabilize our Western Hemisphere neighbors. This goal is accomplished 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.

Relevant PRS Performance Measure

Goal 7: The supply of illicit substances into the United States is reduced.

- Objective 4: Potential production of cocaine is decreased by 10 percent, and heroin is decreased by 30 percent by 2025

While the USCG does not directly disrupt production of cocaine to meet this objective, the USCG CD mission aims to meet the overarching *Strategy* goal of reducing the supply of illicit substances into the United States through disruption of the illicit flow of cocaine and other illegal drugs into the country across the transit zone, far from U.S. borders. The USCG also maintains a wide variety of relationships with partner nations aimed at capacity building in source countries and those through which narcotics most frequently transit. These efforts serve to enhance partner nation capabilities to disrupt the flow of illicit substances before they depart. To assess the overall effectiveness of the USCG in implementing the *Strategy*, two measures are used. The Removal Rate of Cocaine from non-commercial vessels in the Maritime Transit Zone, and Metric Tons (MT) of Cocaine Removed. These measures are derived from agency GPRMA documents and USCG data.

Evaluation Plan and Performance Measures

USCG intends to meet the performance targets through multiple lines of effort. It has a comprehensive approach to maritime CD law enforcement in the source, transit, and arrival zones. The key objectives of the USCG strategy are to:

- Maintain an interdiction presence based on the availability of assets, deny smugglers access to maritime routes, and deter trafficking activity;
- Strengthen ties with source and transit zone nations to increase their willingness and ability to stem the production and trafficking of illicit drugs; and



- Support interagency and international efforts to address drug smuggling through increased cooperation and coordination.

Removal Rate of Cocaine from non-commercial vessels in the Maritime Transit Zone

This measure is the percentage of documented non-commercial maritime cocaine flow removed by USCG. “Removals” include cocaine seized or disrupted because of jettison, scuttling, or destruction by smugglers due to USCG law enforcement action. The USCG uses the Interagency Consolidated Counterdrug Database (CCDB) as its source for tracking cocaine movement estimates.

Metric Tons of Cocaine Removed

This measure tracks the actual MTs of cocaine removed by USCG and includes cocaine seized or jettisoned, scuttled or destroyed by smugglers as a result of USCG law enforcement action.

Performance Table

United States Coast Guard				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Removal Rate of Cocaine from Non-Commercial Vessels in the Maritime Transit Zone	6.4%	10.0%	5.4%	7.5%
MTs of Cocaine Removed	173.7	>240	152.3	>210

Discussion of Results

In conjunction with considerations of total known flow, more accurate intelligence-based targeting is needed to allow USCG assets to have a greater impact on cocaine removals. USCG assets were not able to achieve the performance measure goal of 10 percent. This is indicative of both an increase in total known flow resulting from improved intelligence networks, a decrease in the amount of actionable targeting received by surface assets, and a decrease in the number of surface assets due to reallocation to the migrant interdiction operations in the USCG District 7. In FY 2022, the USCG removed 152.3MT from approximately 2,846 MT of known flow.



Department of Housing and Urban Development **Office of Community Planning and Development**

Mission

The Department of Housing and Urban Development's (HUD) Office of Community Planning and Development supports the *Strategy's* goal to increase the number of individuals who successfully achieve sustained recovery. Stable and affordable housing is often identified as the most difficult barrier for individuals released from prison or jail to overcome. For persons in recovery, structured and supportive housing promotes healthy recovery outcomes. The safe, stable housing provided by programs supported by HUD help people in recovery achieve their full potential, and ensure that the significant public investment in treatment pays off in terms of long-term recovery.

Relevant PRS Performance Measure

Goal 1: Illicit substance use is reduced in the United States.

- Objective 1: The number of drug overdose deaths is reduced by 13 percent by 2025.

Many of HUD's programs help the most vulnerable citizens in our communities, including individuals with substance use issues. HUD's Continuum of Care (CoC) Program is HUD's largest program targeted to individuals and families experiencing homelessness. Funds are awarded to more than 6,500 projects through a national competition. In the annual CoC Program competition, project applicants identify the number of persons with chronic substance use issues that they anticipate serving. HUD uses the proportion of those persons, relative to the total number of persons experiencing homelessness that will be served, to generate a percent of persons with chronic substance use issues that would be served in the CoC Program. While HUD can directly fund substance use treatment services, its recipients generally partner with behavioral health providers to serve persons with substance use issues.

The Recovery Housing Program (RHP) allows States and the District of Columbia to provide stable, temporary housing for individuals in recovery from a SUD. The funding covers a period of not more than two years or until the individual secures permanent housing, whichever is earlier.

Evaluation Plan and Performance Measures

HUD firmly believes in the significance of using data to demonstrate progress. HUD's CoC Program performance measures are focused on the direct impact the recipient activities have on ending homelessness, measuring such things as average length of time homeless, exits to permanent housing destinations, and returns to homelessness. Some of these measures evaluate the effectiveness of HUD funding at the project level and others evaluate the homeless response system across all funding sources in an entire area.

For the purposes of the *Assessment*, HUD reports on the projected number of participants who report substance issues to be served in CoC-funded projects. This measure is based on how



many people the projects HUD funds estimate they will serve in their CoC Program project application. The data in the application corresponds to the people who will be served beginning in the subsequent calendar year. For instance, data from FY 2021 project applications correspond to people who will be served beginning in calendar year 2022.

RHP grantees are required to report on the number of individuals assisted in RHP activities as well as the number of individuals able to transition to permanent housing through RHP-assisted temporary housing. Grantees may also consider other outcome measures to better understand other measurable impacts of RHP funding.

Performance Table

Office of Community Planning and Development				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
CoC – Number of participants with substance use issues to be served in CoC-funded projects.	59,796	N/A ⁹⁰	TBD ⁹¹	N/A
RHP - Number of individuals assisted in RHP activities	TBD	TBD	TBD	TBD
RHP - Number of individuals able to transition to permanent housing through RHP-assisted temporary housing	TBD	TBD	TBD	TBD

Discussion of Results

HUD’s performance data with regard to the CoC Program is for tracking purposes only. The focus of the program is to provide the housing and services needed to end peoples’ experience with homelessness. To the extent there are substance use issues, those are addressed as part of the larger focus of ending homelessness. The numbers of CoC program beneficiaries with substance use issues has gone down slightly in the last year. This corresponds to slightly fewer people being served because we are serving people longer in the assistance paid for through the CoC Program. That period of change corresponded to the COVID-19 pandemic and we saw a similar rise in length of time and fall in exits from programs during that period.

RHP, or The Pilot Program to Help Individuals In Recovery From a SUD Become Stably Housed, was authorized under Section 8071 of the SUPPORT Act. The program was first

⁹⁰ Grantees report annually to HUD – via their project applications -- how many people they intend to serve through the Continuum of Care Program funding, and of that number, how many clients they estimate will have chronic substance use issues. With respect to this measure, HUD converts the percentage to a number.

⁹¹ HUD has not completed its award process for FY 2022 grants. It anticipates having the data from that competition in Spring 2023.



funded in 2020, and grantees had until December 31, 2021, to apply for the inaugural round of funds. Since the timing of grant applications, a one-year expenditure deadline to expend at least 30 percent of funds, grantees are only beginning to carry out activities and record performance measurements in FY 2023. Grantees are not required to report accomplishments until the end of each fiscal year, so HUD does not expect to be able to substantively report on these measures until early FY 2024.



Department of the Interior Bureau of Indian Affairs

Mission

The Bureau of Indian Affairs' (BIA) mission is to enhance the quality of life, to promote economic opportunity, and to carry out the responsibility to protect and improve the trust assets of American Indians, Indian tribes, and Alaska Natives. The BIA Office of Justice Services (OJS) directly operates or funds law enforcement, tribal courts, and detention facilities on federal Indian lands. The mission of the OJS is to uphold tribal sovereignty and customs and provide for the safety of Indian communities affected by illegal drug activity or illicit use.

Relevant PRS Performance Measure

Goal 1: Illicit substance use is reduced in the United States.

- Objective 1: The number of drug overdose deaths is reduced by 13 percent by 2025.

Drug-related activity in Indian Country is a major contributor to violent crime and seriously impacts the health and economic stability on Indian communities. The 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 OCDETF cases.

Evaluation Plan and Performance Measures

Information regarding the performance of the drug control efforts of BIA is based on agency GPRMA documents and other information that measure the agency's contribution to drug control. In FY 2014, the DDE began using the newly developed Incident Management Analysis and Reporting System (IMARS) system to assist BIA capture crime data, including drug information for DDE. As we move forward with enhancing the IMARS system, drug data collection from BIA programs will continue to improve and allow for more in-depth analysis.

BIA relies heavily on tribal and BIA field programs which submit monthly drug statistics to the BIA District Offices to show an accurate portrayal of the serious drug issues occurring throughout Indian Country. The data below were gathered and verified from the IMARS database and the DDE case log.

To capture performance reflective of the *Strategy* goal to reduce the supply of illicit drugs available in the United States, BIA has set targets for patrol officer drug training, number of drug cases worked, percent of cases closed by arrest, indictment or referral, and the amount of drugs seized.



Number of Public Safety Employees Receiving Drug Training

Each year, the BIA Indian Police Academy tracks the number of public safety personnel that receive drug-related training in Indian Country. This training is funded by BIA and includes primarily law enforcement and correctional personnel. The BIA also works with IHS and the Indian Police Academy to train current BIA law enforcement officers to be training instructors on the use of Naloxone. Every BIA officer/agent is supplied with Naloxone to carry while on patrol in the tribal communities they serve.

Percent of complex DDE cases closed by arrest, indictment or referral.

This measure compares the total number of cases worked specifically by BIA DDE vs. the number closed by arrest, indictment, or referral to another agency for the year. All DDE investigations are conducted within reservation boundaries or upon trust/allotted lands or hold a direct nexus to Indian Country. For FY 2022 this measure has been reworded to clarify the types of cases being worked by DDE, to include the following:

- An investigation of an individual and/or group that conspires with a Drug Trafficking Organization (DTO), to engage in the manufacturing, sale, and/or distribution of narcotics.
- A narcotics/financial investigation of an individual and/or group who engages in money laundering or receipt of drug proceeds.
- A narcotics/financial investigation that covers a broad multi-jurisdictional area, geographically and/or Judicial.
- A narcotics/financial investigation that utilizes electronic surveillance, physical surveillance, and /or data analysis from seized cellular devices.

Number of Mobile Enforcement Team deployments

BIA plans and executes multiple Mobile Enforcement Team (MET) operations in Indian Country each year. The BIA-DDE schedules and deploys MET operations based on requests received from tribes. The DDE responds to these reservations with special agents and officers for the purpose of conducting undercover narcotic and highway interdiction operations. The operations will typically range from 4 to 14 days, during which time the MET focuses solely on that specific reservation. MET teams also conduct marijuana eradication operations throughout Indian Country, where DDE agents identify illegal marijuana grow operations, seize all contraband and arrest identified offenders. The number of MET deployments executed each year is the strongest driver of the annual quantity of illegal drugs seized by BIA. For the purpose of setting annual performance targets, BIA is replacing the amount of drugs seized with the number of MET deployments executed for FY 2022. The reason for this change is that drug seizure amounts have proven virtually impossible for BIA to forecast, which is a necessary component of the annual management assertion that the “methodology to establish performance targets is reasonable and applied”.

The BIA recognizes the value of collecting and reporting drug seizure data as a critical piece of any drug enforcement program performance discussion. Therefore, BIA intends to continue reporting drug seizures accomplished by the combined efforts of DDE, BIA and tribal police



programs. The quantities will continue to be 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.

Performance Table

Bureau of Indian Affairs				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Number of public safety employees receiving drug training	924	924	871	871
Percent of complex DDE cases closed by arrest, indictment, or referral	75%	71%	58%	63%
Number of MET team deployments	22	12	25	20

Discussion of Results

For the first performance measure, the FY 2022 decrease in number of individuals receiving drug training resulted mainly from numerous COVID-19 outbreaks at the Indian Police Academy facility co-located with FLETC in Artesia, NM. Regular outbreaks triggered suspension of FLETC operations, which negatively impacted training cycles. The stoppages resulted from mandatory DHS control measures surrounding COVID-19 guidelines and recovery periods.

FY 2022 results for the second and third measures are closely connected. During the year, DDE opened 363 cases, 212 of which were closed by arrest, indictment, or referral to another agency; 151 cases remained open and under active investigation at fiscal year-end. The resulting case closure rate of 58 percent was below target primarily due to two factors.

One factor was the amount of DDE agents' operational time spent on Mobile Enforcement Team (MET) deployments. The number of MET operations conducted surpassed the FY 2022 target goal two-fold, and out-performed the FY 2021 achieved MET operations by 13.6 percent. As a result of the increase in time and effort focused on MET operations, DDE experienced a decrease in the case closure rate measure, as there is a direct correlation to the amount of time staff spent away from their assigned duty stations while conducting these operations.

The other factor attributed to this decrease is the greater complexity of the DDE cases being tracked for this performance measure. By their nature, these cases are more labor intensive and average a longer investigative period. A complex investigation opened mid-way or toward the end of a fiscal year will often not leave sufficient time to close the case by the end of the fiscal year.



Department of the Interior Bureau of Land Management

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.

Relevant PRS Performance Measure

Goal 1: Illicit substance use is reduced in the United States.

- Objective 1: The number of drug overdose deaths is reduced by 13 percent by 2025.

The BLM's Resource Protection and Law Enforcement Program strategies in support of the *Strategy* include:

- Directing significant funding to address large scale marijuana cultivation activities by drug trafficking organizations on BLM-managed public lands in California;
- 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
- 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.



Evaluation Plan and 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 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.

Performance Table

Bureau of Land Management				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Number of marijuana plants seized on Public Lands	767,685	783,038	377,785	385,340

Discussion of Results

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. BLM is also an active participant on county-level interagency teams focused on marijuana investigations. BLM has no insight into how partner agencies are reporting on inter-agency mission accomplishments.
- 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.

Another factor to consider is the relationship between plant counts and processed marijuana seizures. In FY2021, BLM's total processed marijuana was 5,713 lbs. That number increased to 100,065 pounds in FY2022, demonstrating a decrease in marijuana plant count and a significant increase in processed marijuana. This may reflect the timing of law enforcement operations in relation to plant harvest.



Department of the Interior National Park Service

Mission

The National Park Service (NPS) preserves the resources and values of the national park system for the enjoyment, education, and inspiration of this and future generations. The NPS is required to enforce all federal laws and regulations within all park units, allowing the public the opportunity to enjoy the national park units in a safe manner, providing employees a safe place of employment, and keeping resources unimpaired for future generations.

Relevant PRS Performance Measure

Goal 1: Illicit substance use is reduced in the United States.

- Objective 1: The number of drug overdose deaths is reduced by 13 percent by 2025.

To achieve this goal, a comprehensive Visitor and Resource Protection Program works to identify, investigate and disrupt marijuana cultivation and smuggling activities on park lands, seize and eradicate marijuana plants upon discovery, and perform clean-up and restoration affected by clandestine operations. NPS law enforcement rangers and special agents, in collaboration with Federal, State, and local authorities, actively engage in visitor and resource protection efforts that include:

- Short and long-term counter-smuggling and drug cultivation investigations and operations;
- Deterrence through frequent Ranger patrols and surveillance of roads, trails, and backcountry areas; and
- Cooperation and coordination with DHS/CBP and other federal, State, and local agencies involved with border security.

Evaluation Plan and Performance Measures

The NPS utilizes the Department of the Interior's IMARS, which provides a unified system for 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.

To capture NPS performance reflective of the *Strategy* goal to reduce the supply of illicit drugs available in the United States, NPS sets targets for a total number of marijuana plants grown on park lands that will be seized. The measure is stated as the "Number of marijuana plants seized in the Interior Unified Regions 8, 9, 10, and 12".

As a result of successful deterrence and laws that have legalized the production of marijuana in some States in the Interior Unified Regions 8, 9, 10, and 12, illegal growth of marijuana plants on federal lands has become less prevalent and the need to seize marijuana plants has diminished except in isolated incidences. For example, in FY 2019 NPS set a target to seize 8,000 plants;



the FY 2019 actual count was fewer than 20 plants. In FY 2020 NPS set a target to seize 4,000 plants; the actual count was 28,028 due to eradication efforts at a single park, Death Valley National Park in May and June of 2020, which accounted for 28,000 of the 28,028 plants seized. In 2021, there were zero seizures of marijuana plants.

Performance Table

National Park Service				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Number of marijuana plants seized in the Interior Regions 8, 9, 10, and 12	0	1,000	TBD ⁹²	TBD

Discussion of Results

Data for FY 2022 is pending and will be discussed in future assessment reports. The legalization by many states seems to have resulted in fewer growth sites on federal lands, as growers appear to be comfortable with growing in other, more accommodating, sites. While significant progress has been achieved in reducing marijuana cultivation on NPS lands, funding is still necessary as the agency's approach will shift from a defensive posture of discovery and eradication to an offensive one of monitoring and deterrence to ensure the problem does not resurface. In addition to efforts to deter illicit cultivation activities, road interdiction activities have resulted in significant seizures of illegal drugs, firearms, and other contraband while also deterring illegal activities such as wildlife poaching, vandalism, and resource theft.

⁹² Amount is pending final park eradication figures.



Department of Justice Assets Forfeiture Fund

Mission

The Assets Forfeiture Fund (AFF) is a funding source to defray costs to the government in pursuing forfeitures. The AFF funds participating agencies to investigate, identify, seize, and forfeit the assets of criminals and their organizations while ensuring that due process rights of all property owners are protected. The AFF funds DEA and OCDETF for select cost categories for these purposes and Joint Law Enforcement Operations (JLEO) purposes. AFF functions as a funding source to select aspects of DEA and OCDETF's Forfeiture and JLEO programs.

Relevant PRS Performance Measure

Goal 7: The supply of illicit substances into the United States is reduced.

- Objective 1: The number of targets identified in counternarcotics Executive Orders and related asset freezes and seizures made by law enforcement is increased by 365 percent by 2025.

AFF supports the above objective by providing funding to DEA and OCDETF for select cost categories.

Evaluation Plan and Performance Measures

The AFF has one performance measure: Achieve effective funds control as corroborated by an unqualified opinion on the AFF financial statements.

Performance Table

Asset Forfeiture Program				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
An unmodified audit opinion on the AFF financial statements	Achieved	Unmodified audit opinion	Achieved	Unmodified audit opinion

Discussion of Results

AFMS received an unmodified audit opinion for the FY 2022 financial statements.



Department of Justice Bureau of Alcohol, Tobacco, and Firearms

Mission

In the United States, much of the violence associated with drug trafficking is committed at the retail level, thus the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) investigations of firearms thefts, straw purchasers, and firearms trafficking incidentally expand those investigations to include armed drug traffickers and often involve relatively small amounts of illegal drugs. One of the techniques the ATF utilizes to develop evidence in investigations involving armed drug trafficking is the controlled purchases of drugs by undercover agents and confidential informants. These purchases often provide the probable cause needed to obtain search and arrest warrants that allow the ATF to recover firearms used by criminals to protect drug supplies, intimidate competitors, customers, and witnesses, and commit direct acts of violence, including murder. Although the ATF also endeavors to make undercover purchases of firearms in drug-related investigations, drug traffickers and DTOs are often reluctant to part with firearms because they are such an essential tool of the trade.

Furthermore, the ATF supports the *Strategy* in other less visible ways. For instance, the ATF has primary responsibility for investigating unlawful drug users who possess firearms, or who attempt to purchase firearms from federal firearm licensees, and for retrieving firearms from unlawful drug users when firearms are transferred to them prior to a denial by the background check system.

Finally, under its jurisdiction to investigate the criminal misuse of explosives, the ATF also investigates cases when drug traffickers use explosives during the course of their illegal activities. The ATF cases over the years have included known and suspected domestic drug dealers in possession of explosive devices; possession or attempted possession of firearms and explosive devices for transport into Mexico for use by trans-national DTOs; and possession of explosives while attempting to cross the United States/Mexico border.

Relevant PRS Performance Measure

Goal 7: The supply of illicit substances into the United States is reduced.

- Objective 4: Potential production of cocaine is decreased by 10 percent, and heroin is decreased by 30 percent by 2025.

Evaluation Plan and Performance Measures

To quantify how the ATF supports the *Strategy*, the total number of cases involving a drug or narcotics charge identified in the ATF's case management system are divided by the total number of actual cases to arrive at a ratio of criminal investigations with a drug or narcotics nexus. Cases with drug attributes include charges filed under 18 USC 922(g)(3); 18 USC 924(c); 18 USC 922(d)(3); narcotics violations (federal/State); 21 USC 844(a); 21 USC 846 and several other provisions and program codes related to narcotics crimes in ATF's case management system.



Currently, the ATF system does not have integrated flags that readily identify cases with a drug nexus. While preliminary case counts have been provided based on the identified characteristics mentioned previously, a more detailed effort is underway to further refine its ability to systematically identify drug nexus cases for reporting. Future computations may be affected based on ATF's continued efforts to develop system processes for reporting.

While ATF has an established presence with OCDETF, direction provided by DOJ indicated the need for measures related to drug enforcement outside of the task force. The ATF's focus remains on enforcement strategies to reduce violent gun crime. Years of investigative experience shows that pursuit of this objective inevitably implicates the investigation of interrelated drug-related crime. Consequently, to assess contributions of the ATF to the *Strategy*, it established as a performance indicator the percentage of criminal cases it refers for prosecution that have a drug nexus. The second performance indicator the ATF established is the percentage of firearm traces it conducts for all law enforcement partners that have a nexus to drugs.

Performance Table

Bureau of Alcohol, Tobacco, Firearms and Explosives				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Percentage of criminal cases ATF refers for prosecution with a drug nexus	37.0%	40.0%	39.2%	40.0%
Percentage of firearms traces ATF conducts with a drug nexus	15.8%	-- ⁹³	12.5%	-- ⁹⁴

Discussion of Results

The ATF is within reach of FY 2022 established target and has set the FY 2023 target. The ATF will continue to monitor and assess the results of the performance indicators contributions to the overall *Strategy*.

⁹³ ATF has no control over the number of drug related submission for firearms traces made by state or local law enforcement agencies, and hence, does not develop targets.

⁹⁴ ATF has no control over the number of drug related submission for firearms traces made by state or local law enforcement agencies, and hence, does not develop targets.



Department of Justice Bureau of Prisons

Mission

The mission of BOP is to protect society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost-efficient, appropriately secure, and that provide work and other evidence-based rehabilitative opportunities to support the successful reentry of individuals returning home law-abiding citizens. Preparing offenders for their eventual release to and successful reintegration into the community has been one of BOP's key objectives, and a key component of this priority is delivery of a broad range of high-quality, evidence-based substance use treatment programs to facilitate these public safety goals.

Relevant PRS Performance Measures

Goal 1: Illicit substance use is reduced in the United States.

- Objective 1: The number of drug overdose deaths is reduced by 13 percent by 2025.

BOP supports this objective by providing training on the use of and access to naloxone to all staff. In addition, the agency is expanding the internal capacity to provide medications to individuals with opioid use disorder (OUD) within the context of the MAT Program, thereby reducing the strain on community resources.

BOP has implemented a program to allow access and administration of naloxone by all BOP staff in situations involving possible opioid overdoses. Mandatory naloxone administration training has been developed and is a part of this program to save lives. BOP is also expanding its harm reduction programs to include the availability of naloxone for individuals releasing from BOP institutions. In addition, information on the availability of fentanyl test strips and syringe services programs in the community is provided for individuals releasing from the BOP. BOP also developed and implemented mandatory training for all physicians and dentists that prescribe opioids to reduce over-prescribing.

- Objective 2: The percentage of people meeting criteria for cocaine, opioid, and methamphetamine use disorders are each respectively reduced by 25 percent by 2025.

Ready access to high quality, evidence-based, individualized treatment services leads to reductions in illicit substance use, fewer drug overdose deaths, and more people in recovery. The BOP's substance use treatment strategy includes seven programs designed to educate inmates about the negative health and social consequences of drug use, encourage inmates to consider their SUD treatment needs, and engage inmates in evidence-based individualized SUD treatment. BOP has chosen cognitive behavioral therapy (CBT) as its treatment approach because of its proven effectiveness with inmate populations. CBT focuses on challenging and changing unhealthy cognitive distortions and behaviors, improving emotional regulation, and developing effective coping strategies. Using CBT underpinnings, the BOP has created



evidence-based treatment protocols for use in its suite of drug treatment programs. Treatment interventions are individualized to ensure each inmate's unique treatment needs are addressed.

All inmates at every institution have the Drug Education program available to them. The purpose of drug education is to encourage inmates with a history of SUD to review the physical, social, and psychological consequences of substance misuse and addiction. Drug education takes inmates through the cycle of drug use and crime and offers compelling evidence of how continued drug use can lead to a further criminality and related consequences. Drug education is designed to motivate inmates to evaluate their substance use history and explore treatment options.

The Non-Residential Drug Abuse Treatment Program (NRDAP) is a general population therapeutic group designed for treatment of inmates with self-reported SUD. NRDAP is available in every Bureau institution, and it is designed to meet the specific individualized treatment needs of participants, improve current functioning, and address symptoms that may interfere with successful reentry. NRDAP is conducted 90-120 minutes a week for a minimum of 12 weeks and a maximum of 24 weeks.

The Residential Drug Abuse Program (RDAP) consists of three components: The unit-based component, follow-up services, and community treatment services. The unit-based component is 500 hours of face-to-face drug treatment provided in a residential unit-based program. Follow up treatment is provided to participants who successfully complete the unit-based component. The final phase of RDAP consists of community treatment services provided during the inmate's placement in community custody (i.e., a Residential Reentry Center [RRC] or home confinement). At present, BOP operates 79 RDAPs at 71 locations.

The Female Integrated Treatment (FIT) Program is a residential treatment program designed to be responsive to the gender-specific needs of women. It uses an integrated treatment model to address trauma related disorders, mental illness, and SUD. Special emphasis is placed on job skills and reentry. At present, BOP has three FIT Programs with a combined programming capacity of 280 participants.

The Challenge Program is a unit-based, residential program developed for inmates with SUD and/or mental illness in high security penitentiary settings. At present, the Bureau operates 13 Challenge programs with a programming capacity of 920 participants. Community Treatment Services (CTS) ensures inmates receive mental health, substance use, and sex offender treatment while remaining in Bureau custody through placement in a Residential Re-entry Center or home confinement.

MAT is available for inmates with OUD at each of BOP's 122 institutions, with the goal of promoting recovery and reducing deaths by overdose. BOP's MAT Program integrates medications for OUD within the comprehensive framework of evidence-based, individualized psychosocial interventions provided by psychologists and drug treatment specialists at each of the BOP's 122 institutions. BOP is proceeding with implementation of a MAT program for inmates with OUD. The Bureau no longer requires immediate rapid detoxification of inmates who enter Bureau custody as existing MAT patients, rather, these inmates are continued on established treatment plans, including methadone, buprenorphine, buprenorphine/naloxone, and



naltrexone, as appropriate. Inmates with a history of OUD who are nearing transfer to RRCs are evaluated for MAT and treatment is initiated prior to transfer when clinically indicated. This treatment then continues during placement in the community facility. All other inmates in Bureau custody with OUD who are referred for or request MAT are evaluated to determine the clinical indication for treatment. Special emphasis and support are given to inmates known to be actively misusing contraband opioids during incarceration, as this population is known to be at increased risk of death by overdose or suicide upon release.

Goal 4: Treatment efforts are increased in the United States.

- Objective 1: Treatment admissions for the populations most at risk of overdose death is increased by 100 percent by 2025.

BOP projects a 10-15 percent yearly increase in program participants for each of the following programs by 2025: Drug Education, Non-Residential Drug Abuse Program, Residential Drug Abuse Program, and Female Integrated Treatment Program. BOP projects a 90 percent increase in patients receiving medications for OUD and a 5 percent increase in Challenge Program participants by 2025. As part of the goal to increase treatment admissions, BOP is seeking to broaden the availability of treatment services delivered in Spanish by hiring Spanish-speaking treatment staff and translating treatment protocols into Spanish.

Goal 6: Criminal justice reform efforts in the United States include drug policy matters.

- Objective 2: The percentage of Federal Bureau of Prisons (BOP) inmates diagnosed with an OUD who are given access to MOUD is increased to 100 percent by 2025.

BOP supports this objective through the internal development and expansion of internal capacity to treat individuals for OUD at every facility within the BOP. As internal capacity and training are increased, the number of individuals treated are increased.

Evaluation Plan and Performance Measures

BOP projects a 10-15 percent yearly increase in program participants for each of the following programs: Drug Education, NRDAP, and RDAP. As part of the goal to increase treatment admissions, BOP is seeking to broaden the availability of treatment services delivered in Spanish by hiring Spanish-speaking treatment staff and translating treatment protocols into Spanish. BOP projects a 90 percent increase in MAT program participants and a 5 percent increase in Challenge Program participants by 2025.

BOP is collaborating with the ONDCP Treatment Workgroup, the White House Domestic Policy Council's Interagency Policy Committee on Overdose Prevention, and SAMHSA to navigate federal regulations surrounding the use of methadone and buprenorphine, and to support implementation of Opioid Treatment Programs (OTPs) hub and spoke model to prescribe medication for OUD at each institution within the BOP. In FY 2022, 3,208 inmates participated in the BOP's MAT Program, and 2,326 have participated in FY 2023, to date as of January 31, 2023.



Performance Table

Bureau of Prisons				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Drug Education Admissions	19,378	22,000	23,954	22,000
NRDAP Admissions	13,570	15,000	20,163	18,500
RDAP Admissions	10,465	12,000	11,817	14,500
MAT Admissions	727	1,400	3,208	5,200

Discussion of Results

FY 2022 participation totals for Drug Education and RDAP were within 10 percent of projected targets. FY 2022 participation totals for NRDAP were significantly higher than projected targets (34.5 percent). The demand for NRDAP increased as programming was curtailed during the most of 2020 and 2021 due to modified restrictions implemented in response to the COVID-19 pandemic. Additionally, more inmates volunteered for NRDAP in order to qualify for incentives under the First Step Act. In order to meet the increased demand for NRDAP, staffing resources were shifted from treatment programs demonstrating decreased enrollments (e.g., minimum security RDAP).

MAT admissions were significantly higher than projected targets (129 percent). This increase is attributed to several factors. The Bureau no longer requires immediate rapid detoxification of inmates who enter Bureau custody as existing MAT patients because these inmates are continued on established treatment plans, including methadone, buprenorphine, buprenorphine/naloxone, and naltrexone, as appropriate. Further, additional Bureau providers have received the necessary waivers to administer, dispense, and prescribe buprenorphine, which has lessened the need to rely on community medical resources which were often very limited or unavailable. Regional Directors and Wardens continue to facilitate multidisciplinary collaboration at the local level to develop a framework for robust MAT Programs. Broad efforts to educate inmates about the potential benefits of MAT coupled with targeted efforts to engage inmates known to be actively using opioids while in custody have resulted in an increased number of referrals for MAT.



Department of Justice Criminal Division

Mission

The Criminal Division (CRM) develops, enforces, and supervises the application of all Federal criminal laws except those specifically assigned to other divisions. CRM, along with the 94 United States Attorneys' Offices (USAOs), is responsible for overseeing criminal matters under more than 900 statutes, as well as certain civil litigation. CRM attorneys prosecute many nationally significant cases, and they also formulate and implement criminal enforcement policy and provide advice and assistance to law enforcement agents and USAOs. In executing its mission, CRM dedicates specific resources in support of the *Strategy* that focus on disrupting domestic drug trafficking and production and strengthening international partnerships.

Relevant PRS Performance Measure

Goal 7: The supply of illicit substances into the United States is reduced.

- Objective 1: The number of targets identified in counternarcotics Executive Orders and related asset freezes and seizures made by law enforcement is increased by 365 percent by 2025.
- Objective 2: The number of defendants convicted in active OCDETF investigations that incorporate FinCEN/SAR data is increased by 14 percent by 2025.
- Objective 3: The percentage of active priority OCDETF investigations linked to the Sinaloa or Jalisco New Generation (CJNG) cartels, or their enablers (such as illicit financiers) is increased by 25 percent by 2025.
- Objective 4: Potential production of cocaine is decreased by 10 percent, and heroin is decreased by 30 percent by 2025.
- Objective 5: The number of incident reports for precursor chemicals sourced from China or India reported by North American countries increases by 125 percent by 2025.

Evaluation Plan and Performance Measures

Many of CRM's Sections and Offices contribute to the drug-related activities. The most noteworthy and directly impacted is CRM's Narcotic and Dangerous Drug Section (NDDS). NDDS supports reducing the supply of illegal drugs in the United States by investigating and prosecuting priority national and international drug trafficking and narcoterrorist groups, as well as by providing sound legal, strategic, and policy guidance in support of that goal. NDDS provides expert guidance on counternarcotics matters in the interagency, intelligence, and international communities. NDDS also develops innovative law enforcement and prosecutorial strategies to counter the fast-paced efforts of organized international trafficking and narcoterrorist groups. In prosecuting the high-level command and control elements of sophisticated international criminal organizations and narcoterrorists (i.e., the kingpins and CPOTs), NDDS uses the best intelligence available to identify those groups that pose the greatest threat. NDDS then utilizes resources to investigate those groups anywhere in the world and prosecute them.

In the international arena, CRM also plays a key role in ensuring that all drug traffickers and



other criminals who profit from the drug trade are held accountable. For example, the Division’s Office of International Affairs (OIA) plays a central role in locating, facilitating the arrest and returning fugitives from justice, regardless of where they may be located. OIA works with domestic and foreign partners to extradite or lawfully remove criminals sought for prosecution in the United States or abroad for felony offenses, including those involving illegal narcotics. Additionally, through a vast network of treaties and international relationships, OIA obtains evidence located abroad that is essential for successful U.S. prosecutions of narcotics related offenses; likewise, OIA obtains U.S. based evidence on behalf of foreign investigators and prosecutors, thereby enhancing our foreign partners’ ability to prosecute effectively significant drug related cases in their countries. Additionally, CRM approves and oversees the use of the most sophisticated investigative tools in the Federal arsenal. Some of these tools include Title III wiretaps, electronic evidence-gathering authorities, correspondent banking subpoenas, and the Witness Security Program.

Performance Table

Criminal Division				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Number of new drug-related investigative matters and cases	33	26	22	25
Number of OCDETF Title III wiretaps reviewed	1,439	1,875	1,193	1,500
Number of drug-related Mutual Legal Assistance Treaty requests closed	609	N/A ⁹⁵	491	N/A
Number of drug-related extradition requests closed	415	N/A	496	N/A

Discussion of Results

In FY 2022, NDDS exceeded their projected new investigation numbers, but they were slightly down in terms of new cases (indictments). This is what brought their total combined for these two categories below their FY 2022 projections. Prosecutions being down slightly still reflect the lingering effects of pandemic restrictions on grand jury practice, international travel, and in person contact with agents.

In FY 2022, OEO handled nearly 1,700 Title III applications, and over 70 percent of those applications were in OCDETF cases. OEO reviewed approximately 17 percent fewer OCDETF Title III wiretaps in FY 2022 than it did in FY 2021. As in FY2021, this decrease in OCDETF submissions is in line with the overall reduction in Title III applications submitted to OEO as multiple challenges continued to impact investigations and prosecutions. OEO has also observed that many USAOs and agency field offices had newer prosecutors and agents, and OEO anticipates that federal prosecutors and agents will work to adapt to changing circumstances, and that with

⁹⁵ Case numbers are dependent on United States prosecutors to initiate requests for fugitives and evidence from foreign counterparts.



OEO's continued outreach and guidance, the number of submissions will accurately reflect the ability of the field to pursue Title IIIs wiretaps where possible. To address these challenges, OEO continues to intensify its efforts to meet the needs of the field and provide proactive assistance regarding Title III issues in investigative and prosecutorial efforts, including in addressing technological challenges.



Department of Justice Drug Enforcement Administration

Mission

The mission of DEA is to protect Americans and save lives by globally targeting and prosecuting criminal organizations and individuals that are manufacturing, trafficking, and distributing the most dangerous drugs in the United States.

Relevant PRS Performance Measure

Goal 1: Illicit substance use is reduced in the United States.

- Objective 1: The number of drug overdose deaths is reduced by 13 percent by 2025.

Goal 7: The supply of illicit substances into the United States is reduced.

- Objective 1: The number of targets identified in counternarcotics Executive Orders and related asset freezes and seizures made by law enforcement is increased by 365 percent by 2025.
- Objective 2: The number of defendants convicted in active OCDETF investigations that incorporate FinCEN/SAR data is increased by 14 percent by 2025.
- Objective 3: The percentage of active priority OCDETF investigations linked to the Sinaloa or Jalisco New Generation (CJNG) cartels, or their enablers (such as illicit financiers) is increased by 25 percent by 2025.
- Objective 4: Potential production of cocaine is decreased by 10 percent, and heroin is decreased by 30 percent by 2025.
- Objective 5: The number of incident reports for precursor chemicals sourced from China or India reported by North American countries increases by 125 percent by 2025.

Evaluation Plan and Performance Measures

The United States overdose epidemic is driven primarily by synthetic drugs trafficked by two globe-spanning Mexican criminal organizations: the Sinaloa Cartel and CJNG. DEA's top operational priority is to protect Americans and save lives by degrading these criminal networks.

The Sinaloa Cartel and CJNG each operate an entire supply chain. The cartels manufacture synthetic drugs, such as fentanyl and methamphetamine, in clandestine laboratories using precursor chemicals sourced primarily from China. They control highly diversified transportation networks to move drugs into the United States, and partner with Chinese criminal organizations to launder large sums of drug money through networks within and outside the traditional banking system. The Sinaloa Cartel and CJNG rely on violence, corruption, and modern technology to further their drug trafficking operations.

The Sinaloa Cartel and CJNG are deliberately and treacherously deceiving users into taking fentanyl to drive addiction and achieve higher profits. Today, fentanyl is widely trafficked in all 50 states and it is extremely dangerous. Many individuals that are killed by fentanyl take it



unknowingly. The cartels often distribute fentanyl and methamphetamine in the form of fake prescription pills, which are designed to look like legitimate prescriptions pills, including OxyContin, Percocet, or Adderall. The cartels are also mixing fentanyl into plant-based drugs, like cocaine and heroin.

DEA is bringing all of its resources, domestic and foreign, to bear to defeat the Sinaloa Cartel and CJNG, and to save American lives. The operational strategy to do so borrows from the counter-terrorism model: mapping, analyzing, and targeting the Sinaloa Cartel's and CJNG's entire networks, to identify weaknesses and points of leverage. The cartel leaders – the traditional high value targets (HVTs) – as well as indispensable lower-level operatives, brokers, logistical companies, front businesses, and corrupted officials will be targeted in this network approach. To do this work DEA has created two counterthreat teams – one for Sinaloa and one for CNJG – that are solely focused on defeating the cartels. The teams include Special Agents, intelligence analysts, targeters, program analysts, social media analysts, data scientists, and cyber/digital specialists.

To reduce overdose poisonings and drug related violence in communities across the United States, DEA has launched Operation Overdrive in 57 locations. Operation Overdrive uses a data-driven, intelligence-led approach to identify and dismantle criminal drug networks operating in areas with the highest rates of violence and drug poisoning deaths. In each of these locations across the United States, DEA is working with local and state law enforcement to conduct threat assessments and identify the criminal networks and individuals that are driving the most harm, including those that may be linked, directly or indirectly, to the Sinaloa and CJNG cartels. Once the targets have been identified, DEA works with State, local, and federal law enforcement and prosecutorial partners to pursue investigations and prosecutions that will reduce drug related violence and drug poisonings.

DEA will execute both of its top operational priorities through a network-based, and data-driven approach. As discussed above, the network approach hinges on a holistic examination of the entire criminal organization to develop a comprehensive understanding of its structure, goals, and weaknesses. DEA will use a variety of data from within and outside the organization to illuminate these networks, and operationalize strategies to degrade and defeat them.

Performance Table/Discussion of Results

DEA is in the preliminary stages of analyzing its existing measures of performance and developing additional measures to better align with DEA's current top operational priorities where appropriate.

At the current stage of its review, DEA believes that different measures of performance than those DEA has previously employed are likely better suited to evaluate DEA's evolving operational priorities. For example, DEA is in the process of evaluating performance measures directly tied to the following:

- Prioritizing agency resources dedicated specifically to defeating the Sinaloa and CJNG cartels;



- Further increasing the number of intelligence-driven investigations and federal prosecutions that involve the importation/distribution of fentanyl and methamphetamine by the Sinaloa and CJNG cartels specifically;
- Further increasing the number of intelligence-driven investigations and federal prosecutions that involve the illicit finance of the Sinaloa and CJNG cartels specifically;
- Further increasing the number of intelligence-driven investigations and federal prosecutions that involve the manufacture and supply of precursor chemicals to the Sinaloa and CJNG cartels;
- Further prioritizing agency resources on reducing drug-poisoning deaths and drug-related violence in high-risk locations in the United States specifically;
- Further increasing the number of intelligence-driven investigations and federal prosecutions of drug traffickers and criminal networks operating in locations in the United States with the highest levels of violence and drug-poisoning deaths specifically; and
- Further increasing the number of intelligence-driven investigations and federal prosecutions of drug traffickers and criminal networks operating on social media and online marketplaces specifically.

DEA is in the early stages of developing new metrics that will provide an accurate understanding of the agency's progress towards its evolving operational goals. Accordingly, it would be premature to provide a performance table, including actual and target metrics, at this time. DEA will continue the performance evaluation review over the coming months, and will work closely with colleagues in the interagency to identify which of DEA's developing performance measures best align with the goals of the *Strategy*.



Department of Justice Federal Bureau of Investigation

Mission

The mission of the FBI is to protect the American people and uphold the Constitution of the United States. As part of its mission, the FBI employs a multidisciplinary approach to address the drug crisis in America. The FBI is utilizing the full spectrum of its most sophisticated investigative techniques against the illicit narcotic threat. The Joint Criminal Opioid Darknet Enforcement (JCODE) identifies and disrupts Darknet marketplaces and opioid and other illicit narcotic vendors preventing the distribution of illegal drugs across state lines.

Relevant PRS Performance Measure

Goal 7: The supply of illicit substances into the United States is reduced

- Objective 1: The number of targets identified in counternarcotics Executive Orders and related asset freezes and seizures made by law enforcement is increased by 365 percent by 2025.

Evaluation Plan and Performance Measures

In FY 2021, FBI surged support towards JCODE. Specifically, Operation Dark HunTor, a coordinated multi-agency effort to disrupt opioid trafficking on the Darknet, resulted in the identification and subsequent arrest of over 150 alleged Darknet Marketplace and the seizure of over \$32 million and 100s of kilograms of illicit narcotics.

Performance Table

Federal Bureau of Investigation				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Number of Darknet Marketplaces Identified	19	20	21	23
Number of Opioid Marketplaces Identified	77	85	82	90

Discussion of Results

In FY22, JCODE continued to strategically support domestic and international cases resulting in increased numbers compared to FY21. Specifically, the rise in cases built off of past operations and coordinated multi-agency, international efforts to disrupt opioid trafficking on the Darknet. These past operations resulted in the identification and subsequent arrest of approximately 300 alleged Darknet Marketplaces and the subsequent spinoff investigations recorded in our FY22 data. JCODE expects FY23 performance to continue this trend, thus setting an aggressive target.



Department of Justice Organized Crime Drug Enforcement Task Force

Mission

Established in 1982, the OCDETF program is the focal point of the Attorney General’s strategy to reduce the availability of illicit narcotics by using a prosecutor-led, multi-agency approach to counter-drug and counter-transnational crime enforcement. OCDETF leverages the resources and expertise of its federal member agencies as well as numerous State and local agencies in concentrated, coordinated, long-term enterprise investigations of transnational organized crime, money laundering, and major drug trafficking networks.

OCDETF targets high-level transnational, national, and regional criminal organizations and networks. Organized crime is no longer associated exclusively with traditional domestic groups. It is fully transnational in its origin, composition, and scope; it poses unprecedented threats to United States national security, economic prosperity, and public safety. These threats include not only high-level organized drug trafficking but also attempts by organized criminals to exploit our energy and other strategic sectors; support terrorists and hostile governments; manipulate our financial, securities, and commodities markets; victimize large swaths of our citizens, private industry, and government agencies through targeted cyber intrusions; and engage in other serious criminal activities.

The mission of OCDETF is to reduce the supply of illegal drugs in the United States and diminish the violence associated with the drug trade by dismantling and disrupting the most significant criminal organizations that traffic drugs and the financial infrastructure that supports them. The OCDETF program does not encompass all federal drug or transnational organized crime (TOC) enforcement efforts. OCDETF attacks the highest levels of organized crime, namely the transnational, national, and regional criminal organizations most responsible for the illegal drug supply in the United States and the diversion of licit drugs. OCDETF similarly facilitates the disruption and dismantlement of Priority TOC organizations engaged in polycrime activities that most impact the nation’s security. At any given time, OCDETF’s active case inventory includes hundreds of ongoing investigations, focused only on targeting the highest priority organized drug trafficking, money laundering, and TCOs.

Relevant PRS Performance Measure

Goal 7: The supply of illicit substances into the United States is reduced.

- Objective 2: The number of defendants convicted in active OCDETF investigations that incorporate FinCEN/SAR data is increased by 14 percent by 2025.
- Objective 3: The percentage of active priority OCDETF investigations linked to the Sinaloa or Jalisco New Generation (CJNG) cartels, or their enablers (such as illicit financiers) is increased by 25 percent by 2025.

The OCDETF program supports these objectives by engaging in efforts to disrupt the illicit sale of drugs on the internet and their flow into the country by way of mail and express couriers, and across borders.



Evaluation Plan and Performance Measures

As a performance-driven resourcing program, OCDETF relies on data collected throughout the lifecycle of each investigation through bi-annual reporting requirements which must be satisfied from initial OCDETF designation to the closing of the case. OCDETF uses historical performance data to identify foundational indicators (i.e., measures that exemplify the Program), set targets, redirect resources to support strategic planning, and address emerging threats. OCDETF's foundational indicators are the number of investigations, both active and initiated within a FY; the number of defendants indicted; and the number of defendants convicted.

Analysis of these measures (i.e., qualitative subsets based on mission outcomes, strategic initiatives, and emerging trends), such as CPOT and RPOT metrics, gang metrics, violence metrics, drug-specific metrics, seizures/forfeitures, and associated disruptions and dismantlements, provide insight into the quality and quantity of OCDETF efforts and emerging trends which ensure that OCDETF's resources are capitalized nationwide for maximum impact. Therefore, OCDETF measures its success based on performance in these strategic areas. Law enforcement activity targeting CPOTs involved complex and coordinated intelligence-driven investigations, with exceptional cooperation between United States law enforcement agencies and international partners. During FY 2022, 19 percent of active OCDETF investigations were linked to CPOT targets.

Furthermore, despite ongoing court backlogs resulting from the COVID-19 pandemic, OCDETF achieved impressive results in dismantling and disrupting drug trafficking organizations. Eighty four percent of OCDETF investigations have resulted in the disruption or dismantlement of the targeted organizations, which was slightly below the FY 2022 target of 87 percent. Please note that disruptions and dismantlements can only be counted when OCDETF investigations are closed and closure can only occur when all defendants are adjudicated. Therefore, it is expected that this percentage will increase as the court-related backlogs are cleared. Similarly, despite such backlogs, as well as the complexity and difficulty of achieving financial convictions, 27 percent of OCDETF investigations with indictments resulted in financial convictions, which is just below the 31 percent target. In certain instances, it should be noted that offices may be unable to report asset forfeitures until after a case has reached judgment or after a case is closed. Due to the reporting delay caused by the nature of forfeited assets, it is possible that as offices acquire this information, adjustments could increase the final percentage of investigations resulting in assets forfeited for the FY.

Additionally, in FY 2022, OCDETF has added new performance measures by which to determine success in support of current Departmental priorities. First, to continue to ensure that limited resources are being directed to the highest levels of organized crime, OCDETF intends to increase the percentage of disruptions and dismantlements of OCDETF designated CPOT-linked investigations. Dismantlement of these organizations include the disruption and/or dismantlement of their international sources of supply of illegal drugs, their international and domestic transportation organizations, their regional and local distribution networks, their money launderers and financial infrastructure, and their violent enforcers. These organizations are also responsible for multiple forms of organized criminal activity in addition to drug trafficking, such as violence, terrorism, corruption, human smuggling, trafficking in persons, weapons trafficking, complex financial crimes, and other illegal activities that threaten the safety of our society and



the security of our nation. Disruption means impeding the normal and effective operation of the targeted organization, as indicated by changes in the organizational leadership and/or changes in methods of operation. Dismantled means destroying the organization's leadership, financial base, and supply network such that the organization is incapable of reconstituting itself.

Similarly, in support of the *Strategy* goal, OCDETF has added two measures; the number of defendants convicted in active OCDETF investigations that incorporate FinCEN/SAR data, and the percentage of active priority OCDETF investigations linked to the Sinaloa or Jalisco New Generation (CJNG) cartels, or their enablers (such as illicit financiers). To promote financial convictions and to promote the usage of FinCen/SAR data, OCDETF seeks to increase the number of defendants convicted in OCDETF investigations reporting the incorporation of FinCen/SAR data. This measure has been added to illustrate the impact of the FinCen/SAR data usage in OCDETF investigations and to promote financial convictions since financial violations are sometimes pled out in favor of obtaining a conviction on drug charges which result in higher sentences. Likewise, to promote targeting of Sinaloa or Jalisco New Generation (CJNG) cartels, and their enablers, OCDETF intends to increase the percentage of active investigations linked to these organizations.

Information regarding the performance of the drug control efforts of OCDETF is based on aggregated agency reporting used to measure the agency's contribution to the *Strategy*.

Performance Table

Organized Crime Drug Enforcement Task Force Program				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Percent of OCDETF investigations linked to CPOTs	20%	20%	19%	20%
Percent of OCDETF investigations with indictments/information resulting in financial convictions	31%	31%	27%	30%
Percent of OCDETF investigations resulting in disruption/dismantlement of targeted organization	87%	87%	82%	87%
Number of CPOT-linked DTOs disrupted	109	111	110	112
Number of CPOT-linked DTOs dismantled	59	57	39	40
Percent of OCDETF investigations linked to RPOTs	17%	17%	17%	17%
Percent of CPOT-linked Investigations Disrupted/Dismantled	N/A	31%	26%	31%



Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Number of defendants convicted in active OCDETF investigations that incorporate FinCEN/SAR data	5,394	5,583	6,529	5,595
Percentage of active priority OCDETF investigations linked to the Sinaloa or Jalisco New Generation (CJNG) cartels, or their enablers (such as illicit financiers)	59%	61%	62%	64%

Discussion of Results

Despite transitions in key personnel and persisting court backlogs, OCDETF achieved impressive results during FY 2022 in disrupting and dismantling CPOT-linked drug trafficking organizations. OCDETF dismantled 39 CPOT-linked organizations and disrupted another 110 CPOT-linked organizations which represents 26 percent of the total number of organizations disrupted or dismantled in FY 2022. These numbers are expected to increase by the end of the calendar year. Since disruptions and dismantlements are only counted when OCDETF cases are closed; and in order to close, all defendants must be adjudicated, OCDETF’s disruptions and dismantlements are dependent on the court system. Due to the backlogs of the courts as a result of the pandemic, the numbers and percentages for these metrics are slightly lower than the intended targets. However, OCDETF expects a marked increase as the courts clear their backlogs and partner agencies are able to close cases.

In addition to making important gains against the CPOT-linked organizations in FY 2022, OCDETF agencies continued to achieve significant successes against the CPOT targets themselves. Over the course of the past year, 11 CPOT targets were disrupted and all 11 have been extradited to the United States. Drug trafficking organizations linked to the 11 CPOT targets disrupted in FY 2022 have generated 85 OCDETF investigations and 1,464 indictments, which have resulted in more than 4,736 defendants charged and 3,823 convictions, combined over the course of these investigations. Law enforcement activity targeting these CPOTs involved complex and coordinated intelligence driven investigations, with cooperation between United States law enforcement agencies and international partners due to the global nature of these transnational drug trafficking organizations.

Additionally, OCDETF has also made a significant impact on the financial systems that support the drug trade by charging and convicting high-level targets that conduct or facilitate illicit financial activity, and by seizing and forfeiting their assets. Drug trafficking organizations linked to the FY 2022 disrupted CPOT targets have led to over \$108 million in seizures, more than \$83 million in forfeitures, and nearly \$311 million in money judgments.



Department of Justice Office of Justice Programs

Mission

The Office of Justice Programs' (OJP) mission is to provide leadership, resources, and solutions for creating safe, just, and engaged communities.

Relevant PRS Performance Measures

Goal 1: Illicit substance use is reduced in the United States.

- Objective 1: The number of drug overdose deaths is reduced by 13 percent by 2025.

While not directly supporting any of the objectives, OJP actively supports the *Strategy's* prevention (Goal 2), Harm Reduction (Goal 3), Treatment (Goal 4), Recovery (Goal 5) and Criminal Justice (Goal 6) efforts.

Evaluation Plan and Performance Measures

OJP dedicates a significant amount of funding, training and technical assistance (TTA) and other resources to support state, local, and tribal efforts to address the impacts of substance use and misuse on individuals, families, and communities with a focus on addressing the intersections of public health and public safety, and justice system-related interactions and consequences of substance use. These activities include, but are not limited to:

- expanding alternatives to justice-system involvement for individuals with substance use and co-occurring mental health needs, such as problem-solving courts and law enforcement diversion and other crisis intervention models;
- increasing access to evidence-based substance use treatment services, such as medication-assisted treatment, and recovery support services, such as peer support, at all points of the justice system;
- supporting community-based efforts to reduce overdose death and provide continuity of care and other support services for those returning to the community following incarceration;
- increasing education for professionals across the justice system about substance use and co-occurring disorders to increase awareness and understanding, reduce stigma, and unnecessary justice involvement;
- supporting outreach, harm reduction, and prevention efforts; and
- advancing research and statistics to better inform policy and decision making in these areas.

Goal 1: Illicit substance use is reduced in the United States.

OJP supports the reduction of illicit substance use in the United States by providing direct funding, training, and technical assistance on evidence-based and promising practices to address the needs of individuals who come in contact with or are otherwise involved with the justice



system who have substance use disorders, including those impacted by opioids, stimulants, and other substances and who are at increased risk for overdose, while also emphasizing equity and inclusion.

Treatment Courts Programs

OJP's Treatment Courts programs, which include Adult, Veterans, Community, Tribal Healing to Wellness, Juvenile, and Family Treatment Courts provide grant funding and training and technical assistance to states, state courts, local courts, units of local government, and federally recognized Indian tribal governments to plan and implement new treatment courts or enhance the operations of existing treatment courts. These courts effectively integrate evidence-based SUD treatment, including medication-assisted treatment, recovery services, mandatory drug testing, incentives and sanctions, and transitional services in judicially supervised criminal court settings that have jurisdiction over individuals with SUD treatment needs to reduce recidivism and increase access to treatment and recovery support services, and to prevent overdoses.

Comprehensive Opioid, Stimulant and Substance Use Program

The Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) supports Goal 1 by providing direct funding and training and technical assistance on evidence-based and promising practices across 4 key areas of focus:

1. Promoting public safety and supporting access to recovery services in the criminal justice system.
2. Strengthening the collection and sharing of data across systems to understand and address the impact of illicit substance use and misuse.
3. Aligning and maximizing resources across systems and leveraging diverse program funding.
4. Preventing substance use and misuse.

OJP's COSSUP provides grant funding and training and technical assistance to States, units of local government, and Indian tribal governments to develop, implement, or expand comprehensive efforts to identify, respond to, treat, and support those impacted by opioids, stimulants, and other substances. COSSUP emphasizes partnership and collaboration across public health, behavioral health, and public safety sectors to leverage combined expertise to implement coordinated evidence-based approaches to address the impact of substance use and misuse on individuals, families, and communities in frontier, rural, suburban, and urban areas across the nation. COSSUP supports outreach, prevention, education, harm reduction, treatment, and recovery support services at various points of intersection with the justice system and in the community.

Goal 2: Prevention efforts are increased in the United States

OJP supports increased prevention efforts by providing direct funding, training, and technical assistance on evidence-based and promising practices to support outreach, education and prevention efforts, with a particular focus on the needs of youth and families impacted by opioids and other substance use.



Mentoring for Youth Affected by Opioid and Other Drug Misuse

The purpose of this program is to enhance and expand mentoring services for children and youth impacted by opioids and other drug misuse. The program's goal is to improve outcomes (such as improved academic performance and reduced school dropout rates) for youth impacted by opioids and other drug misuse by expanding the capacity of existing mentoring programs to provide high-quality services to youth that reduce drug misuse, delinquency, or other problem behaviors, and promoting the development of innovative approaches to mentoring youth impacted by opioids and other drug misuse. Grant funds under this program support the implementation and delivery of mentoring services to youth who are currently misusing or dependent on drugs (including opioids, stimulants, and other licit or illicit substances), youth at risk for misusing drugs, and youth with family members who are currently misusing or dependent on drugs. It provides direct funding, training, and technical assistance on evidence based and promising practices to address prevention efforts and the needs of youth and families impacted by opioids and other substance use.

Opioid Affected Youth Initiative

This program supports the efforts of States, communities, jurisdictions, nonprofit organizations, for-profit organizations, and institutions of higher education to implement programs and strategies that identify, respond to, treat, and support children, youth, and families impacted by opioids, and other substance use. Grant funds are used by States and communities to develop coordinated responses to opioid use-related challenges that impact youth and community safety. Objectives for this program include implementing prevention, intervention, and treatment programs that address the needs of pregnant and postpartum women, parents/primary caregivers, and youth; reducing foster care system involvement; implementing integrated services for parents and children that support families through treatment and recovery; and supporting the justice system to address the needs of children and youth impacted by opioids and other substances.

Goal 3: Harm Reduction efforts are increased in the United States.

OJP supports harm reduction efforts by providing direct funding, training, and technical assistance to support strategies to educate and inform public safety professionals across the justice system and support individuals who use substances who come in contact with the justice system to reduce the risk of overdose and overdose death, increase access to drug testing equipment and overdose reversal medications, effectively managing withdrawal and increasing access to treatment and recovery services.

The Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP)

COSSUP's purpose is to support the development, implementation, or expansion of comprehensive efforts to identify, respond to, treat, and support individuals impacted by opioids, stimulants, and other substance use with one of its goals being the reduction of overdose fatalities. COSSUP funds can be used for a variety of prevention, treatment, recovery, as well as harm reduction activities including the purchase and distribution of naloxone and drug testing equipment, drug take back efforts, certain services to support syringe services programs, and



support to jail and prison administrators in preventing overdose and managing withdrawal. Additional efforts through COSSUP's training and technical assistance support the above allowable uses of funds, as well as a specific project to better understand the current knowledge base about and harm reduction practices being utilized by justice practitioners and to determine areas where more information and resources are needed.

Goal 4: Treatment efforts are increased in the United States.

The Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP)

A key element of a comprehensive approach to address substance use is increased access to evidence-based treatment services, particularly for those that are underserved and with high rates of substance use and overdose risk. Funding and technical assistance through COSSUP emphasizes and encourages increased access to evidence-based substance use treatment services, including MAT, at all points in the justice system and continuing into the community to reduce incarceration and recidivism, improve health, and promote public safety. These efforts include diversion programs to ensure that individuals with substance use needs are steered away from the justice system, when and where appropriate, to access treatment. COSSUP annual grant funding and demonstration projects include a focus on the needs of rural communities given unique challenges to increasing access to treatment. Additional opportunities to help support communities to increase access to treatment services provided through COSSUP include peer-to-peer mentoring initiatives, including the Evidence-based Treatment in Custody, Jail-based Mentor Site Initiative and the First Responder Deflection Mentoring Initiative.

Regional Substance Abuse Treatment (RSAT) for State Prisoners Program

The RSAT program assists states with developing and implementing residential substance use disorder treatment programs within state correctional and local correctional and detention facilities, in which persons are incarcerated for a period sufficient to permit substance use disorder treatment. The program encourages the establishment and maintenance of drug-free prisons and jails and development and implementation of specialized residential substance use disorder treatment programs that identify and provide appropriate treatment and recovery support services to individuals with co-occurring mental health and substance use disorders. The program also encourages the inclusion of MAT as part of any substance use treatment program. Aftercare services are also encouraged to provide support to those that have recently been released from correctional facilities.

Goal 5: Recovery efforts are increased in the United States.

OJP supports increased recovery efforts in the United States by providing funding and training and technical assistance to states, units of local government, tribal governments, and nonprofit organizations to provide recovery support services in the community, in correctional facilities, and upon reentry to support short and long-term recovery needs of justice involved individuals.



Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP)

COSSUP's goals are to reduce the impact of the use and misuse of opioids, stimulants, and other substances on individuals and communities, including a reduction in the number of overdose fatalities, as well as to mitigate the impacts on crime victims by supporting comprehensive, collaborative initiatives. To achieve many of those goals, another key element of COSSUP is the inclusion of recovery support services as part of the four key areas of focus, an allowable use of site-based grant funds, and emphasis through training, technical assistance, and peer-to-peer learning opportunities. Specifically highlighted as an allowable use of funds in the COSSUP annual grant solicitation is transitional or recovery housing and recovery support services, including peer recovery; and embedding peers and/or persons with lived experience at any intercept of the Sequential Intercept Model to assist persons with justice involvement and their families navigate the justice system and to increase their connection to treatment and recovery support services. This includes law enforcement, pretrial and probation agencies, prosecutor-led programs, legal defense agencies, child welfare agencies, courts, and jails to support community re-entry. Additional opportunities to help support communities to increase access to recovery support services provided through COSSUP include the Peer Recovery Support Services Mentoring Initiative (PRSSMI). The purpose of this initiative is to advance the inclusion of peer recovery support services through collaborations with first responders, law enforcement, courts, jails, prisons, and community corrections to support individuals with substance use disorder to achieve and maintain recovery.

Improving Substance Use Disorder Treatment and Recovery Outcomes for Adults in Reentry

This program supports states, units of local government, tribal governments, and nonprofit organizations to establish, expand, or improve evidence-based, culturally relevant programs to address the substance use disorder treatment and recovery support needs of people, including parents of minor children and pregnant/postpartum women, during incarceration and reentry in an effort to reduce recidivism, expand access to evidence-based treatment, promote long-term recovery, and, in the process, improve public safety and public health. The program supports the implementation or expansion of evidence-based SUD treatment services, including MAT, and recovery support services, such as access to health and behavioral health care benefits, peer support services, counseling services, recovery or emergency housing, transportation services, employment services, and education services, to address the needs of people who are incarcerated, as well as continued treatment and access to recovery support services that begin pre-release and continue through reentry.

Goal 6: Criminal Justice reform efforts in the United States include drug policy matters

As the largest grant making organization within the Department of Justice, advancing systemic improvements in the justice system is key to our mission. OJP supports including drug policy matters in criminal justice reform by focusing on alternatives to incarceration for individuals with substance use disorder and working to ensure that access to appropriate and evidence-based care is enhanced throughout the justice system to support the treatment needs of individuals and reduce future justice system involvement. To create a systemic approach to addressing the needs



of individuals with substance use disorder who come in contact with the justice system, OJP has several grant and training and technical assistance programs that work to divert individuals with substance use treatment and recovery needs away from the justice system, reduce further involvement in the justice system, and provide access to treatment and recovery services. As noted earlier, OJP’s Treatment Courts Programs provide financial and technical assistance to states, state courts, local courts, units of local government, and federally recognized Indian tribal governments to plan and implement new treatment courts or enhance the operations of existing treatment courts for adult, veterans, and juveniles. These courts effectively integrate evidence-based substance use disorder treatment, mandatory drug testing, incentives and sanctions, and transitional services in judicially supervised criminal court settings that have jurisdiction over individuals with substance use disorder treatment needs to reduce recidivism and increase their access to treatment and recovery support, and to prevent overdoses.

As part of its broad, comprehensive approach to supporting states, units of local government, and Indian tribal governments identify, respond to, treat, and support those impacted by illicit opioids, stimulants, and other substance use, COSSUP supports the implementation of law enforcement and other first responder diversion programs for persons with substance use disorders, and encourages increased access to evidence-based substance use disorder treatment, such as MAT, in the community, in correctional facilities and upon reentry.

RSAT also assists states with developing and implementing residential substance use disorder treatment programs within state correctional facilities, as well as within local correctional and detention facilities, in which persons are incarcerated for a period sufficient to permit substance use disorder treatment. Aftercare services are also encouraged to provide support to those that have recently been released from such facilities.

Further supporting pre-release and continuity of care for individuals from corrections to the community is OJP’s Improving Substance Use Disorder Treatment and Recovery Outcomes for Adults in Reentry program. This program not only supports the provision of treatment and recovery services, but, more broadly, supports efforts to reduce recidivism and promote coordination and integration of efforts to improve both public safety and public health.

Performance Table

Office of Justice Programs				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual⁹⁶	FY 2023 Target
Percentage of Adult Treatment Court program participants, enrolled in the program at least 90 days, who tested positive for alcohol or illegal substance	29%	25%	26%	25%

⁹⁶ Missing FY 2022 Actuals will be available in Spring 2023.



Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual ⁹⁶	FY 2023 Target
Percentage of high-risk individuals receiving services and referrals through COSSUP who do not experience a subsequent overdose in six months	96%	90%	98%	90%
Percentage of eligible individuals who abstained from or reduced substance misuse	38%	62%	TBD	TBD ⁹⁷
Percentage of COSSUP grantees conducting harm reduction activities (e.g., naloxone training, media campaigns/ community education, drug take-back days, testing for HIV/hepatitis, and syringe exchange programs, etc.)	43%	44%	37%	45%
Percentage of COSSUP grantees who are using grant funds to operate diversion programs (e.g., first responder/law enforcement diversion programs, pre-trial diversion programs, prosecutor diversion programs, or court-based diversion programs)	7%	7%	32%	7%
Percentage of jail-based/prison-based successful completions	69%	68%	72%	68%
Percentage of relevant-funded grantee programs which provide MAT as part of their substance use treatment services	66%	68%	69%	72%

Discussion of Results

OJP grantees' performance exceeded the targets for the following measures:

- Percentage of jail-based/prison-based successful completions: OJP exceeded the target by 4 percentage points.

⁹⁷ This is a new measure and data for FY 2020 and FY 2021 were calculated used proxy data; a FY 2023 Target will be calculated based on FY 2022 Actuals that will be available in Summer 2023.



- Percentage of Adult Treatment Court program participants, enrolled in the program at least 90 days, who tested positive for alcohol or illegal substance; OJP exceeded the targets by 1 percentage point.
- Percentage of high-risk individuals receiving services and referrals through COSSUP who do not experience a subsequent overdose in six months
- Percentage of relevant-funded grantee programs which provide MAT as part of their substance use treatment services

The data for the following measures will be ready in Summer 2023:

- Percentage of eligible individuals who abstained from or reduced substance misuse aggregates grantee responses on a calendar year, and CY 2022 actuals will be ready in the Spring of 2023.
- Percentage of COSSUP grantees conducting harm reduction activities
- Percentage of COSSUP grantees who are using grant funds to operate diversion programs



Department of Justice U.S. Attorneys

Mission

The 94 USAOs are vital participants in the *Strategy* and are working tirelessly to reduce overdose deaths across the country. 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. 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 deaths during this decade.

Relevant PRS Performance Measure

Goal 7: The supply of illicit substances into the United States is reduced.

- Objective 2: The number of defendants convicted in active OCDETF investigations that incorporate FinCEN/SAR data is increased by 14 percent by 2025.
- Objective 3: The percentage of active priority OCDETF investigations linked to the Sinaloa or Jalisco New Generation (CJNG) cartels, or their enablers (such as illicit financiers) is increased by 25 percent by 2025.

Evaluation Plan and Performance Measures

The USAOs work with federal, State, territorial, Tribal, and local law enforcement agencies to disrupt domestic and international drug trafficking and narcotics production through comprehensive investigations and prosecutions of criminal organizations. These investigations and prosecutions target drug trafficking operations such as drug smuggling, domestic distribution networks, the use of the internet for drug sales, and money laundering. A core mission of each USAO is to prosecute high-level producers, suppliers, and traffickers for violations of federal drug laws to disrupt both international and domestic DTOs and to deter continued illicit drug distribution.

Performance Table

United States Attorneys				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Conviction rate for drug-related defendants	91%	N/A ⁹⁸	91%	N/A

⁹⁸The USAOs do not set conviction rate targets, but only report actuals achieved.



Discussion of Results

USAOs continue to work with their law enforcement partners to identify and prosecute drug traffickers who are responsible for distributing fentanyl and other dangerous drugs that have resulted in over 107,000 overdose deaths. Because U.S. Attorneys have an important obligation to seek justice and are required to prove each case beyond a reasonable doubt, specific conviction rate targets for drug-related defendants are not set. Nevertheless, the conviction rate for FY 2022 has remained consistent with the conviction rate for FY 2021. The conviction rate for drug-related defendants has not varied substantially on a year-to-year basis.

During FY 2022, the work of USAOs resulted in over 11,800 convictions for drug trafficking crimes. Many of these traffickers distributed substantial amounts of fentanyl⁹⁹. In many instances, these dangerous substances were distributed in the form of counterfeit pharmaceuticals – yielding tragic results. U.S. Attorneys have also worked aggressively to target those whose drug trafficking crimes resulted in overdose deaths – holding drug dealers responsible for the human toll of their criminal actions. Although fentanyl continues to present a substantial danger to communities, U.S. Attorneys have also focused on targeting methamphetamine and cocaine trafficking, as well as drug-related violence and the laundering of drug proceeds. In addition to prosecutorial activities, in FY 2022, many USAOs initiated community outreach efforts to educate the community about the risks of drugs and to promote harm reduction strategies where not prohibited by law.

⁹⁹ For example, in November 2021, one defendant was arrested (and later convicted) following the seizure of 17,585 pounds of methamphetamine and over 388 pounds of fentanyl. <https://www.justice.gov/usao-sdca/pr/mexican-national-sentenced-108-months-following-record-breaking-seizure-fentanyl-and>



Department of Justice United States Marshals Service

Mission

Through its partnership with the Organized Crime Drug Enforcement Task Forces (OCDETF) program, the U.S. Marshals Service (USMS) drug interdiction efforts center on capturing fugitives who have a nexus to the most serious drug trafficking and money laundering organizations, as well as to those primarily responsible for the Nation's illegal drug supply. The USMS is the federal government's primary agency for conducting both domestic and transnational fugitive investigations, and has the statutory authority to assist state and local agencies with their fugitive missions, even in the absence of interstate or other extra jurisdictional flight.

Relevant PRS Performance Measure

Goal 7: The supply of illicit substances into the United States is reduced.

- Objective 4: Potential production of cocaine is decreased by 10 percent, and heroin is decreased by 30 percent by 2025.

In order to contribute to the Administration's goal to reduce the illegal drug supply, the USMS OCDETF program focuses its investigative and fugitive apprehension resources on coordinated, nationwide investigations targeting the entire infrastructure of major drug trafficking. This mission is fulfilled through more than three dozen reimbursable positions, as well as hundreds of Deputy United States Marshals assigned at the district level. USMS also directly contributes by maintaining the security of all in-custody prisoners with serious drug-related charges.

Evaluation Plan and Performance Measures

Information regarding the performance of USMS is based on agency GPRAMA documents and other data that measure the agency's contribution to the *Strategy*. Like most bureaus, USMS does not receive a specific appropriation for drug-related work in support of the *Strategy*, and therefore does not have drug-specific performance measures. However, USMS uses drug-related workload data to capture efforts toward implementing the *Strategy*. The measure "Percent of warrants cleared for drug-related charges" identifies the percentage of felony federal, State, and local illegal narcotics-related warrants cleared. On average, 25 percent of warrants cleared in a year are on drug-related charges. USMS policy, enforcement operations standard operating procedures, and other operational guidance dictate which types of state and local felony warrants are targeted. Because the USMS does not control the nature of warrants it pursues, and by statute is charged with executing all federal warrants, regardless of the underlying charge, the USMS does not establish specific numerical targets for drug-related measures.



Performance Table

United States Marshals Service				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Percent of warrants cleared for drug-related charges	24.6%	N/A ¹⁰⁰	21.9%	N/A

Discussion of Results

In keeping with their mission objectives, the USMS' primary focus in FY22 was targeted against warrants related to serious violent crimes, a current year DOJ goal. The majority of USMS warrants received are non-drug related offenses.

¹⁰⁰USMS does not establish targets for drug-related charges, but only reports actuals achieved.



Department of Labor

Employee Benefits Security Administration

Mission

The Employee Benefits Security Administration's (EBSA) mission is to ensure the security of the retirement, health, and other workplace-related benefits of America's workers and their families. Although EBSA is a small agency with about 850 employees, it is responsible for protecting more than 152 million workers, retirees, and their families, who are covered by approximately 747,000 private retirement plans, 2.5 million health plans, and 673,000 other welfare benefit plans. Together, these plans hold estimated assets of \$12 trillion. Employment-based benefit plans are vital to the financial security and physical well-being of millions of people. EBSA's work supports the Secretary's policy priorities to *Invest and Value the Nation's Care Economy* and *Support a Lifetime of Worker Empowerment* by protecting workers' benefits and increasing confidence that promised benefits will be available when needed. EBSA carries out its mission in a complex and evolving economic and regulatory environment, in support of the Secretary's vision to empower workers morning, noon, and night.

Relevant PRS Performance Measure

Goal 4: Treatment efforts are increased in the United States

- Objective 1: Treatment admissions for the populations most at risk of overdose death is increased by 100 percent by 2025.

EBSA works with partner agencies to enforce the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA). It uses resources provided by the Consolidated Appropriations Act, 2021 (CAA)¹⁰¹ to focus its efforts on activities involving mental health and SUD benefits and nonquantitative treatment limitations (NQTLS) on such benefits to ensure participants and their families can receive treatment without more restrictive limitations than those imposed in connection with medical/surgical care.

Evaluation Plan and Performance Measures

Allocating a targeted percentage of CAA resources to helping ensure SUD treatment through NQTL enforcement will contribute to increased treatment efforts in the United States. The baseline percentage allocation from FY 2021 was developed from an initial apportionment in which EBSA allocated 38 percent of CAA resources to SUD treatment and NQTL enforcement efforts. In FY 2022, EBSA continued to allocate 38 percent of CAA resources to these efforts. As a result, EBSA estimates a 38 percent allocation target for helping ensure SUD treatment through NQTL enforcement for FY 2023.

¹⁰¹ Pub. L. 116-260, Dec. 27, 2020.



Performance Table

Employee Benefits Security Administration				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Percentage of resources apportioned through the CAA to be attributed to helping ensure SUD treatment through NQTL enforcement	38% ¹⁰²	25% ¹⁰³	38%	38% ¹⁰⁴

Discussion of Results

In FY 2022, EBSA received a supplemental appropriation under the CAA to increase mental health and SUD parity enforcement efforts and bolster audits of plans' and issuers' NQTL comparative analyses. In support of building a recovery-ready nation, EBSA allocated 38 percent of overall CAA enforcement resources to helping ensure parity in SUD treatment through NQTL enforcement in FY 2022. Total MHPAEA enforcement efforts in FY 2022 encompassed 187,718 hours (91 FTEs), of which 38 percent (71,353 hours or 35 FTEs) were attributed specifically to *Strategy*-related activities involving NQTL enforcement related to SUD treatment.

EBSA helps build a recovery-ready nation and increases treatment in the United States by protecting health plan participants and beneficiaries, resolving issues that apply to mental health and substance use disorder treatment and benefits, and ensuring people do not face more barriers to this treatment than those applying for medical/surgical benefits.

¹⁰² The FY 2021 percentage of resources attributed to NQTL provisions related to SUD were factored from an initial supplemental appropriation for implementation of surprise medical billing and transparency provisions.

¹⁰³ The initial percentage allocation estimate for FY 2022 was proportionately decreased based on a higher apportioned amount provided for enforcement and administration of surprise medical billing and transparency provisions.

¹⁰⁴ Based on the apportioned amount in FY 2023, EBSA projects the same percentage allocation will be attributed to enforcement of NQTL provisions involving SUD.



Department of Labor

Employment and Training Administration

Office of Job Corps

Mission

The Job Corps program is administered by the Department of Labor's (DOL) Employment and Training Administration (ETA). Established in 1964, the Job Corps program is a comprehensive, primarily residential, academic and career technical training program for eligible youth, ages 16-24, including young parents, youth experiencing homelessness, victims of human trafficking, and persons with disabilities. There are currently 121 Job Corps centers nationwide in 50 states, Puerto Rico, and the District of Columbia. Of the 121 centers, 24 of them are operated by the USDA's USFS as Civilian Conservation Centers. Job Corps provides career technical training, intensive personal career counseling, supportive services, and job placement services to approximately 30,000 eligible youth each year to help them acquire high school diplomas or equivalencies and occupational credentials leading to careers starting with a job, registered apprenticeship, or entry into the military. 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.

Relevant PRS Performance Measure

Goal 1. Illicit substance use is reduced in the United States.

- Objective 1: The number of drug overdose deaths is reduced by 13 percent by 2025.

The Job Corps program provides education to all students and center staff about its Zero Tolerance policy prohibiting controlled substance use as a condition of enrollment. Nevertheless, the Job Corps program provides annual staff training on identifying and responding to overdoses, including the administration of Naloxone for emergency use in opioid overdose, and these efforts support this objective. Moreover, all Job Corps centers have Naloxone available to administer in case of a student showing signs of an opioid overdose.

- Objective 2: The percentage of people meeting criteria for cocaine, opioid, and methamphetamine use disorders are each respectively reduced by 25 percent by 2025.

The Job Corps program supports this objective by engaging in efforts to identify substance use through both entrance drug testing and assessment for all enrolled students. The behavioral based referral screening form includes screening for specific symptoms of opioid and methamphetamine use. Intervention services are required for students who initially test positive for drug use upon entry. Through intervention services and on-going relapse prevention support, the Job Corps program works to prevent the onset of SUDs, promote healthy lifestyles, and prepare students for self-sufficient, in-demand occupations and career pathways.

Goal 5. Recovery efforts are increased in the United States.

- Objective 2: The number of peer-led recovery community organizations is increased by 25 percent by 2025.



The Job Corps TEAP focuses on prevention, education, identification of substance use problems, relapse prevention, and helping students overcome barriers to employability. Many TEAPs incorporate student-supported peer recovery efforts both on and off center. Job Corps will work to increase student access to peer-led recovery services both in-person and online through expansion of the relapse prevention services.

Evaluation Plan and Performance Measures

The Job Corps program performance is outcome oriented, primarily focused on the Workforce Innovation and Opportunity Act (WIOA) reporting requirements and other agency goals. These goals measure students’ credential attainment and post-program placement in jobs, advanced training, or the military. They do not include specific measures related to drug education program success. However, Job Corps educates students and staff on drug-related requirements in the workplace, including employer drug testing policies and the effects of drug and alcohol misuse on employability, as part of career readiness training for all students. Job Corps leverages the use of information technology to promote drug use prevention by allowing students to experience in virtual simulations the negative impacts of substance use in various settings (e.g. while driving, walking, or engaging with others at work).

Job Corps’ drug prevention and education activities include numerous group presentations on drug prevention conducted at all centers, and intervention services for students who initially test positive for drug use upon entry. Job Corps also leverages its drug awareness education training for center staff through webinars and in-person training sessions to assist staff in identifying the physical symptoms and signs of substance misuse, recognizing drug paraphernalia, becoming familiar with privacy and confidentiality rules, and learning about the medical, social, and oral health implications of SUD.

In addition, Job Corps participates in national drug prevention and treatment campaigns such as Red Ribbon Week and Above the Influence, and utilizes motivational guest speakers at Job Corps centers nationwide. Job Corps also developed and implemented a system-wide program with accompanying curriculum to promote healthy lifestyle practices for students that included components on the avoidance of drug and alcohol misuse.

Performance Table

Office of Job Corps				
Measures of Performance	FY 2021 Actual	FY 2022 Target ¹⁰⁵	FY 2022 Actual	FY 2023 Target
Drug Testing - Percent of students tested for drugs upon entry	100%	100%	100%	100%
Number of people served ¹⁰⁶	27,340	23,000	26,526	TBD

¹⁰⁵ FY 2022 Targets for two WIOA performance measures are unavailable because Job Corps requires at least three years of actual data to establish reasonable targets. The actual data from FY 2020 and FY 2021 are not included in these three years of data because the results are skewed due to the COVID-19 pandemic and insufficient for establishing reasonable targets.

¹⁰⁶ Number of students served in the respective Fiscal Years



Measures of Performance	FY 2021 Actual	FY 2022 Target ¹⁰⁵	FY 2022 Actual	FY 2023 Target
Employment rate, second quarter after exit ¹⁰⁷	66.2%	TBD	TBD	TBD
Employment rate, fourth quarter after exit ¹⁰⁸	67.3%	TBD	TBD	TBD

Discussion of Results

Per WIOA and Job Corps policy requirements, all students are tested for drugs within 48 hours of arrival on center. During FY 2022, 100 percent of students were tested for drugs upon entry. Detailed guidance regarding WIOA measures of performance and calculation methodology can be found in Training and Employment Guidance Letter 10-16, Change 1 and attachments. For Job Corps, the number of people served refers to two groups: 1) the number of students active on Center at the beginning of the reporting period, and 2) the number enrolled during the reporting period. The rates of employment for the second and fourth quarters after program exit include exiters who enter employment or subsequent educational programs¹⁰⁹.

Disaster Recovery Dislocated Worker Grants (DWGs) and SUPPORT Act Grants

Mission

National Health Emergency (NHE) Disaster Recovery DWG projects facilitate community partnerships that are central to dealing with the 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 Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) grants implement innovative approaches for addressing the economic and workforce-related impacts on local communities affected by the opioid and substance misuse epidemic; engages employers as essential partners to address the impacts of substance and opioid misuse by playing an active role in the grant's program design and delivery; pioneer creative ways to support the skills attainment of existing or new employees; and connect businesses with resources such as the Employer Resource Network to help workers retain their employment. Additionally, the SUPPORT Act grant provides training and employment services and comprehensive screening services, including outpatient treatment recovery care and other supportive services, to individuals impacted by the crisis; and delivers

¹⁰⁷ Percentage of former students that were in employment or educational programs in the second quarter after their exit quarter.

¹⁰⁸ Percentage of former students that were in employment or educational programs in the fourth quarter after their exit quarter.

¹⁰⁹ Job Corps reports performance using form [ETA-9173-JC](#). Additional information regarding WIOA performance reporting for all programs can be found by visiting <https://www.dol.gov/agencies/eta/performance/reporting>.



training and employment opportunities to encourage more individuals to enter professions that could address the crisis and/or provide relevant skills training that would help individuals enter career pathways and find and retain employment in in-demand occupations.

The SUPPORT Act grants were awarded during FY 2020. It is a separate funding opportunity from the NHE grants, which are awarded on a rolling basis. While the SUPPORT Act grants share some similarities with the two rounds of NHE grants, these grants have been awarded on a competitive basis and include additional features and requirements outlined in the SUPPORT Act.

Relevant PRS Performance Measure

Goal 4: Treatment efforts are increased in the United States.

- Objective 2: The projected shortfall in the qualified workforce of behavioral health providers (including addiction professionals) funded by federal programs in the United States is reduced by 70 percent by 2025.

The NHE Disaster and SUPPORT Act grants facilitate community partnerships that are central to dealing with the complex public health crisis by training individuals to work in mental health treatment, addiction treatment, and pain management.

Goal 5: Recovery efforts are increased in the United States.

- Objective 1: The number of states operating a recovery-ready workplace initiative is increased 75 percent by 2025.

The NHE Disaster and SUPPORT Act grants engage employers as essential partners to address the impacts of substance and opioid misuse by playing an active role in the grant's program design and delivery, pioneering creative ways to support the skills attainment of existing or new employees, and connecting businesses with resources such as the Employer Resource Network to help workers retain their employment.

- Objective 2: The number of peer-led recovery community organizations is increased by 25 percent by 2025.

The NHE Disaster and SUPPORT Act Grants assist individuals in pursuing training to become peer recovery workers and/or in pursuing peer recovery careers.

Evaluation Plan and Performance Measures

DOL's Chief Evaluation Office is evaluating the SUPPORT Act grants by conducting site visits to program administrators, staff, and partnering organizations. The goal of the evaluation is to provide recommendations on promising practices, lessons learned, and implantation challenges grantees encountered while addressing employment and treatment services with participants with OUD/SUDs.



Performance Table

NHE Disaster Recovery and SUPPORT Act National Dislocated Worker Grants				
Measures of Performance	FY 2021 Actual	FY 2022 Target¹¹⁰	FY 2022 Actual	FY 2023 Target
Number of participants served	5,344	11,890	8,023	11,890
Employment rate, 2nd quarter after exit (Average)	63.2%	61.7%	61.4%	66.8%
Employment rate, 4th quarter after exit (Average)	53.6%	61.5%	63.5%	64.5%

Discussion of Results

Employment rate targets reflect WIOA NDWG annual program targets established for GPRA¹¹¹. Employment rate actual is the average of the rates reported by active grants as of September 30, 2022, using a Program-to-Date WIPS grant data. Participant service targets reflect the sum of the total planned participants for the grant period of performance.

¹¹⁰ Employment Rate targets reflect WIOA NDWG annual program targets established for GPRA. Participant service targets reflect the sum of total planned participants for the periods of performance.

¹¹¹ <https://www.dol.gov/agencies/eta/performance/goals/gpra>



Department of Labor

Office of Disability Employment Policy

Mission

The Office of Disability Employment Policy's (ODEP) mission is to develop and influence policies and practices to increase employment opportunities for people with disabilities. This mission is in response to stark inequities between the employment and earnings of people with disabilities in comparison to people without disabilities. One ODEP project, Advancing State Policy Integration for Recovery and Employment (ASPIRE), works to support and expand competitive integrated employment (CIE)¹¹² for people with mental health conditions. As part of this initiative, ASPIRE includes individuals with mental health conditions who also have co-occurring SUD. Ensuring that the employment needs of this population are met is an important consideration and component of this project. In addition, there is a growing research base to support the validity of Individual Placement and Support (IPS) Supported Employment, the primary intervention strategy and focus of ASPIRE activities, as an evidence-based practice for individuals with SUD.

Relevant PRS Performance Measure

Goal 1: Illicit substance use is reduced in the United States.

- Objective 1: The number of drug overdose deaths is reduced by 13 percent by 2025.

ODEP's work does not directly align with any of the objectives listed in the 2022 *Strategy* goals and objectives, and ODEP does not collect data related to those objectives. However, ASPIRE aligns with the broader goal to increase recovery efforts (Goal 5) in the United States by working to support and expand CIE for people with mental health conditions, including those with co-occurring SUD.

Evaluation Plan and Performance Measures

ODEP develops and influences policies and practices that increase the number and quality of employment opportunities for people with disabilities. ODEP uses and measures the following life cycle of policy activities: conducting analysis, research, and evaluation; developing implementation tools; developing policy options; conducting outreach; cultivating collaborations; and providing technical assistance. These activities reflect an intentional process toward adoption, implementation, and scaling of effective policies and practices that enhance employment opportunities and outcomes for people with disabilities.

In prior years of the ASPIRE initiative, ODEP measured the number of implementation tools, which are tools that provide educational or explanatory information to support the adoption and implementation of ODEP-developed and/or recommended practices, policies, strategies, models, or theories; the number of targeted technical assistance events; the number of internal and external collaborations; and the number of outreach events. In FY 2023, in addition to the above

¹¹² <https://www.dol.gov/agencies/odep/program-areas/integrated-employment>



measures, ODEP is also planning to measure the number of analyses, research and evaluation products, as this measure is applicable to the structure of the current ASPIRE contract's planned work for this fiscal year.

Performance Table

Office of Disability Employment Policy				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Number of Implementation Tools	4	3	10	5
Number of Targeted Technical Assistance Events	2	16	18	15
Number of Internal and External Collaborations	10	1	1	5
Number of Outreach Events	3	2	3	14
Number of Analyses, Research and Evaluation Products	0	0	0	2

Discussion of Results

In FY 2022, ODEP met or exceeded all established targets for the ASPIRE initiative. ASPIRE operates as a contract with a work plan spanning multiple fiscal years. Performance targets do not necessarily show consistent growth across the years, as different work is planned each for year of the contract. However, ODEP's successful achievement in reaching its FY 2022 targets for ASPIRE means that the project is on track to successfully complete the work planned for FY 2023.



Department of Labor **Office of the Inspector General**

Mission

The Office of Inspector General (OIG) has dedicated significant audit and investigative resources over the years to improve the FECA program because of its significant cost to taxpayers and impact on injured federal workers and their dependents. In particular, the FECA program, along with other federal government workers’ compensation programs, is highly susceptible to abuse and fraud due to risks associated with prescription drugs. Previous OIG work has highlighted the high reimbursement costs of compounded drug medications and safety concerns with overprescribing opioids. In addition, the OIG has initiated more criminal investigations relating to fraudulent activity involving opioids in the FECA program.

Relevant PRS Performance Measure

Goal 7: The supply of illicit substances into the United States is reduced.

- Objective 2: The number of defendants convicted in active OCDETF investigations that incorporate FinCEN/SAR data is increased by 14 percent by 2025.

For FY 2023, the OIG will continue to work with OWCP to identify and investigate the most egregious health care providers who attempt to defraud the OWCP program and, in particular, those relating to the fraudulent activity involving opioids in the FECA program.

Evaluation Plan and Performance Measures

The FY 2023 target is to close 25 FECA investigative cases that involve fraud. These 25 cases will help ensure that we identify areas that are susceptible to fraud and help deter future fraud activities. A case is considered closed when all investigative and judicial activity has been completed. Note the FY 2023 target is lower than the FY 2022 target because the OIG does not expect higher numbers of FECA investigations to be closed in FY 2023, due to the continued focus of the OIG’s limited investigative resources on unemployment insurance (UI) investigations due to the impact of the COVID pandemic. It is anticipated that opening fewer FECA investigations during the pandemic will result in fewer case closings in FY 2023.

Performance Table

Office of Inspector General				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Number of Closed FECA Investigative Matters	95	50	36	25



Discussion of Results

The FY 2022 target was to close 50 FECA cases and during the fiscal year the OIG closed 36 FECA cases. The difference in targeted case closing and actual case closings for FY 2022 is due to the OIG's extensive effort in combatting pandemic-related UI fraud. A majority of the OIG's case closings for FY 2022 were related to UI fraud and it is anticipated to be the same for FY 2023.



Department of Labor

Office of Workers' Compensation Programs

Mission

DOL's Office of Workers' Compensation Programs administers four compensation programs that provide monetary benefits, medical benefits, and, when applicable, assistance in returning to work for workers covered by these programs. The four compensation programs administered by OWCP are:

- The Federal Employees' Compensation Act (FECA) program provides wage-loss compensation, payment for medical treatment, return-to-work assistance, and vocational rehabilitation for federal civilian employees and postal workers who are injured or ill because of their work, and compensation to eligible survivors in case of death.
- The Longshore and Harbor Workers' Compensation program oversees the delivery of benefits by private sector employers and insurance carriers to injured workers engaged in certain maritime and related employment and to federal government contractors working overseas, and enforces compliance with applicable laws.
- The Black Lung Benefits program oversees private sector employers and insurance carriers and provides compensation and medical benefits to coal miners who are totally disabled due to pneumoconiosis resulting from coal mine employment, as well as monetary benefits to their eligible survivors.
- The Energy Employees Occupational Illness Compensation program provides compensation and medical benefits to employees or survivors of employees of the Department of Energy (DOE) and contractors or subcontractors of DOE, who worked on the nation's nuclear weapons program and became ill due to exposure to radiation or toxic substances.

Relevant PRS Performance Measure

Goal 1: Illicit substance use is reduced in the United States.

- Objective 2: The percentage of people meeting criteria for cocaine, opioid, and methamphetamine use disorders are each respectively reduced by 25 percent by 2025.

The FECA program supports this objective by monitoring and approving opioid use among injured workers and implementing cost-saving services.

Evaluation Plan and Performance Measures

The Prescription Management Unit (PMU) will support the monitoring of opioid drug use among injured workers receiving benefits under the FECA. The PMU will support the actions required to monitor and approve opioid medication use including administrative functions, medical management, and claims adjudication, so that injured workers only receive opioids that are medically necessary, and have the chance to appropriately ease off high dosages that carry risk of overdose or creating dependence.



The Pharmacy Benefits Management (PBM) services will support the safety, quality, and cost-effectiveness of prescription care provided to claimants. The FECA program will implement this cost-sharing service for use by all federal Departments/Agencies, as the FECA is the exclusive remedy by which federal employees may obtain disability, medical, and/or survivor benefits for workplace injuries. This initiative, combined with the PMU, will enable the program to approve medically appropriate use of opioid medication and provide beneficiaries assistance in transitioning to alternative treatments as appropriate. Decreasing opioid use will assist 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.

The Opioid Control and Prevention Unit will support the program's efforts to reduce the potential for opioid misuse and addiction among injured/ill federal workers. The program uses data to implement new policies and to institute targeted controls and tailored treatment.

Performance Table

Office of Workers' Compensation Programs				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Percent Decrease in Overall Opioid Use	N/A ¹¹³	55%	60%	57%

Discussion of Results

In FY 2022, the FECA program decreased overall opioid use among injured workers by 60 percent, exceeding the target of 55 percent. Additionally, the FECA program continues its efforts to reduce the potential for opioid misuse and addiction among injured federal workers, resulting in a series of successes when comparing September 2022 with January 2017:

- 43 percent drop in new opioid prescriptions
- 75 percent decline in new opioid prescriptions lasting more than 30 days
- 92 percent drop in claimants with a Morphine Equivalent Dose (MED) of 500 or more
- 73 percent drop in users with a MED of 90 or more

In FY 2023, the FECA program will continue to work with medical providers and injured workers to provide opioid treatment where needed, reduce the opioid risk level, and assist in securing the benefits needed for pain management.

¹¹³OWCP introduced Percent Decrease in Overall Opioid Use as a new performance measure in FY 2022. As such, actuals from prior fiscal years are not available.



Office of National Drug Control Policy High Intensity Drug Trafficking Area Program

Mission

The mission of the HIDTA Program is to disrupt the market for illegal drugs in the United States in support of the *Strategy* by assisting federal, State, local, and Tribal law enforcement entities participating in the HIDTA Program to dismantle and disrupt drug trafficking organizations, with particular emphasis on drug trafficking regions that have harmful effects on other parts of the United States.

Relevant PRS Performance Measure

Goal 1: Illicit substance use is reduced in the United States.

- Objective 1: The number of drug overdose deaths is reduced by 13 percent by 2025.

The HIDTA program will support this goal by disrupting the market for illegal drugs, removing from the marketplace significant quantities of illicit drugs before they can be used.

Evaluation Plan and Performance Measures

The HIDTA Program goals are to disrupt the market for illegal drugs by dismantling or disrupting drug trafficking and money laundering organizations; and improve the efficiency and effectiveness of HIDTA initiatives. Data regarding the performance of the National HIDTA Program is reported by all 33 regional HIDTA programs to the Performance Management Process (PMP) system. ONDCP uses data drawn from the PMP database to assess the performance of each regional HIDTA and the National HIDTA Program.

Performance Table

National HIDTA Program				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
The number of drug trafficking organizations and money laundering organizations dismantled or disrupted by HIDTA-funded task forces	3,147	3,304	TBD	TBD
The wholesale value of drugs seized by HIDTA-funded task forces (in millions)	\$25.2M	\$29.0M	TBD	TBD
The number of cases provided analytical support	31,815	36,587	TBD	TBD



Discussion of Results

HIDTA performance data are reported for the calendar year (CY), and not the fiscal year. Therefore, CY 2022 actual outputs will become available from the HIDTA PMP system in late spring of CY 2023. CY2023 targets will be set accordingly.



Office of National Drug Control Policy

Drug Free Communities (DFC)

Mission

The DFC Support Program was created by the Drug-Free Communities Act of 1997 (Public Law 105-20). In accordance with the DFC Act, the DFC Program has two goals:

1. Establish and strengthen collaboration among communities, public and private non-profit agencies, as well as federal, state, local, and tribal governments to support the efforts of community coalitions working to prevent and reduce substance use among youth (individuals 18 years of age and younger).
2. Reduce substance use among youth and, over time, reduce substance use among adults by addressing the factors in a community that increases the risk of substance use and promoting the factors that minimize the risk of substance use.

The purpose of the DFC Program is to establish and strengthen collaborations to support the efforts of community coalitions working to prevent and reduce substance use among youth by addressing the factors in a community that increase the risk of substance use and promote the factors that minimize the risk of substance use.

Relevant PRS Performance Measure

Goal 2: Prevention efforts are increased in the United States.

- Objective 1: Past 30-day alcohol use among young people aged 12-17 is reduced by 10 percent by 2025.
- Objective 2: Past 30-day use of an e-cigarette among middle and high school students is reduced by 15 percent by 2025.

ONDCP and the DFC Program will support this goal by supporting community coalitions in their efforts to prevent youth substance use. Through ONDCP's National Coalition Institute (NCI) and our federal partners, community coalitions across the country will be provided with new research, best practices, and access to training and technical assistance that will strengthen prevention efforts across the country.

Evaluation Plan and Performance Measures

The DFC Program's independent evaluator analyzes quantitative and qualitative data provided in semi-annual progress reports by DFC-funded community coalitions and develops a National Cross Site Evaluation Report. The DFC National Cross Site Evaluation Report is published annually and is used to track the effectiveness of the DFC Program and its efforts to support the *Strategy*.



Performance Table

Drug-Free Communities Support Program				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
The percentage of DFC coalitions indicating efforts to address vaping of any substance.	69.2%	72.0%	72.8%	73.0%
The percentage of middle school youth in DFC communities reporting past 30-day use of alcohol. ¹¹⁴	7.1%	7.0%	5.7%	6.0%
The percentage of high school youth in DFC communities reporting past 30-day use of alcohol.	19.8%	18.8%	18.4%	18.0%

Discussion of Results

All three DFC performance goals were met or exceeded. First, there was an increase in the percentage of coalitions that reported efforts to address vaping (69.2 percent in FY 2021 to 72.8 percent in FY 2022). This focus comes as coalitions continue to incorporate vaping measures into data collection processes and determine new or increased challenges in their communities around youth vaping. The FY 2022 most recent report of past 30-day use among middle school students at 5.7 percent was well below the 7 percent projection. In fact, the decrease from 7.1 percent in FY 2021 to 5.7 percent in FY 2022 is a 19.7 percent decrease. Similarly, the high school projection was also exceeded, but was more in line with projections (18.4 percent actual versus 18.8 percent projection). Overall, this is a 7 percent decrease in past 30-day use of alcohol among high school youth from FY 2021 to FY 2022.

While these data are promising and reflect positively on the DFC program, it is possible that the more rapid decrease than expected was in part related to data collection at most recent report being influenced by COVID-19. For example, as COVID-19 restrictions on gatherings continued into 2021, some youth who may have been consuming alcohol with peers at social events may have been less likely to do so because of reduced access. Based on this concern, for middle school youth in particular, ONDCP remains cautious in our projections for FY 2023, anticipating decreases from FY 2021 but potential small upticks from FY 2022.

¹¹⁴ For DFC past 30-day use data, fiscal year reflects the year data were submitted by the grant recipients (through August 2022, specifically); data may have been collected one to two years prior to the current fiscal year submission. Only coalitions that have two data points are included in the numbers reported here, with the reported number being the most recent data collected reflecting potential change related to prevention efforts occurring in the community. DFC coalitions report data by grade level rather than age, with grades 6-8 reflecting Middle School data and grades 9-12 reflecting High School data.



Department of State

Bureau of International Narcotics and Law Enforcement Affairs

Mission

The Bureau of International Narcotics and Law Enforcement Affairs (INL) is responsible for the Department of State'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 works closely with the United States Agency for International Development (USAID), the agency responsible for implementing most of the economic and development foreign assistance provided by the United States Government.

Relevant PRS Performance Measure

Goal 7: The Supply of illicit substances into the United States is reduced.

- Objective 4: Potential production of cocaine is decreased by 10 percent, and heroin is decreased by 30 percent by 2025.

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 illicit trafficking of drugs, such as coca, opioids, fentanyl and its analogues reaching the nation's shores.

Evaluation Plan and Performance Measures

Colombia

The long-term goal of INL's counternarcotics efforts in Colombia is to sustainably and significantly reduce the availability of illicit drugs in the United States by decreasing the number of hectares of coca under cultivation and reducing the supply of processed cocaine that is shipped to the United States. The program accomplishes this through a holistic strategy of support for integrated drug supply reduction efforts, including manual eradication and increased drug interdiction; comprehensive rural security, development, and justice; and environmental protection. These efforts include strengthening rule of law and citizen security to support alternative livelihood efforts to help sustain coca reductions over the long term. Coca eradication data comes from the Government of Colombia, which reports and collects this data throughout the year and reports annual results on a calendar year basis. Through the holistic counternarcotics strategy we seek to measure a set of interventions broader than eradication, to include the number of police trained for and performing service in rural areas, which is where coca cultivation and cocaine production takes place; indictments for drug-related-money laundering offenses; and enforcement of environmental crimes.



Peru

INL’s programs in Peru enhance the security of the United States by supporting efforts to eradicate coca and interdict cocaine destined for international markets; dismantle TCOs profiting from drug trafficking, money laundering, and environmental crimes; enhance the rule of law; and combat corruption. INL achieves this through capacity building trainings with law enforcement, customs officials, and judicial sector actors. Although CORAH eradicates coca throughout Peru, INL Lima encourages the Peruvians to eradicate in high yield coca areas such a Puno and the Valley of Apurimac, Ene, and Mantaro Rivers (VRAEM), two regions which account for 85 percent of cocaine production in Peru. A key aspect of INL Lima’s counternarcotics support is funding the personnel, infrastructure, and logistical assistance required to provide air support for Peru’s labor-intensive manual eradication, interdiction, and other law enforcement operations. Peru eradication data, which is collected per calendar year, is provided by the Government of Peru’s Special Project for Control and Reduction of Illegal Crops in the Alto Huallaga (CORAH).

Performance Table

Bureau of International Narcotics and Law Enforcement Affairs				
Measures of Performance	CY 2021 Actual	CY 2022 Target	CY 2022 Actual	CY 2023 Target
Number of Hectares of coca eradicated in Colombia ¹¹⁵	103,257	100,000	55,678 ¹¹⁶	TBD ¹¹⁷
Number of Hectares of coca eradicated in Peru	5,755	18,000	21,627	20,000

Discussion of Results

Colombia

The United States estimates coca cultivation in Colombia decreased to 234,000 hectares in 2021, compared to 245,000 hectares in 2020. In 2021, Colombia eradicated more than 103,000 hectares of coca, despite pandemic constraints and nationwide protests. Colombian security forces were regularly called to respond to protests and address citizen security issues in urban centers throughout the year, which severely limited eradication capacity for several months. Though falling short of the 2021 eradication goal of 130,000 hectares, Colombian police, military, and civilian contractors achieved the second highest level of non-aerial eradication on record. In May 2021, a Colombian appellate court ruled that the Colombian police and military may not eradicate within Afro-Colombian communities in Nariño department, in addition to indigenous communities, unless they first complete an arduous prior consultation (*consulta previa*) process. This decision has effectively rendered 80 percent of Nariño’s approximately 68,300 hectares of coca off-limits for forced eradication since the ruling.

¹¹⁵ Colombia and Peru data covers January through December of given year, as statistics are reported on a calendar year basis.

¹¹⁶ Represents CY 2022 results through September 30.

¹¹⁷ It is unclear whether the Colombian government will set a 2023 goal for eradication and whether it will publicize such a goal.



For FY 2022, the administration of then-President Ivan Duque set a goal to eradicate 100,000 hectares of coca. The Colombian Ministry of Justice reports police, military, and civilian contractors eradicated approximately 56,000 hectares of coca nationwide during the first nine months of 2022. As of November 3, 2022, the Colombian government had not committed itself to reaching the 2022 goal set by the prior administration nor set an eradication goal for 2023. As noted in the evaluation plan and performance measures section, the United States government seeks to implement a holistic counternarcotics strategy in Colombia and intends to measure a set of interventions broader than eradication; these results represent just one of a more holistic set of metrics; they are an incomplete metric on their own.

Peru

In FY 2022, INL-supported Peruvian coca eradication agency CORAH eradicated 21,627 hectares (ha) of coca in the Aguaytía, Mazamari, Santa Lucia, and Calleria fronts and destroyed 1,967 square meters of seedbeds and 14 rustic labs. This includes 330 ha in the northern coca growing area near Mazamari, Junin region. This campaign is only the second time the Peruvian government has eradicated in the Valley of the Apurimac, Ene, and Mantaro Rivers (VRAEM) since Peru started manual coca eradication in the 1980s. The Peruvian government halted the 2019 VRAEM eradication campaign due to coca farmer protests after the eradication of only 129 ha out of a planned 1,800.



Department of State

United States Agency for International Development

Mission

USAID is the agency responsible for implementing most of the economic and development foreign assistance provided by the United States Government. It receives overall foreign policy guidance from the Secretary of State. USAID advances United States foreign policy and development objectives by supporting economic growth, agriculture, trade, health, democracy, conflict prevention, and providing humanitarian assistance.

Relevant PRS Performance Measure

Goal 7: The Supply of illicit substances into the United States is reduced.

- Objective 4: Potential production of cocaine is decreased by 10 percent, and heroin is decreased by 30 percent by 2025.

USAID/Colombia and USAID/Peru support this objective by expanding the presence of the state, creating and strengthening licit and environmentally sustainable economic opportunities, strengthening communities, and reducing crime and violence in rural, post-conflict-affected (in the case of Colombia) areas. USAID's programs help 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 coca 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 partner nations.

Evaluation Plan and Performance Measures

Colombia

In 2021, coca cultivation decreased 4.5 percent compared to 2020; however, Colombia is still its largest Andean producer. Despite the progress made in the fight against the production and trafficking of illicit drugs, coca production remains a top income generator for illegal armed actors and organized crime, resulting in increased community insecurity. Where these illegal armed groups are present, development programs may stall. During FY 2021, USAID's efforts continued to target the flow of illicit drugs to the United States by supporting the transition to peace. In October 2021, the United States Government and the Colombian government announced a more integrated and holistic approach to counter-narcotics. The new strategy integrates public security, counter-narcotics, economic development, and environmental resilience aiming to make coca eradication gains more sustainable and by addressing related criminal activities. It expands state presence and licit economic opportunities by connecting isolated rural conflict zones to licit markets, while strengthening communities weakened by



decades of conflict. It also continues our record of success in bringing in Colombia's powerful private sector and the power of licit markets to coca growing areas. USAID programs complement INL programs in eradication and interdiction, with USAID supporting sustainable licit crops and livelihoods, land titling, local government strengthening, community development, youth and women's empowerment, rule of law, and human rights efforts. Land titling is an especially important element of our integrated and holistic approach. Besides being central to reducing rural conflict, land titles are correlated with reduced coca production and recidivism. Without a land title, about three-quarters of coca growers replant after eradication. With a title, re-planting drops to about 20 percent.

USAID/Colombia's encouraging performance with the value of sales and number of hectares indicators are partly a result of the Mission's effort to entice the private sector to increase investments in rural areas. Assistance has also helped local organizations become effective and reliable partners with public and private sector actors in the planning and implementation of socio-economic development initiatives.

Peru

USAID will support the Peruvian-led policy of eradication, interdiction, and alternative development. In 2021, Peru saw only slight decreases in coca cultivation (to 84,400 hectares) and potential pure cocaine production (to 785 metric tons) from 2020, when coca cultivation had reached a 25-year high and potential cocaine production had reached its highest level ever. The pandemic, a sharp economic recession, and political instability have severely hindered Peru's CD response in recent years. Political turmoil and frequent turnover of high-level officials within important government institutions, including the Ministry of Interior and the Peruvian National Police, limited progress on counter-narcotics priorities. There was very little eradication in 2020 and 2021 due to COVID-19 and political instability. In 2022, however Peru has exceeded its goal of uprooting 18,000 hectares of coca, including 1,200 hectares in VRAEM. The Government of Peru has set a coca eradication goal of 20,000 hectares for 2023. Along with coordinated assistance from the United States Government, Peru has been able to sustain reductions in the numbers of hectares of coca in large swaths of the Peruvian Amazon through a three-pronged approach focusing on alternative development, eradication, and interdiction. Once a community gives up coca, USAID's alternative development programs complement the Peru'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 public services, environmentally sustainable farming knowledge, improved local governance, access to Internet, financial services, and markets). In line with leveraging Peruvian resources, USAID has progressively transferred many aspects of alternative development assistance to Peru, 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.

Information regarding the performance of the drug control efforts of USAID is based on data reported in each Embassy's 2022 Performance Plan and Report, as entered into the Foreign Affairs Coordination and Tracking System and other program information.



Performance Table

United States Agency for International Development				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Hectares of alternative crops targeted by USG programs under cultivation (Peru)	98,907	90,000	114,814	18,200
Total sales of licit farm and non-farm products in USG assisted areas (Peru)	\$118.6 million	\$100 million	\$145 million	\$30 million
Percentage of female participants in USG-assisted programs designed to increase productive economic resources (Peru)	32%	33%	46%	35%
Number of families benefiting from alternative development activities in the Andean region (Peru)	77,109	78,000	87,219	9,000
Number of rural households benefiting directly from USG interventions (Colombia)	22,704	22,499	58,841	18,605
Value of annual sales of producers and firms receiving USG assistance (Colombia)	\$86.4 million	\$53.7 million	\$110 million	TBD ¹¹⁸

Discussion of Results

USAID/Peru exceeded all of its targets related to alternative development in FY 2022. Overall, USAID's alternative development activities in Peru benefited 87,219 families, including 52,277 smallholder farm families that were able to improve yields and the quality of cacao and coffee on 114,814 hectares, generating more than \$145 million in sales. Nearly half of the people benefiting from USAID/Peru's alternative development assistance in support of licit livelihoods in FY 2022 were women. The targets established for FY 2023 are significantly lower than the results achieved this past year, due to the fact that several large USAID-funded activities ended in 2022.

The indicator value of smallholder incremental sales of licit agricultural products with USG assistance reported by USAID/Colombia in this report during previous years, was replaced by value of annual sales of producers and firms receiving USG assistance. This last indicator is an active Foreign Assistance Standard (F) indicator (EG.3.2-26) reported by the Mission's activities

¹¹⁸ The target for FY 2023 is currently under review by the Mission and will be included in FY 2022 PPR.



supporting producers and firms. In the Embassy’s Fiscal Year 2022 Performance Plan and Report (PPR), this indicator will be reported and the first one will be dropped.

USAID/Colombia has supported sustainable licit crops and livelihoods across diverse value chains including cacao, coffee dairy, fruits and vegetables, among others. 135,275 hectares sustaining these value chains were under improved management practices or technologies during FY2022, as result of USAID assistance. The value of sales and its exceeded targets was driven primarily by raises in market prices, productivity increases, commercial connections and market expansion. The target of rural households was exceeded because of the outreach efforts of USAID/Colombia activities on expanding land titling and investment funds. The target for FY 2023 is currently under review by the Mission and will be included in FY 2022 PPR. The target is expected to be lower than the results achieved in this past year, given that one of the Mission's activities highly contributing to the results linked to this indicator, ended-up in 2022, and its follow-on will be in start-up process during 2023.



Department of Transportation Federal Aviation Administration

Mission

The mission of the Federal Aviation Administration (FAA) is to provide the safest, most efficient aerospace system in the world. As a part of this mission the FAA has two organizational units contributing to supporting the *Strategy*:

- The FAA's Office of Aerospace Medicine, housed within the Aviation Safety Organization, is responsible for ensuring that the industry implements and maintains their own drug testing programs, and investigates alcohol or drug rule violations among industry employees.
- Security and Hazardous Materials Safety (ASH) provides an extensive support function that includes technical and administrative assistance on a timely and continuous basis to all federal, State, and local law enforcement agencies engaged in drug interdiction efforts.

Relevant PRS Performance Measure

Goal 1: Illicit substance use is reduced in the United States.

- Objective 2: The percentage of people meeting criteria for cocaine, opioid, and methamphetamine use disorders are each respectively reduced by 25 percent by 2025.

The Drug Abatement Division's surveillance, enforcement, and safety promotion activities are essential to reducing illicit substance use in the airline industry. The Division supports and responds to internal and external stakeholders, the public, and safety-sensitive employees on an ongoing basis. The Division collaborates with FAA and AAM leadership, the Office of Drug & Alcohol Policy & Compliance, Chief Counsel, and the Office of the Secretary of Transportation, Office of the General Counsel to address and promulgate regulations, enforcement policies, and guidance. The Division is supporting the Pilot Records Database (PRD) portion of the drug and alcohol testing data. The PRD is used to facilitate the sharing of pilot records among air carriers and operators. The Division is also supporting agency rulemaking initiatives associated with the application of the Federal drug and alcohol testing requirements.

ASH supports the DEA, CBP, ICE, and other law enforcement agencies in their efforts to reduce the supply of illicit substances by interdicting narcotics smuggling within the United States as well as collaborating with foreign entities on aircraft narcotics smuggling. ASH also conducts civil enforcement actions on airmen involved in the use, sale, distribution and/or transportation of illicit substances, ensuring their access to the National Airspace System is denied.



Evaluation Plan and Performance Measures

Information regarding the performance of the drug control efforts of the FAA is based on business plan objectives established by individual lines of business and staff offices within the agency.

Drug Testing of Safety-Sensitive Employees

Pursuant to 14 CFR § 120.109(b), the FAA Administrator’s decision on whether to change the minimum annual random drug testing rate is based on the reported random drug test positive rate for the entire aviation industry. If the reported random drug test positive rate is less than 1.00 percent, the Administrator may continue the minimum random drug testing rate at 25 percent. In CY 2021, the latest available data, FAA exceeded its target with 0.728 percent of those persons randomly selected testing positive for drugs, less than the one percent threshold. Based on the reported data for 2021, violation rates remained low enough to enable the Administrator to continue the current minimum random testing programs for testing in the calendar year 2023. The FAA published their CY 2023 random testing rates in the Federal Register November 18, 2022.

Law Enforcement Assistance Program (LEAP)

The FAA’s Law Enforcement Assistance Program (LEAP) Special Agents take enforcement action against airman certificate holders convicted of use or transportation of illegal substances. As of May 13, 2022, FAA LEAP Special Agents responded to 4,412 requests from law enforcement and other agencies for information regarding airmen/aircraft in support of criminal investigations.

Performance Table

Federal Aviation Administration				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Violation rates of Aviation Industry random testing of safety-sensitive employees	< 1% for Drugs	< 1% for Drugs	.728% for drugs	<1% for Drugs
Number of scheduled and inspected regulated aviation industry drug and alcohol testing programs for compliance pursuant to 14 CFR Part 120 and 49 CFR Part 40	1,610	1,500	1,195	1,450



Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Percentage of regulatory investigations initiated on all airmen involved in the sale or distribution of illegal drugs within 30 days of knowledge of a conviction or notification by law enforcement	100%	95%	94%	90%
Percentage of regulatory investigations initiated on all aircraft involved in illegal activity within 30 days of knowledge of that activity	100%	95%	100%	90%
Percentage of initial responses to inquiries from federal, State, law enforcement, ASH headquarters, and field elements by the Law Enforcement Assistance Unit within 24 to 48 hours of requests	100%	95%	100%	95%

Discussion of Results

The Drug Abatement Division conducted 1,195 inspections for this reporting period. Although the Division did not meet its goal of 1,500 inspections, safety risk was improved significantly, considering the unprecedented disruption due to COVID-19 and divisional staffing shortages. In order to make the greatest impact on safety, FAA targeted larger carriers that cannot be inspected virtually. Larger carriers account for the majority of all safety-sensitive employees. FAA managed to inspect 37 part 121 and 121/135 regulated operators and 5 other large companies. These inspections accounted for approximately 59 percent (i.e., 252,512/ 428,502) of covered safety-sensitive employees. This was significantly more part 121 inspections than FAA normally conducts.

In FY 2022, ASH Special Agents initiated 18 enforcement actions against airman certificate holders convicted of the use or transportation of illegal substances. ASH initiated 17 of the 18 (94.4 percent) investigations within 30 days. Although ASH failed to meet its 95 percent target, the relatively small number of enforcements means the 95 percent target could have only been met with perfection. As a result, ASH proposes a new performance measure target of 90 percent for FY 2023 to account for the small sample size. ASH also took enforcement action against one aircraft involved in illegal activity, which was initiated within 30 days. As of September 30, 2022, FAA LEAP Special Agents responded to 7,083 requests from law enforcement and other agencies for information regarding airmen/aircraft in support of criminal investigations. 2,280 of those were handled by the Law Enforcement Assistance Unit within 48 hours.



Department of Transportation National Highway Traffic Safety Administration

Mission

The mission of the National Highway Traffic Safety Administration (NHTSA) is to save lives, prevent injuries, and reduce economic costs due to road traffic crashes through education, research, safety standards, and enforcement. NHTSA is responsible for keeping people safe on America's roadways and has two organizational units contributing to support the strategy:

- The NHTSA Office of Research and Program Development researches, develops, and evaluates traffic safety programs that reduce crash-related injuries and fatalities. Funding supports research and development activities, including pilot projects and education on evidence-based countermeasures and best practices for national, State, and local stakeholders. Consistent with the National Roadway Safety Strategy, resources are intended to: prevent destructive behavior, such as speeding and driving while impaired by alcohol and/or other drugs; encourage positive behavior, such as using a seat belt and proper child restraints; protect vulnerable road users, including pedestrians and bicyclists; support equitable traffic law enforcement; and improve lifesaving emergency medical services (EMS), including 911 systems, as part of a comprehensive Safe System Approach.
- Additionally, the NHTSA Office of Communications and Consumer Information develops, refines, and distributes diverse and culturally competent communications and media materials to increase public awareness of the dangers of driving after drug use and deter impaired driving.

Relevant PRS Performance Measure

Goal 1: Illicit substance use is reduced in the United States.

- Objective 1: The number of drug overdose deaths is reduced by 13 percent by 2025.

As part of a comprehensive highway and traffic safety system, NHTSA's Office of EMS, within the Office of Research and Program Development, advances a national vision for EMS through projects and research, fosters collaboration among federal agencies involved in EMS planning, measures the health of the Nation's EMS systems, and delivers the data EMS leaders need to help advance their systems.

Goal 2: Prevention efforts are increased in the United States.

- Objective 1: Past 30-day alcohol use among young people aged 12-17 is reduced by 10 percent by 2025.

The Office of Communications and Consumer Information supports this objective by funding efforts to prevent underage drinking and driving. Media campaigns for youth include the message, "Driver or passenger, you're an influencer – no alcohol or drugs." As previously reported, NHTSA campaigns also include the messages: *If You Feel Different, You Drive*



Different; Drive High, Get a DUI; and There's more than one way to drive under the influence. Materials are posted at [TrafficSafetyMarketing.gov](https://www.trafficsafetymarketing.gov),¹¹⁹ and the NHTSA Communications Calendar¹²⁰ illustrates the timing of these campaigns.

Additionally, the Driver Education and Licensing Program, within the Office of Research and Program Development, developed the Novice Teen Driver Education and Training Administrative Standards, for States and driver education providers to use to educate novice teen drivers on the risks and harms of substance use as a road user.

Goal 4: Treatment efforts are increased in the United States.

- Objective 1: Treatment admissions for the populations most at risk of overdose death is increased by 100 percent by 2025.

The Impaired Driving Program, within the Office of Research and Program Development, supports this objective by funding efforts to disseminate empirically supported tools and products aimed at improving assessment, treatment, rehabilitation, and integration of driving while intoxicated (DWI) offenders, with the overarching goal of reducing DWI recidivism. NHTSA supported the development of the Impaired Driving Assessment risk screening tool which includes indicators such as depression, job retention, past frequent use of marijuana, and frequent binge drinking to indicate DWI offenders' likelihood to recidivate and allot appropriate resources, such as specialty courts and treatment.

Goal 6: Criminal Justice reform efforts in the United States include drug policy matters.

- Objective 1: Eighty percent of all treatment courts will be trained and will implement practices to increase equity by 2025.

ONDCP leads this work via its cooperative agreement with the National Association of Drug Court Professionals (NADCP), specifically through the National Drug Court Institute, which will launch new training that will acquaint treatment court administrators with practices and approaches that increase racial equity and reduce racial disparity among clients of those courts. Relatedly, NHTSA supports the NADCP in developing and improving DWI court training, including new court and operational tune-up training to reduce traffic injuries and fatalities due to high-risk impaired driving offenders. NHTSA also assists NADCP in developing web-based access to teams that are unable to travel and to better utilize the Academy Court network when conducting training and technical assistance. These NHTSA efforts may complement and amplify ONDCP's work on this objective.

¹¹⁹ <https://www.trafficsafetymarketing.gov/get-materials/drug-impaired-driving>

¹²⁰ <https://www.trafficsafetymarketing.gov/calendars>



Evaluation Plan and Performance Measures

Since NHTSA's goal is to mitigate the incidence and effects of traffic crashes, the agency's drug control activities are in the context of roadway safety. NHTSA supports broader SUD prevention with drug-impaired driving research, including demonstration projects. Projects are driven by data collected by NHTSA's National Center for Statistics and Analysis. NHTSA then conducts research and demonstration projects to test countermeasures for traffic safety problems. Effective, evidence-based strategies are published in *Countermeasures That Work*, a basic reference guide to assist State Highway Safety Offices and other highway safety professionals. Chapter 1 addresses alcohol- and drug-impaired driving, and an accompanying *Traffic Tech* guide highlights enforcement of drug-impaired-driving. To educate stakeholders on these countermeasures, NHTSA supports several annual conferences. In particular:

- The Impaired Driving and Traffic Safety Conference, hosted by the International Association of Chiefs of Police, convenes the largest gathering of toxicologists, prosecutors, law enforcement, and highway safety executives to share information regarding highway safety and impaired driving initiatives.
- The Lifesavers National Conference on Highway Safety Priorities provides over 70 workshops in nine tracks including an Impaired Driving Track with workshops focused on the latest research, proven countermeasures, and promising practices to reduce crashes related to alcohol and other drugs.

In addition, NHTSA provides resources for States and local programs. NHTSA's drug-impaired driving tool¹²¹ empowers users to evaluate programs to reduce drug-impaired driving through a systematic review of activities, policies, and procedures intended to reduce impaired driving and to track progress over time against baseline results.

Furthermore, NHTSA has two types of drug-impaired consumer campaigns: (1) a public service announcement (PSA) donated media campaign and (2) a paid media campaign. The PSA, conducted through the Ad Council runs all year long and encourages safe driving behavior. It communicates that if consumers use drugs, specifically marijuana, then they should not get behind the wheel of a vehicle and instead plan for a sober ride home. The tagline for this campaign is *If You Feel Different, You Drive Different*. The paid media campaign is a portion of NHTSA's national impaired driving high-visibility enforcement (HVE) initiative that runs in August through Labor Day weekend and December through New Year's Day. This HVE campaign is required by federal law. The paid media campaign's taglines are *If You Feel Different, You Drive Different* and *Drive High, Get a DUI*. It is supported with a national paid media buy during these two times of the year.

¹²¹ www.nhtsa.gov/DUIDtool



Performance Table

National Highway Traffic Safety Administration				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Number of states and territories submitting Version 3 Data, including naloxone administration, into the National EMS Information System	53	54	54	54
Data analyses to inform drug-involved driving policy and program	9	7	5	5
Number of states or local agencies/organizations that use the Drug-Impaired Driving Self Evaluation Tool	N/A	3	10	20
Number of drug-impaired driving prevention campaigns	2	2	2	2
Donated Media Campaign Impressions	74 million	120 million	345 million	230 million
Paid Media Campaign Impressions	478 million	560 million	617 million	664 million

Discussion of Results

NHTSA research and data analyses resulted in important contributions to traffic safety practices and knowledge during FY 2022. *A How-To Guide for Conducting a Statewide Roadside Survey of Alcohol and Other Drugs*¹²² and *Drug Testing and Traffic Safety: What You Need to Know*¹²³ exemplify the type of work NHTSA conducts. Because of the increasing complexity of research within the agency’s diverse safety portfolio and delays in some projects involving human participants due to COVID-19, some of the planned releases of project reports were delayed. This resulted in the agency falling short of the FY 2022 target. However, this does not negatively impact NHTSA’s overall strategy, and future year targets have been adjusted to more realistically align with projected delivery schedules.

To understand the impact of the Drug-Impaired Driving Criminal Justice Evaluation Tool on improving programs, NHTSA offered assistance to states and local agencies/organizations who use the tool with overcoming challenges identified in the generated results. This assistance encouraged ten agencies to use the tool in FY 2022 and is on track to encourage additional agencies to use the tool in FY 2023.

¹²² <https://rosap.nhtl.bts.gov/view/dot/60880>

¹²³ <https://rosap.nhtl.bts.gov/view/dot/60969>



Department of the Treasury Financial Crimes Enforcement Network

Mission

The Financial Crimes Enforcement Network (FinCEN) is a bureau of the U.S. Department of the Treasury whose mission is to safeguard the financial system from illicit use, combat money laundering and its related crimes including terrorism, and promote national security through the strategic use of financial authorities and the collection, analysis, and dissemination of financial intelligence. FinCEN carries out its regulatory functions primarily under the authorities set forth in the Bank Secrecy Act (BSA). The bureau receives and maintains financial transactions data; analyzes and disseminates data for law enforcement purposes; and builds global cooperation with counterpart organizations in other countries and with international bodies.

Relevant PRS Performance Measure

Goal 7: The supply of illicit substances into the United States is reduced.

- Objective 2: The number of defendants convicted in active OCDEF investigations that incorporate FinCEN/SAR data is increased by 14 percent by 2025.

Central to FinCEN's mission is the detection of financial crime including illicit finance associated with transnational organized crime and drug trafficking. FinCEN directly supports law enforcement investigations of narcotics trafficking and money laundering and produces intelligence to inform CD strategies, policies and programs.

Evaluation Plan and Performance Measures

The performance measures were chosen as they directly track the level of work and demand for FinCEN products and services related to the *Strategy*. The evaluation plan is for FinCEN to assess these measures over time for trends. Since their enactment in January 2021, FinCEN has diverted most of its staff to implementation of the Anti-Money Laundering and Corporate Transparency Acts (AMLA/CTA). This impact can be seen in some of the FY 2022 performance trends of the measures below.

The number of counter narcotics intelligence products is an important measure as these analytic products are produced to help detect illicit drug activity. FinCEN produces a variety of counter narcotics intelligence products requiring various levels of analysis and resources. The number of intelligence products may vary from year to year depending on several variables. Intelligence division staff have been diverted into AMLA/CTA efforts, as well as cyber and ransomware cases, and support Treasury's sanctions of Russian oligarchs and seizure of their assets. Limited resources will limit the number of narcotics related products produced.

The number of 314(a) requests received from the DEA is a meaningful measure as it allows agents, through FinCEN, to reach out to financial institutions to locate previously unknown accounts and transactions of persons/entities that may be involved in money laundering related to illicit drug activity. This measure tracks the volume of those 314(a) requests received and



processed that are related to illicit drug activity and its proceeds. This tool may also provide unknown pieces of the puzzle to map out not only the initial subjects of interest but also additional networks they may be utilizing.

The number of Egmont requests to and from foreign financial intelligence units (FIUs) related to illicit drug activity and its proceeds allows the requesting agency to determine the breadth of their subject/entities illicit drug activity on an international level. FinCEN responds to requests from FIUs that are members of the Egmont Group and acts as a conduit for requests from domestic law enforcement to foreign FIUs. The Egmont group of FIUs is an international network of FIUs designed to improve communication, information sharing, and training amongst its FIU members.

The number of FinCEN training events to the DEA is an impactful drug control performance measure as it tracks training to this segment. FinCEN training events for the DEA are tailored to assist their agents with honing in on BSA reporting that may be indicative of illicit financial drug activity.

Performance Table

Financial Crimes Enforcement Network				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Number of Domestic Counter Narcotics Intelligence Products	49	45	38	45-50
Number of 314(a) Requests from DEA	54	58	62	58-63
Number of Egmont Requests to Foreign Financial Intelligence Units on Behalf of United States Requesters Related to a Narcotics Violation	41	45	33	30-35
Number of Egmont Requests from Foreign Financial Intelligence Units Related to a Narcotics Violation	50	54	53	50-55
Number of FinCEN Training Events to the DEA	53	57	57	55-60

Discussion of Results

FinCEN fell short of meeting the FY 2022 Domestic Counter Narcotics Product target by seven products, which is attributed to an increase in threat priorities in FY 22 competing for limited resources. FinCEN expects to increase Counter Narcotics work in FY 23 and expects to increase the number of products produced in FY 2022 to 45-50.



FinCEN surpassed its FY 2022 target of 58 for the number of 314(a) requests from DEA with 62 requests. The number of 314(a) requests from the DEA is dependent on the number of requests FinCEN receives. FinCEN has set the FY 2023 target in a range of 58 to 63 314(a) requests from the DEA. This target is based on the number FinCEN expects to receive. The 314(a) process enables domestic and foreign law enforcement, through FinCEN, to reach out to financial institutions to locate bank accounts belonging to the requested target.

The number of Egmont requests to and from Foreign FIUs containing a narcotics violations is dependent on the number of requests FinCEN receives. In FY 2022, FinCEN saw lower levels of the mention of narcotics in these requests and fell short of the FY 2022 targets. The FY 2022 number of Egmont requests to Foreign FIUs containing narcotics violations was 33, missing the target of 45. The number of Egmont requests from Foreign FIUs containing narcotics violations in FY 2022 was 53, narrowly missing the target of 54. FinCEN has set its FY 2023 target ranges based on the numbers expected. This metric is dependent on domestic and foreign law enforcement investigative priorities.

FinCEN had 57 training events to DEA in FY 2022 and met the FY 2022 target of 57. FinCEN has set its FY 2023 target in a range of 50-53 events. This target range is based on past performance and on the number of training events expected.



Department of the Treasury Internal Revenue Service

Mission

The mission of IRS-Criminal Investigation (IRSCI) is to serve the American public by investigating potential criminal violations of the Internal Revenue Code and related financial crimes in a manner that fosters confidence in the tax system and compliance with the law. IRSCI supports the overall IRS mission by investigating criminal violations under its jurisdiction through three programs: Legal Income Source, Illegal Income Source and Narcotics Programs. IRSCI focuses its counter-narcotics resources on investigating individuals and TOC groups involved in illegal drug trafficking, cyber-crime, and financial fraud schemes designed to legitimize illicit proceeds. IRSCI focuses on the financial aspects of crime, to reduce or eliminate the financial incentives of narcotics trafficking and money laundering by utilizing our unique financial investigative expertise and statutory authority.

IRSCI Narcotics Program supports the *Strategy* by contributing to the whole-of-government approach of multi-agency coordination to disrupt and dismantle transnational organized crime. IRSCI participates, supports, and leads multi-agency task forces dedicated to the mission of disrupting TCO's operating internally which support the narcotics trade including OCDETF, HIDTA task forces, Suspicious Activity Report Review Teams (SAR-RT), DEA's SOD, International Organized Crime Intelligence and Operations Center (IOC2), OCDETF Fusion Center, and JCODE.

Relevant PRS Performance Measures

Goal 7: The supply of illicit substances into the United States is reduced:

- Objective 1: The number of targets identified in counternarcotics Executive Orders and related asset freezes and seizures made by law enforcement is increased by 365 percent by 2025.

IRSCI Office of Narcotics and National Security implemented a policy in FY 2022 to deconflict all criminal cases with the OCDETF Fusion Center. This deconfliction policy has already contributed to identifying individuals engaged in narcotics trafficking within the United States whom otherwise would not have been identified. IRSCI sponsors, co-sponsors, and participates in hundreds of OCDETF, PTOC, narcotics, and cyber investigations related to the illicit production, distribution, and transportation of narcotics. In the last ten years, IRSCI participated in approximately 36 percent of all OCDETF investigations nationwide. IRSCI historically participated in 90 percent of all money laundering prosecutions. There is a direct correlation between our involvement and the prosecution of financial charges primarily due to management discussions and agreements with the USAOs in the various judicial districts across the country.

IRSCI office of Narcotics and National Security has increased our inter-agency partnerships across the United States Government. During the past 12 months IRSCI has made a significant investment in its Narcotics section enhancing our capability to provide training, case development, and investigative support to our law enforcement partners. Additionally, IRSCI is better positioned to communicate, deconflict, and ingest actionable intelligence from our



intelligence and military partners resulting in better identification of individuals, assets, and financial methodologies.

In FY 2022, IRSCI embarked on a Cyber-OCDETF initiative to specifically focus on the illicit proceeds generated from darknet marketplaces and transactions conducted in virtual currencies designed to avoid Title 31 Reporting requirements. Due to more normalized field operations in the current post-COVID environment, an aggressive hiring plan and an increase in investigative resources, IRSCI will see an increase in asset freezes and seizures by 365 percent by FY2025.

- Objective 2: The number of defendants convicted in active OCDETF investigations that incorporate FinCEN/SAR data is increased by 14 percent by 2025.

IRSCI already utilizes integrated data analysis to continuously monitor the FinCEN database against IRSCI criminal investigation inventory. IRSCI will develop a reporting process where IRSCI is able to compare and report on the significance of SAR data's value in OCDETF investigation disruption in order to measure the impact for FY25. IRSCI leads SAR-RT and Financial Crimes Task Forces (FCTF) across the United States. The SAR-RTs and FCTFs often demonstrate significant overlap into the money laundering organizations which support narcotics traffickers. These efforts directly contribute to the number of identified defendants who are convicted in OCDETF investigations.

IRSCI sponsors, co-sponsors, and participates in hundreds of OCDETF, PTOC, narcotics, and cyber investigations related to the illicit production, distribution, and transportation of narcotics. IRSCI has one of the highest conviction rates in all of federal Law Enforcement. There are approximately 215 specified unlawful activities that allow IRSCI to consider various money laundering charges against organizations that operate in support of TCOs. IRSCI's specialized expertise allows prosecutors options to charge co-conspirators who develop elaborate schemes to legitimize illicit proceeds generated from narcotics trafficking such as Black-Market Currency Exchange (BMCE), Trade Based Money Laundering (TBML) schemes, unlicensed MSBs, Hawala transactions, shell / shelf corporations, casinos, smurfing, micro-structuring, bulk cash smuggling, and virtual currency exchanges. The majority of these criminal activities are identified through its vigilant use of FinCEN/ SAR data leading to enhanced targeting of significant financial facilitators.

- Objective 3: The percentage of active priority OCDETF investigations linked to the Sinaloa or Jalisco New Generation Cartels, or their enablers (such as illicit financiers) is increased by 25 percent by 2025.

IRSCI has additional focus on OCDETF and narcotics investigations linked to Sinaloa cartels and will continue to make additional strides in investigative efforts. IRSCI continues to work with our domestic and international law enforcement partners. Specifically, with our international cadre of Attachés, who coordinate with authorities in Mexico, Colombia and El Salvador to investigate Sinaloa and New Generation cartels, in an effort to combat drug trade organizations. IRSCI is developing a decision model in order to prioritize threats based on the United States Government's list of priority targets. This Threat Matrix will be used by IRSCI management to focus our investigative efforts on those groups which pose the greatest threat to the National Security of the United States and our neighbors. IRSCI participated in 44 percent of all OCDETF investigations initiated in the Southwest Border Region demonstrating our



emphasis to combat the money laundering by significant drug trafficking organizations who dominate that region.

Evaluation Plan and Performance Measures

IRSCI plays an important role in law enforcement and the overall narcotics strategy. The criminal provisions of the Internal Revenue Code (Title 26), the Bank Secrecy Act (Title 31), and the Money Laundering Control Act (Title 18) are particularly useful in financial investigations of significant narcotics trafficking organizations and the facilitators that support the organization. These provisions of law are substantial weapons in the prosecution, seizure, and forfeiture of illicit funds and profits generated from these activities and crucial to the disruption and dismantling of criminal networks.

Two performance measurements that have suffered over the past couple of years are the number of convictions, and the conviction rate. Traditionally, IRSCI has maintained a conviction rate of 89 – 90 percent of all criminal matters including narcotics related investigations. While this number fell short in FY 2021, IRSCI is committed to advancing stale investigations which stood dormant during the pandemic mostly due to government offices being closed and grand juries being dismissed. Finally, while IRS and IRSCI have been facing a human resource crisis over the past decade, efforts over the past two years to hire are beginning to pay dividends. IRSCI anticipates that this hiring trend will continue to improve its ability to pursue additional investigations and be available to support additional OCDETF investigations where its unique financial skills are best utilized.

Performance Table

IRS Criminal Investigation Narcotics Program				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Narcotics Program: Number of Investigations Completed	741	685	538	641
Narcotics Program: Number of Convictions	292	451	412	366
Narcotics Program: Conviction Rate ¹²⁴	85.1%	89.1%	90.0%	88.8%
Opioids and Methamphetamine: Investigations Completed	410	186	264	353
Opioids and Methamphetamine: Convictions	180	122	224	212
Opioids and Methamphetamine: Conviction Rate	90.6%	90.1%	92.6%	92.8%
Cybercrimes: Completions	159	83	153	152
Cybercrimes: Convictions	50	46	68	61
Cybercrimes: Conviction Rate	87.7%	93.9%	93.2%	92.8%

¹²⁴ The conviction rate is the percent of adjudicated criminal cases resulting in convictions.



Discussion of Results

Except for two of the categories listed above, IRSCI exceeded its targeted business results for FY2022. Traditionally, IRSCI maintains a conviction rate of 89 – 90 percent of all criminal matters including narcotics related investigations, and this held true for FY2022. Furthermore, Opioids, Methamphetamine and Cybercrimes completions and convictions exceeded the targeted results indicating IRSCI’s continued success in narcotics and cybercrime related prosecutions.

The number of completions and convictions related to the overall narcotics mission failed to meet the targeted results in FY2022. This is primarily due to staffing as mentioned above. IRSCI has been facing a human resource crisis over the past recent years but hiring of additional agents is slowly trending upwards. IRSCI anticipates that this hiring trend will continue, and additional agents will become available to pursue OCDEF investigations where their unique financial skills are best utilized therefore meeting the targeted goals. Despite failing to meet the two aforementioned targets, IRSCI applied 11.6 percent of all FY2022 direct investigative time to the OCDEF program resulting in exceeding results in Cybercrime, Opioids and Methamphetamine cases. This further indicates IRSCI’s efforts are targeting the most significant investigations.

At this time, IRSCI expects results to continue to improve year after year further advancing the agency closer to completing the *Strategy* goals by FY2025.



Department of the Treasury **Office of Foreign Assets Control**

Mission

The Office of Foreign Assets Control (OFAC) is a component of the Office of Terrorism and Financial Intelligence (TFI) within the U.S. Department of the Treasury. OFAC administers and enforces economic and trade sanctions based on United States foreign policy and national security goals against targeted foreign countries and regimes, terrorists, international narcotics traffickers, those engaged in activities related to the proliferation of weapons of mass destruction, and other threats to the national security, foreign policy or economy of the United States.

Relevant PRS Performance Measure

Goal 7: The supply of illicit substances into the United States is reduced.

- Objective 1: The number of targets identified in counternarcotics Executive Orders and related asset freezes and seizures made by law enforcement is increased by 365 percent by 2025.

OFAC's authorities regarding drug related sanctions derive primarily from three major sources: (1) the Kingpin Act (21 U.S.C §§ 1901-1908 and 8 U.S.C. §1182) which provides authority for the application of sanctions to significant foreign narcotics traffickers and their organizations operating worldwide, and (2) E.O. 14059 ("Imposing Sanctions on Foreign Persons Involved in the Global Illicit Drug Trade"), and (3) E.O. 13581 ("Blocking Property of Transnational Criminal Organizations"). OFAC's sanctions authorities are considered essential as part of a multi-pronged approach to target the drug trade. OFAC often works in collaboration with other federal partners, including FinCEN.

Evaluation Plan and Performance Measures

These indicators measure the number of actions taken to impose sanctions under E.O. 13581 and E.O. 14059, and the Kingpin Act. The data are collected from OFAC. The preparation for each action is complex and requires multiple lines of effort.



Performance Table

Office of Foreign Assets Control				
Measures of Performance	FY 2021 Actual	FY 2022 Target ¹²⁵	FY 2022 Actual	FY 2023 Target
Number of Kingpin Designation Actions	21	N/A	4	N/A
Number of E.O. 13581 Designation Actions	6	N/A	11	N/A
Number of E.O. 14059 Designation Actions	-- ¹²⁶	N/A	44	N/A

Discussion of Results

An example of OFAC's efforts under E.O. 13581 and 14059, and the Kingpin Act include executing various designations. As an example, on March 18, 2022, OFAC designated the Los Huistas DTO and its leaders pursuant to E.O. 14059 for drug trafficking that threatens the people and security of the United States and Guatemala. The Los Huistas DTO is the dominant criminal structure in the Guatemalan department of Huehuetenango (along the border of Guatemala and Mexico). The action was the result of collaboration with the Government of Guatemala and the Departments of Justice, State, Defense, and Homeland Security. Treasury and its federal and international partners will continue to use every available resource to dismantle criminal networks. In another example from FY22, OFAC (as a result of collaboration between OFAC, DEA, and Mexico's Financial Intelligence Unit) designated four Mexican nationals pursuant to the Kingpin Act. These four individuals are members of the CJNG, operating through the port of Manzanillo in Colima, Mexico and the surrounding areas. CJNG is responsible for trafficking a significant proportion of the fentanyl that enters the United States.

¹²⁵ OFAC's measures are actually indicators, meaning the Department does not set targets, as it is extremely difficult to draw a direct correlation between the indicator and the actions of the Department.

¹²⁶ New indicator in FY 2022.



Department of Veterans Affairs Veterans Health Administration

Mission

The Veterans Health Administration (VHA) operates the largest integrated health care system designed to provide world-class health care to our nation's veterans. Care for veterans with mental illnesses and SUD is an important part of VA's delivery 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 SUD and mental illness, those who are vulnerable to SUD, and those who are in continuing care to sustain recovery.

The Department of Veterans Affairs/Department of Defense (VA/DoD) *Clinical Practice Guidelines for the Management of Substance Use Disorders* serves as the foundation for provision of SUD services within VA. VA provides comprehensive services for the treatment of SUD, to include: screening and brief intervention; outpatient and intensive outpatient SUD specialty services; pharmacotherapy for OUD, including office-based buprenorphine, extended-release injectable naltrexone and Opioid Treatment Programs that provide methadone; SUD residential treatment programs (Level 3.7 medically monitored intensive inpatient services); and withdrawal management. Peer specialists are embedded across the continuum to support Veterans in recovery and treatment for SUD, both within specialty care settings and in settings outside of specialty care, to include primary care, pain management clinics, emergency departments, and general mental health clinics. Beyond treatment for SUD, VA provides both primary and secondary prevention specific to OUD in addition to efforts specific to risks associated with substance use in general. As an integrated health care system, VA is uniquely situated to address the needs of veterans diagnosed with SUD providing supports to address co-occurring medical, mental health and psychosocial needs, to include supports for employment and housing.

During fiscal year (FY) 2021, VA provided services by mental health clinicians in a variety of outpatient settings to roughly 75 percent (184,403) of veterans with any diagnosis of a drug use disorder. Of the 244,564 veterans enrolled in VA's health care system with a diagnosis of a drug use disorder, approximately 16 percent had a diagnosis of amphetamines use disorders, around 25 percent had a diagnosis of cocaine use disorder, nearly 27 percent had a diagnosis of opioid use disorders and around 54 percent had a diagnosis of cannabis use disorder.

The number of veterans with SUD served within VA was significantly impacted by the COVID-19 pandemic. VA took several steps to minimize that impact; however, consistent with broader national data, veterans with SUD diagnoses had reduced levels of engagement across the health care system as compared to the levels observed pre-pandemic. VA continues to actively work to engage veterans experiencing substance use concerns in treatment, with data suggesting that veterans are starting to re-engage with treatment, either virtually or in person, when indicated. In FY 2021, VA saw an increase of veterans with SUD, over FY 2020; however, the level of engagement was still slightly below pre-pandemic levels.



Relevant PRS Performance Measure

Goal 1: Illicit substance use is reduced in the United States.

- Objective 1: The number of drug overdose deaths is reduced by 13 percent by 2025.

VHA supports this effort by offering a broad array of SUD treatment and SUD harm-reduction initiatives, including, but not limited to, evidence-based pharmacologic treatment of OUD, treatment of stimulant use disorder with Contingency Management (CM), overdose education and naloxone distribution to veterans at high risk for overdose, including OUD and stimulant use disorder, and promotion of interdisciplinary team reviews of veterans identified as high risk based on VHA's predictive model, the Stratification Tool for Opioid Risk Management (STORM).

- Objective 2: The percentage of people meeting criteria for cocaine, opioid, and methamphetamine use disorders are each respectively reduced by 25 percent by 2025.

VHA supports this effort by improving access to VHA SUD care and by offering a broad array of evidence-based SUD treatments, including, but not limited to, evidence-based pharmacologic treatment of OUD and treatment of stimulant use disorder with CM and Cognitive Behavioral Therapy – SUD.

Goal 3: Harm Reduction efforts are increased in the United States.

- Objective 1: The number of counties with high overdose death rates which have at least one Syringe Service Program (SSP) is increased by 85 percent by 2025.

VHA is supporting this objective by exploring the development of SSPs for People Who Inject Drugs (PWID) served within VHA health care settings, where not prohibited by law, in order to provide preventive/risk mitigation strategies, link to SUD care, reduce infectious disease transmission and promote low-threshold buprenorphine treatment.

- Objective 2: The percentage of SSPs that offer some type of drug safety checking support service, including, but not limited to Fentanyl Test Strips, is increased by 25 percent by 2025.

VHA is supporting this objective by exploring the development of SSPs for PWIDs served by VHA health care settings, and is supporting FTS distribution and harm reduction education in VHA health care systems, VHA plans to develop a metric for FTS distribution as SSP expansion proceeds where not prohibited by law.

Goal 4: Treatment efforts are increased in the United States.

- Objective 1: Treatment admissions for the populations most at risk of overdose death is increased by 100 percent by 2025.

VHA is supporting this initiative by identifying veterans at highest risk for drug overdose using STORM and conducting interdisciplinary team reviews of these very high-risk veterans. This



system encourages and facilitates appropriate treatment for this very high-risk group. In addition, VHA is addressing access issues in vulnerable populations. For example, VHA is in the process of hiring SUD homeless coordinators, to help the homeless, who will act as liaisons between homeless programs and VHA SUD specialty care. Further, VHA is implementing a broad expansion of SUD treatment services through funds initially appropriated during FY 2022. This expansion will allow for improved access across the full continuum of care for veterans experiencing substance use concerns.

- Objective 2: The projected shortfall in the qualified workforce of behavioral health providers (including addiction professionals) funded by federal programs in the United States is reduced by 70 percent by 2025.

VHA is supporting this initiative through the execution of SUD-specific purpose funding aligned with the President's budget.

Goal 5: Recovery efforts are increased in the United States.

- Objective 2: The number of peer-led recovery community organizations is increased by 25 percent by 2025.

While VHA does not impact peer-led recovery community organizations and therefore does not have a metric for this item, VHA is significantly expanding the number of certified peer specialists, enterprise-wide, in order to increase engagement and retention in evidence-based SUD treatment. Further, VHA requires peer support specialist services in all its SUD residential treatment programs.

Evaluation Plan and Performance Measures

VA is a national leader in providing evidence-based SUD care to enrolled patients and is continually innovating to further improve access. For example, VA policy requires that all facilities provide access to medications for the treatment of OUD and AUD. VA implemented several national initiatives to facilitate widespread implementation of MOUD, beginning in 2007, with the Buprenorphine in VA initiative, and more recently with Academic Detailing efforts and the Psychotropic Drug Safety Initiative. During FY 2021, 45.8 percent of veterans with an OUD received methadone, buprenorphine or intramuscular extended-release naltrexone.

VA offers a comprehensive continuum of specialty SUD services for veterans, that includes specialty SUD treatment programs as well as treatment and engagement outside of SUD specialty settings, with a focus on engaging veterans where they are most likely to present for care. This includes the provision of evidence-based psychosocial treatments and pharmacotherapy for SUD in general mental health, primary care and pain management settings. VA/DoD Clinical Practice Guidelines provide the foundation for evidence-based treatment within VA and have positioned VA to respond to emerging drug use trends. For example, VA's CM program, implemented in 2011, has been identified as a core component of VA's efforts to respond to the emerging methamphetamine threat. Through September 2022, VA has provided CM services to over 5,900 veterans and 92 percent of the more than 76,000 urine samples have tested negative for the target drug(s) (e.g., stimulants or cannabis).



Specific to the *Strategy* goals, VHA Handbook 1160.01, Uniform Mental Health Services in VA Medical Centers and Clinics, September 11, 2008 (amended November 16, 2015), specifies SUD services that must be made available to all veterans in need of them. Evidence-based MOUD, including office-based treatment with buprenorphine and extended-release injectable naltrexone, is accessible to patients seen at all VA medical centers (VAMC). Further, VA operates federally regulated Opioid Treatment Programs that can provide methadone and buprenorphine on-site at 33 larger urban locations and a growing number of VHA facilities have identified options for care in the community. Specifically, VHA Handbook 1160.01 commits VA to providing SUD treatment services to every eligible veteran, regardless of where he or she lives. VHA is committed to supporting access to MOUD for veterans diagnosed with an OUD, with several initiatives designed to support providers, with the intent of increasing overall rates of prescribing (i.e., Psychotropic Drug Safety Initiative (PDSI), Academic Detailing, Medication Addiction Treatment in VA (MAT VA)). Quality improvement initiatives (e.g., Academic Detailing’s OUD Campaign and PDSI) are ongoing and review sites with low utilization of MOUD, provide consultation to identify barriers that may exist and proactively resolve any barriers (e.g., lack of X-waivered providers, identify providers to get X-waiver training in preparation for stepped model implementation).

Stepped Care for Opioid Use Disorder Train the Trainer

MOUD 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 MOUD in primary care, mental health and pain management clinics, veterans have timely access to the right treatment at their preferred point of care. VHA launched the Stepped Care for Opioid Use Disorder, Train the Trainer (SCOUTT) initiative in August 2018, with the intent of supporting the expansion of MOUD in level 1 clinics (primary care, general mental health and pain management clinics). Phase 1 sites in each Veterans Integrated Service Network (VISN) implemented this expansion during FY 2019. From August 2018, through September 2022, there was a 246 percent increase in the number of patients receiving buprenorphine in the Phase 1 level clinics and 209 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. A national virtual SCOUTT conference for Phase 1 sites took place in September 2020, with over 300 attendees. Phase 2 of the SCOUTT initiative was launched in FY 2020, and three regional conferences occurred in April 2021, attracting over 500 participants. From the launch of Phase 2 in October 2020 to September 2022, there has been a 10 percent increase in the number of patients receiving buprenorphine and a 56 percent increase in the number of providers prescribing buprenorphine in the pilot clinics. Further, the infrastructure developed to support Phase 1 of the SCOUTT initiative also supports level 1 clinics at facilities that are not formally involved in the SCOUTT initiative.

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 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 has started re-assembling the injectable (intramuscular) naloxone kits. VHA recommends offering OEND to veterans prescribed opioids who are at increased risk for opioid overdose or whose provider deems it clinically indicated. VHA requires that all veterans with OUD be offered OEND. Given the increase in opioid-involved stimulant overdoses, VHA, as part of its PDSI Stimulant safety initiative launched in January 2022, will require offering OEND to veterans with stimulant use disorders for this high-risk group. In addition, Academic Detailing has promoted OEND through individualized, evidence-based educational outreach visits and consultation for clinicians by clinicians.

In July 2016, Congress passed the Comprehensive Addiction and Recovery Act of 2016, P.L. 114-198. This Act 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. *Id.* at Title IX, Subtitle A, Sec. 915. This change has been implemented throughout VHA and in September 2020, VA published a final rule in the Federal Register that amended two of VA’s copayment regulations, 38 C.F.R. §§ 17.108 and 17.110 to implement the changes made by P.L. 114-198. 38 C.F.R. § 17.110(12)(ii) provides examples of veterans who may be at high risk for overdose. This definition assisted in the implementation of the Act and facilitate identification of high-risk veterans. Since implementation of the OEND program in 2014, over 44,600 VHA prescribers, representing all VHA facilities, have prescribed naloxone, and more than 850,000 naloxone prescriptions have been dispensed to over 395,000 veterans, as of October 2022. Through October 2022, as documented through spontaneous reporting of overdose reversal events as well as through a national note, over 3,300 overdose reversals with naloxone have been reported.

As of April 2021, 129 VHA facilities had equipped 3,552 VA Police officers with naloxone, with 136 reported opioid overdose reversals with VA Police-naloxone, and 77 VHA facilities had equipped 1,095 automated external defibrillator (AED) cabinets with naloxone, with 10 reported opioid overdose reversals with AED-cabinet naloxone. VHA’s Rapid Naloxone Initiative received the 2020 John M. Eisenberg National Level Innovation in Patient Safety and Quality Award. This prestigious award from The Joint Commission (TJC) and National Quality Forum recognizes those who have made significant and long-lasting contributions to improving patient safety and health care quality. Notably, in 2018, VHA dispensed a naloxone prescription for 1 in 6 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 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 are also available to veterans, their family members and the broader public.

According to CDC, 50 million adults in the United States have chronic daily pain, with 19.6 million adults experiencing high-impact chronic pain that interferes with daily life or work



activities. Chronic pain is a national public health problem, as outlined in the 2011 study by the Institute of Medicine (IOM). 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 SUD 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 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 the expansion of clinical resources and programs. VHA Directive 2009-053, Pain Management defines and describes policy expectations and responsibilities for the overall National Pain Management Strategy and Stepped Care Model for Pain Management (SCM-PM) which is evidence-based and has been adopted by DoD. Our approach to managing opioid over-use fits into this plan, and VA has employed broad strategies to address the opioid epidemic, including education, pain management, risk mitigation and addiction treatment. First, VHA addressed the problem of clinically inappropriate high-dose prescribing of opioids through VA's national Opioid Safety Initiative (OSI). Second, VHA developed a veteran-centered, comprehensive, integrated, biopsychosocial approach to pain management using evidence-based care to reduce pain and suffering and improve the quality of life and functioning for persons experiencing acute or chronic pain.

VHA continues to pursue a comprehensive strategy to promote safe prescribing of opioids, when indicated, for effective pain management. The purpose of OSI is to ensure pain management is addressed thoughtfully, compassionately and safely. OSI makes the totality of opioid use visible at all levels in the organization. Based on comparisons of national data between the quarter beginning in FY 2012 Quarter (Q) 4 (beginning in July 2012) to FY 2022 Q4 (ending in March 2022), many aspects of OSI continue to show positive results. VHA has seen a 68 percent reduction in patients on long-term opioid therapy, which represents 388,510 fewer patients on long-term opioid therapy. The desired results of OSI have been achieved during a time where VHA has seen a 5.9 percent increase in veterans that have utilized VHA outpatient pharmacy services.

VHA 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 include STORM, which is available to all clinical staff in VHA; information about the dosages of opioids and other sedative medication; significant medical problems that could contribute to an adverse reaction; and monitoring data to aid in the review and management of complex patients. The STORM dashboard allows VHA providers to view information about risk factors for opioid overdose, suicide-related events and other harms and recommends patient-specific risk mitigation strategies. To address overdose and suicide risk, VHA requires 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 formalized a system-wide Academic Detailing program that is in the 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 improving mental health, SUD and pain management medication therapy across all VAMCs. As of March 31, 2022, academic detailers have held 81,000 outreach visits related to Opioid Safety; Overdose Education and Naloxone Distribution; OUD; and suicide prevention.

As VHA continues its efforts to address opioid over-use, non-pharmacological treatment approaches to pain care are an important component of VHA's Pain Management Strategy. In addition to interventional pain procedures, VHA facilities provide behavioral pain management (e.g., cognitive behavioral therapy for pain), restorative therapies (e.g., physical therapy, occupational therapy), and chiropractic services. VHA offers many evidence-based complementary and integrative health approaches that may be useful in chronic pain, including acupuncture, biofeedback, hypnosis/hypnotherapy, massage therapy, meditation, relaxation, tai chi, and yoga.

Syringe Service Programs

In May 2021, VA's Assistant Under Secretary for Clinical Services issued interim guidance on SSPs, recommending that VAMCs develop SSPs, or otherwise ensure veterans enrolled in VHA care have access to SSPs where not prohibited by law. In addition to providing access to sterile supplies, SSPs facilitate safe disposal of used syringes and provide the opportunity to link to other important services, such as buprenorphine induction, and programs such as OEND, screening and treatment for viral hepatitis and HIV, screening for sexually transmitted infections and referral to social, mental health and other medical services. VHA is currently in the process of drafting a directive supporting the establishment of SSPs in VAMCs where not prohibited by law.

VHA plans to develop a standard VHA SSP kit for VA facilities standing up SSPs, facilitating consistent practices in assembling, prescribing and dispensing a specified set of essential sterile items and education to veterans who inject drugs. As of May 2022, there were 8 VA facilities operating SSPs, with at least another 20 VA facilities actively planning for implementation of SSPs. In FY 2023, VHA expects the number of programs to increase significantly with implementation of the SSP Directive and of the standard VHA SSP kits. FY 2023 efforts will focus on assisting programs with implementation, via data tools and other supportive resources. VHA will promote innovative practices demonstrated to have benefit, such as distribution of FTS, and work to disseminate proven innovations to the maximum extent possible consistent with variations in legal and regulatory requirements throughout the United States.

Post-Overdose Assessment and Care Planning

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 address the myriad of overdose risk factors from a patient-centered perspective and to support veteran engagement in timely treatment following a non-fatal overdose (opioid and non-opioid related). In July 2021, VHA mandated use of a



national medical record note template to report overdose (i.e., SBOR or Comprehensive Suicide Risk Evaluation), with a focus on improving post-overdose care. As past non-fatal overdoses increase the risk of future overdose events, VHA also mandated facilities have a process to ensure that overdose events are reviewed with a focus on engaging patients in treatment. In general, VHA is aligning the required processes for reporting non-fatal overdoses with the already required reporting and post-event treatment interventions for veterans who make a suicide attempt. This initiative involves a national medical record note template designed to standardize and streamline the process of overdose reporting across VHA, enhancing the visibility of accidental overdoses within the veteran's medical record, improving clinical care after the suicide/overdose event and facilitating real-time tracking of overdose event data, for use in clinical decision support tools and local/national aggregate reports.

Stratification Tool for Opioid Risk Mitigation (STORM)

The STORM model, that estimates risk of overdose or suicide events or death for all patients, has been incorporated in a decision support tool to support population management and individual patient risk review. This system encourages and facilitates naloxone distribution to patients at elevated risk of overdose. In addition to this general decision support, VA mandated that all patients identified as very high risk, per the STORM risk estimates, receive a case review by an interdisciplinary team of providers with expertise spanning pain, mental health, addiction, pharmacy and rehabilitation. In a randomized program evaluation, this mandate was associated with a 22 percent reduction in all-cause mortality among patients targeted by this prevention program¹²⁷. Given these findings, efforts to improve implementation of this prevention program have continued, and the program was recently expanded to require similar case reviews for patients who have had a non-fatal overdose in the past year or who have recently discontinued opioids. Completion of interdisciplinary team reviews for patients on opioid analgesics estimated at very high risk have increased from 29.8 percent, at the time of the evaluation, to 50 percent in FY 2019 Q4 and to 75.2 percent in FY 2021 Q4. Policy was modified to additionally require interdisciplinary case reviews of patients with past year overdoses on December 1, 2021. By March 2022, VA interdisciplinary teams had reviewed 23.4 percent of this new patient population.

¹²⁷ Effect of a Predictive Analytics-Targeted Program in Patients on Opioids: a Stepped-Wedge Cluster Randomized Controlled Trial. Available at <https://link.springer.com/article/10.1007/s11606-022-07617-y>



Performance Table

Veterans Health Administration				
Measures of Performance	FY 2021 Actual ¹²⁸	FY 2022 Target	FY 2022 Actual ¹²⁹	FY 2023 Target
The percentage of patients with OUD receiving FDA-approved pharmacotherapy for OUD	45.8%	46.0%	46.3%	47.5%
The percentage of patients with OUD who have had a prescription filled for naloxone in the last 12 months	54.1%	66.0%	61.7%	75%
The percentage of patients with Stimulant Use Disorder who have had a prescription filled for naloxone in the last 12 months	18.1%	25.0%	29.1%	35%
The percentage of patients with a non-fatal overdose in the past year who receive a case review by an interdisciplinary team with expertise in pain, SUD, suicide risk, mental health conditions and pharmacy	N/A	33.3%	52.4%	60%
The percentage of patients on long-term opioid therapy with a urine drug screen	80.2%	82.0%	85.4%	85%
The number of patients receiving CM	261	400	420	600
The number of programs by the end of the fiscal year that have a SSP	4	8	15	20

¹²⁸ Measures marked N/A indicate that the measure is new for FY 2022, and prior performance data does not exist.

¹²⁹ Where noted, end of Fiscal Year 2022 data is not available for some measures. The data is currently being vetted and will be updated when available.



Measures of Performance	FY 2021 Actual ¹²⁸	FY 2022 Target	FY 2022 Actual ¹²⁹	FY 2023 Target
Percentage of Veterans identified as very high risk for overdose or suicide and have a SUD diagnosis who subsequently receive SUD treatment either in a residential or outpatient setting	N/A	40%	42.7%	44%
Number of SUD specific purpose-funded positions (aligned with the President’s budget) on board this year divided by the number of approved special purpose-funded positions in FY 2022 and FY 2023	N/A	10%	24.1%	70%

Discussion of Results

VA demonstrated improved performance from FY 2021 to FY 2022 in all of its efforts evaluated by its measures in the *Assessment*.

Regarding VA’s performance in addressing the overdose crisis related to OUD, VA continues to be a national leader in the provision of FDA-approved medications for M-OUD. That is, the percentage of Veterans with OUD who received MOUD continued to grow in FY 2022 and markedly exceeds the percentage of patients with OUD in the community who received MOUD as reported in the 2020 SAMHSA National Survey on Drug Use and Health. Expanded access to MOUD is a top priority in VA and also is reflected in the growing number of its providers who have received an x-waiver to prescribe buprenorphine for OUD.

VA’s effort to make naloxone available to all Veterans with OUD also saw continued improvement through the third quarter of FY 2022 by nearly reaching our ambitious goal of 66 percent that it set for the end of FY 2022. Complementing VA’s successful naloxone distribution effort to rescue Veterans from potentially fatal overdoses, VA also seeks to prevent fatal overdoses using a data-based case review process to identify and offer treatment to Veterans at risk of fatal overdose. FY 2022 saw VA identify and conduct case-reviews with a third of Veterans with a non-fatal overdose. These case reviews were associated with a significant reduction in mortality risk. Consequently, VA intends to identify and intervene with nearly twice as many (60 percent) at-risk Veterans in FY 2023. VA’s successful efforts in identifying Veterans at risk of OUD and overdose also is reflected by the >85 percent of Veterans who receive long-term opioid therapy who also received urine drug testing.

To address the risk of overdose related to use of stimulants contaminated with opioids (typically fentanyl), VA also has seen success in its naloxone distribution to Veterans with stimulant use



disorder. Complementing that rescue effort is VA's leadership as the world's largest provider of the most effective treatment of stimulant use disorder - Contingency Management (CM). Indeed, from FY 2021 to FY 2022, VA saw the number of Veterans it treated with CM increase by 61 percent (from 261 to 420). VA anticipates continued expansion of its CM program in FY 2023 as reflected in its goal of making CM available to at least 600 Veterans.

To meet Veterans where they are at, preserve their lives, and encourage them to pursue recovery, VA is expanding its harm reduction efforts from FY 2021 to FY 2022 by more than doubling the number of syringe service programs (SSPs) it operates. VA plans to continue SSP expansion in FY 2023. Lastly, complementing VA's effort to encourage Veterans to engage in SUD treatment is VA's effort to expand its capacity to treat Veterans with SUD. VA is expanding its SUD workforce to make treatment accessible at a Veteran's preferred point of care.



United States Postal Service United States Postal Inspection Service

Mission

The U.S. Postal Inspection Service (Inspection Service) enforces over 200 federal laws that defend the nation's mail system from illegal or dangerous use. Postal Inspectors have a large variety of investigative responsibilities such as fraud, identity theft, mail security, burglaries and robberies, and dangerous mail investigations, as well as illicit drug trafficking through the mail. As the law enforcement arm of the United States Postal Service (USPS), the Inspection Service supports and protects the USPS and its employees, infrastructure, and customers; enforces the laws that defend the nation's mail system from illegal or dangerous use; and ensures public trust in the mail.

The Postal Inspection Service Contraband Interdiction & Investigations (CI2) Program protects postal employees, the American public, and the U.S. Mail from dangerous and illegal contraband; specifically, illicit drugs and firearms. CI2 is responsible for investigating, arresting, and dismantling drug trafficking networks that utilize and exploit the USPS and U.S. Mail. CI2 uses intelligence to effectively target and seize dangerous drugs mailed nationwide. Through relationships with domestic and international law enforcement partners, CI2 works to forcefully combat the distribution of illegal contraband through the U.S. Mail and the international postal system.

Relevant PRS Performance Measure

Goal 7: The Supply of illicit substances into the United States is reduced.

- Objective 2: The number of defendants convicted in active OCDETF investigations that incorporate FinCEN/SAR data is increased by 14 percent by 2025.

The Inspection Service CI2 program supports this objective by interdicting and investigating synthetic opioids and other illicit drugs, its proceeds, and illegal firearms trafficked through the U.S. Mail. This is done by working closely with other law enforcement agencies to share intelligence, coordinate cases, and conduct joint enforcement operations. Since 2017 CI2 has been an active member of OCDETF, to include a fulltime position at the OCDETF Fusion Center. This allows for better coordination of investigations and information sharing with our partner agencies to effectively target these criminal organizations.

- Objective 3: The percentage of active priority OCDETF investigations linked to the Sinaloa or Jalisco New Generation (CJNG) cartels, or their enablers (such as illicit financiers) is increased by 25 percent by 2025.

The Inspection Service CI2 program supports this objective by interdicting and investigating synthetic opioids and other illicit drugs, its proceeds, and illegal firearms trafficked through the U.S. Mail. This is done by working closely with other law enforcement agencies to share intelligence, coordinate cases, and conduct joint enforcement operations. This includes the



Inspection Service' participation within OCDETF investigations to include leading and assisting nominating a priority OCDETF target(s).

In 2022, the Inspection Service participated in over 171 new OCDETF investigations, 143 of which USPIS sponsored directly. To date, USPIS has participated in over 1,897 OCDETF investigations and currently lists more than 901 active investigations, sponsoring nearly 602 cases, with over 170 cases linked directly to the Attorney General's Consolidated Priority Organization Target (CPOT) and Regional Priority Organization Target (RPOT) List, a multiagency target list of the "command and control" elements of the most prolific international drug trafficking and money laundering organizations affecting the United States. OCDETF has allowed us to go beyond our domestic borders to work with international law enforcement and our interagency partners that are currently stationed overseas where we currently do not have a presence.

- Objective 4: Potential production of cocaine is decreased by 10 percent, and heroin is decreased by 30 percent by 2025.

As the law enforcement arm of the USPS, the Inspection Service CI2 program supports this objecting by conducting drug seizures through the mail system. Drug seizures are tracked by its drug type, to include cocaine and heroin. In FY2022, the Inspection Service had 137 seizures of heroin, totaling approximately 157 pounds.

- Objective 5: The number of incident reports for precursor chemicals sourced from China or India reported by North American countries increases by 125 percent by 2025.

As the law enforcement arm of the USPS, the Inspection Service CI2 program supports this objecting by conducting drug seizures through the mail system. This will also be done by working closely with other law enforcement agencies to share intelligence, coordinate cases, and conduct joint enforcement operations. This includes the Inspection Service' participation with international law enforcement and Foreign Post platforms such as EUROPOL, Universal Postal Union (UPU), International Narcotics Control Board (INCB), and the North American Drug Dialogue (NADD).

As a great indicator of positive partnerships, the United States Postal Service and India Post in late October 2020 signed an agreement for electronic exchange of customs data related to postal shipments between the two countries. This agreement makes it possible to transmit and receive advance electronic data (AED) of international postal items prior to their dispatch from the origin country and physical arrival at the destination and facilitates more secure customs clearance of postal items in line with the evolving global postal framework. This also improves the performance of postal services in terms of reliability, visibility and security. Inbound AED from India drastically improved following this agreement.

In the summer of 2022, the Inspection Service was part of a United States Delegation who traveled to Delhi, India to meet with members of the Government of India for the first time in-person. The purpose of this meeting was to deepen bilateral cooperation on counternarcotics issues. This served as a forum for policymakers to advance a shared vision for addressing the global threat of drug production, trafficking, and consumption, which has severe negative



consequences for both nations. During this meeting, Indian law enforcement expressed interest in learning more about our abilities to detect, interdict, and investigate illicit drugs shipped through the mail and postal environment. In November 2022, USPIS attended a law enforcement counter-narcotics working group forum with US and Indian law enforcement. Investigations into illicit drug mailers from India will be coordinated through DEA SOD, NTC, and OCDETF.

Evaluation Plan and Performance Measures

The Inspection Service intends to track its progress as outlined in the *Strategy* using the following criteria:

- **Illicit drug seizures:** The Inspection Service has seen an increase of illicit drug seizures compared to its previous FYs. For FY 2023, the Inspection Service anticipates a 3 percent increase in seizures compared to FY 2022.
- **Addition of personnel:** The Inspection Service enforces over 200 federal laws to protect the USPS, its employees, and the American public. This is done by an authorized complement of 1,200 Postal Inspectors who are federal agents. Drug trafficking that uses the U.S. Mail is a top priority for the Inspection Service. To complement its existing law enforcement resources, the Inspection Service has created a Task Force Officer (TFO) Program, which empowers participating state and local law enforcement officers with similar investigative powers as Postal Inspectors. For FY 2023, the Inspection Service anticipates a 3 percent increase in trained TFO’s compared to FY 2022. This will take into consideration attrition rates of credentialed TFO’s.
- **Addition of drug detection equipment:** Examination of unknown materials in the CI2 program comprise two distinct areas of concern, namely safety and the legally acceptable foundation of probable cause. Technology, such as Raman spectrometry, most effectively solves the safety issues related to directly handling some drug and precursor substances traditionally tested using chemical-based presumptive methods. For FY 2023, the Inspection Service anticipates a 3 percent increase drug detection equipment.

Performance Table

United States Postal Inspection Service Narcotics Program				
Measures of Performance	FY 2021 Actual	FY 2022 Target	FY 2022 Actual	FY 2023 Target
Number of Seizures	58,455	60,208	47,888	49,324
Addition of Personnel	N/A	N/A ¹³⁰	113	116
Increased Drug Detection Equipment	N/A	N/A ⁶²	65	67

¹³⁰ USPIS does not have a FY 2022 target set for the personnel and drug detection equipment measures. Both the TFO program and drug detection equipment are newly deployed, so it is waiting another year to identify an appropriate target number/percentage.



Discussion of Results

Illicit Drug Seizures

The Inspection Service experienced a decrease in overall drug seizures in FY2022 (47,888) compared to FY2021 (60,2018). However, there was a significant increase in hard drug seizures, specifically synthetic opioids. After reviewing FY2022 seizures, a significant amount of marijuana seizures has decreased from the previous year. This could be due to the success of the CI2 Administrative Nonmailability Protocol program, which its goal is to seize suspected marijuana parcels from the mailstream before they reach their destination. The goal of this program is to protect postal employees, specifically Mail Carriers, from drug traffickers exploiting the mail to traffic illicit drugs and its proceeds. In regards to synthetic opioid seizures, in FY2022, the Inspection Service had 1,305 seizures of synthetic opioids, with a combined weight of 3,213 pounds. This is significantly higher than FY2021, which experienced 790 seizures with a total weight of 985 pounds. This increase is due to a shift in focus of investigations and planned interdictions related to the southwest border.

Addition of Personnel

The CI2 Program initiated a full-time Task Force Officer (TFO) Program to provide field offices with additional resources to identify, investigate, and prosecute drug traffickers at the local level. The program brings together vital resources from state and local law enforcement agencies to maximize collective impact. CI2 TFOs are credentialed by the Postal Inspection Service and receive training, tools, and other resources to perform their duties. To date, 124 TFOs have been fully credentialed to assist the Inspection Service with counter-drug efforts. It is further anticipated that this increase in law enforcement personnel will lead to an increase of drug seizures as well as arrests related to the mail.

Drug Detection Equipment

Quickly and safely identifying unknown and potentially dangerous substances such as fentanyl is a top priority for the Postal Inspection Service. To protect field Inspectors and deliver reliable results, the Inspection Service invested in handheld narcotic analyzers. These devices enable our Inspectors to scan more than 450 suspected controlled substances in a single, definitive test that can often be accomplished without direct contact with the substance. This technology reduces the risk of accidental exposure by Inspectors and laboratory personnel. The Inspection Service currently uses multiple types of drug detection equipment within its 16 field divisions, specifically with a focus on Raman devices. In FY 2021, the Inspection Service made a purchase of drug detection technology which doubled its current inventory of equipment. Over 65 are currently deployed to all USPIS Field Divisions.



Appendix A: *Strategy objectives’* baseline and targets

Obj	Measure	2020 Baseline	2022 Target	2025 Target
1-1	Number of Drug Overdose Deaths	91,799	107,725	81,000
1-2A	Percentage of people meeting criteria for cocaine use disorder	0.5%	0.5%	0.4%
1-2B	Percentage of people meeting criteria for opioid use disorder	1.0%	0.9%	0.8%
1-2C	Percentage of people meeting criteria for meth use disorder	0.6%	0.5%	0.5%
2-1	Past 30-day alcohol use among young people aged 17-20	8.2%	7.9%	7.4%
2-2	Past 30-day use of any vaping among youth aged 12-17	13.1%	12.3%	11.1%
3-1	Number of counties with high overdose death rates which have at least one SSP	130	174	241
3-2	Percentage of SSPs that offer some type of drug safety checking support service	17.0%	18.7%	21.3%
4-1	Number of treatment admissions for the populations most at risk of overdose death	620,487	868,682	1,240,974
4-2	Percent reduction in 2025 forecasted shortfall of behavioral health workforce	27%	35%	46%
5-1	Number of states operating a recovery-ready workplace initiative	8	10	14
5-2	Number of peer-led recovery community organizations	155	164	194
5-3	Number of recovery high schools	38	44	47
5-4	Number of collegiate recovery programs	132	145	165
5-5	Number of certified recovery residences	6,882	7,575	8,600
6-1	Number of treatment courts trained and implementing practices to increase equity	0%	32%	80%
6-2A	Percentage of Federal BOP inmates diagnosed with an OUD who are given access to MOUD	3%	20%	100%
6-2B	Percentage of state prison programs offering MOUD	50%	60%	76%
6-2C	Percentage of local jail facilities offering MOUD	29%	35%	44%



<u>Obj</u>	<u>Measure</u>	2020 Baseline	2022 Target	2025 Target
7-1	Number of targets identified in counternarcotics EOs and related asset freezes and seizures made by law enforcement	20	48	93
7-2	Number of defendants convicted in active OCDETF investigations that incorporate FinCEN/SAR data	5,072	5,495	5,775
7-3	Percentage of active priority OCDETF investigations linked to the Sinaloa or CJNG cartels, or their enablers	56%	61%	70%
7-4A	Potential production of heroin	2,132	2,047	1,919
7-4B	Potential production of cocaine	59	49	41
7-5	Number of incident reports for precursor chemicals sourced from China or India reported by North American countries	6	9	14



Appendix B: Acronyms

ACE	Adverse childhood experiences
ACF	Administration for Children and Families
ACS	AmeriCorps Seniors
AD	Active Duty
AD (B)	Covered beneficiaries other than AD
ADF	Abuse deterrent formulations
AFCARS	Adoption and Foster Care Analysis Reporting System
AFF	Assets Forfeiture Fund
AHRQ	Agency for Healthcare Research & Quality
AI/AN	American Indians and Alaska Natives
ALTHA	Armed Forces Health Longitudinal Technology Application
AMF	Addiction Medicine Fellowship Program
AMLA/CTA	Anti-Money Laundering and Corporate Transparency Acts
AMO	Air and Marine Operations
ASAP	IHS's Alcohol and Substance Abuse Program
ASH	FAA's Office of Security and Hazardous Materials Safety
ASN	AmeriCorps State and National program
ATF	Bureau of Alcohol, Tobacco, Firearms and Explosives
AUD	Alcohol use disorder
BEST	Border Enforcement Security Task Forces
BH	Behavioral health
BIA	Bureau of Indian Affairs
BLM	Bureau of Land Management
BMCE	Black-Market Currency Exchange
BoP	Bureau of Prisons
BSA	Bank Secrecy Act
CBHSQ	SAMHSA's Center for Behavioral Health Statistics and Quality
CBP	Customs and Border Protection
CBT	Cognitive behavioral therapy
CCDB	Consolidated Counterdrug Database
CD	Counterdrug
CDC	Centers for Disease Control and Prevention
CDER	FDA's Center for Drug Evaluation and Research
CDRH	FDA's Center for Devices and Radiological Health
CI2	USPIS's Contraband Interdiction & Investigations
CJNG	Jalisco New Generation Cartel
CLIA	Clinical Laboratory Improvement Amendments
CoC	HUD's Continuum of Care Program
COD	Co-occurring substance use and mental disorders
COIPP	IHS Community Opioid Intervention Pilot Project
COSSUP	Comprehensive Opioid, Stimulant, and Substance Use Program
CPO	Civil protection orders
CPOT	Consolidated Priority Organization Target
CRM	DoJ's Criminal Division



CSO	Community Supervision Officer
CSAP	SAMHSA's Center for Substance Abuse Prevention
CSAT	SAMHSA's Center for Substance Abuse Treatment
CSOSA	Court Services and Offender Supervision Agency for the District of Columbia
CSP	Community Supervision Program
CTF	Counter Threat Finance
CTN	Clinical Trials Network
CTOC	Counter-transnational organized crime
DASD/CNSP	Office of the Deputy Assistant Secretary of Defense for Counternarcotics and Stabilization Policy
DDE	BIA's Division of Drug Enforcement
DEA	Drug Enforcement Administration
DFAS	Drug Flow Attack Strategy
DFC	Drug Free Communities
DHP	Defense Health Program
DHS	Department of Homeland Security
DLT	Distance Learning and Telemedicine
D&M	Detection and monitoring
DoD	Department of Defense
DoI	Department of the Interior
DoJ	Department of Justice
DoL	Department of Labor
DOSE	CDC's Drug Overdose Surveillance and Epidemiology system
DoT	Department of Transportation
DSA	Deferred sentencing agreements
DSCA	Defense Security Cooperation Agency
DTO	Drug Trafficking Organization
DWG	Disaster Recovery Dislocated Worker Grants
DWI	Driving while intoxicated
ED	Emergency Department
EHR	Electronic Health Record
EMS	Emergency Medical Services
ESOOS	CDC's Enhanced State Opioid Overdose Surveillance
ETA	DOL's Employment and Training Administration
FAA	Federal Aviation Administration
FBI	Federal Bureau of Investigation
FCTF	Financial Crimes Task Force
FDA	Food and Drug Administration
FECA	Federal Employees' Compensation Act
FEMA	Federal Emergency Management Agency
FinCEN	Financial Crimes Enforcement Network
FIT	Female Integrated Treatment
FIU	Financial Intelligence Unit
FLETC	Federal Law Enforcement Training Centers
FTS	Fentanyl test strips



GBHI	Grants for the Benefit of Homeless Individuals
GPRMA	Government Performance Results Modernization Act
HEAL	Helping to End Addiction Long-term
HHS	Department of Health and Human Services
HIDTA	High Intensity Drug Trafficking Area Program
HOPE	IHS National Committee on Heroin, Opioids, and Pain Efforts
HRSA	Health Resources and Services Administration
HSE	Homeland Security Enterprise
HUD	Department of Housing and Urban Development
HVE	High-visibility enforcement
ICE	U.S. Immigration and Customs Enforcement
ICE-HSI	ICE's Homeland Security Investigations
ICMS	Investigative Case Management System
IER	Interdiction effectiveness rate
IHS	Indian Health Service
IMARS	Incident Management Analysis and Reporting System
IMF	International Mail Facilities
INCB	International Narcotics Control Board
INL	DoS's International Narcotics and Law Enforcement
IOC2	International Organized Crime Intelligence and Operations Center
IRSCI	Internal Revenue Service Criminal Investigation
JCODE	Joint Criminal Opioid Darknet Enforcement
JCOIN	Justice Community Opioid Innovation Network
JIATF-S	Joint Interagency Task Force-South
JLEO	Joint Law Enforcement Operations
LEA	Law enforcement agency
LEAP	FAA's Law Enforcement Assistance Program
LEI	USFS's Law Enforcement and Investigations
LHWCA	Longshore and Harbor Workers' Compensation Act
LRP	Loan Repayment Program
MAT-PDOA	Medication-Assisted Treatment for Prescription Drug and Opioid Addiction
MAT	Medication Assisted Treatment
MEDD	Morphine equivalent daily doses
MET	Mobile Enforcement Team
MHS	Military Health System
MOUD	Medications for OUD
MSB	Money Services Business
MT	Metric tons
MTF	Monitoring the Future
NADCP	National Association of Drug Court Professionals
NADD	North American Drug Dialogue
NDAFW	National Drug and Alcohol Facts Week
NDCPA	National Drug Control Program Agency
NDDS	Narcotic and Dangerous Drug Section
NFS	National Forest System



NHE	National Health Emergency
NHTSA	National Highway Traffic Safety Administration
NHSC	National Health Service Corps
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NICCP	National Interdiction Command and Control Plan
NIDA	National Institute on Drug Abuse
NPS	National Park Service
NRDAP	Non-Residential Drug Abuse Treatment Program
NTBI	National Drug “Take Back” Initiative
NTC	Narcotics and Transnational Crime Support Center
OCDEF	Organized Crime Drug Enforcement Task Force
OD2A	Overdose Data to Action
OEND	VA’s Opioid Overdose Education and Naloxone Distribution
OEO	DoJ CRM’s Office of Enforcement Operations
OEP	Outbound Enforcement Program
OFO	Office of Field Operations
OFTS	Office of Forensic Toxicology Services
OIA	DoJ’s Office of International Affairs
OIG	Office of Inspector General
OIT	Office of Information and Technology
OJS	Office of Justice Services
ONDCP	Office of National Drug Control Policy
ORA	FDA’s Office of Regulatory Affairs
OTP	Opioid treatment program
ODU	Opioid Use Disorder
OUIHP	IHS Office of Urban Indian Health Programs
OWCP	DoL’s Office of Workers’ Compensation Programs
PATH	Population Assessment of Tobacco and Health
PBM	Pharmacy Benefits Management
PCSS-U	Providers Clinical Support System - Universities
PMP	HIDTA’s Performance Management Process
PMU	Prescription Management Unit
PO	Partner Organization
POE	Ports of entry
PPW	Pregnant and Postpartum Women
PRD	Pilot Records Database
PRNS	Programs of Regional and National Significance
PSA	Pretrial Services Agency for the District of Columbia
PSSF	Promoting Safe and Stable Families
PTO	Priority Target Organization
PTOC	Prioritized Transnational Organized Crime
PWID	People who inject drugs
PWUD	People who use drugs
RCC	Recovery Community Centers
RCORP	Rural Communities Opioid Response Program
RD	USDA’s Rural Development Mission Area



R&D	Research and development
RDT&E	Research, development, test and evaluation
RHP	HUD's Recovery Housing Program
RPOT	Regional Priority Organization Target
RRC	Residential Reentry Center
RSAT	Regional Substance Abuse Treatment
RSS	Recovery support services
SABG	Substance Abuse Prevention and Treatment Block Grant
SAMHSA	Substance Abuse and Mental Health Services Administration
SAR	Suspicious Activity Report
SAR-RT	Suspicious Activity Report-Review Team
SASP	IHS Substance Abuse and Suicide Prevention Program
SCOUTT	Stepped Care for Opioid Use Disorder, Train the Trainer
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SCR	Significant Case Report
SIU	DEA's Sensitive Investigation Unit
SLH	Sober living houses
SOR	State Opioid Response
SPF-PFS	Strategic Prevention Framework - Partnerships for Success
SPF-Rx	Strategic Prevention Framework - Prescription Drugs
SSNA	School Safety National Activities
SSP	Syringe Service Program
STAR	Substance Use Disorder Treatment and Recovery
STOP	Sober Truth on Preventing Underage Drinking
S&T	Science and Technology Directorate
SUD	Substance Use Disorder
SUDORS	CDC's State Unintentional Drug Overdose Reporting System
TBML	Trade Based Money Laundering
TCE	Targeted Capacity Expansion
TCO	Transnational Criminal Organization
TEAP	Trainee Employment Assistance Program
TECS	Treasury Enforcement Communications System
TFO	Task Force Officer
TOC	Transnational Organized Crime
TRI	DEA's International Training Program
TTU	Trade Transparency Unit
UAS	Unmanned Aircraft System
UIO	Urban Indian organizations
UPU	Universal Postal Union
USAO	U.S. Attorneys' Offices
USAs	U.S. Attorneys
USBP	U.S. Border Patrol
USCG	U.S. Coast Guard
USDA	Department of Agriculture
USFS	United States Forest Service
WHTZ	Western Hemisphere Transit Zone



WIOA
YFTREE
YRTC

Workforce Innovations and Improvement Act
Youth and Family Tree Program
IHS Youth Regional Treatment Centers