

The President's FY 2026 Budget Request Explained: Implications for the Substance Use Prevention Field

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Appropriations

The Constitution says, “No Money shall be drawn from the Treasury, but in Consequence of Appropriations made by Law”

How the Process “Typically” Works

- First Monday in February – President submits his budget request to Congress.
- Mid-February to mid-April – Congress passes a budget resolution
- Late February to late March – House Appropriations subcommittees hold hearings on and “mark up” draft appropriations bills
- March to June – Senate Appropriations subcommittees hold hearings on and “mark up” draft appropriations bills
- August – House and Senate iron out differences in their versions of the appropriations bills in conference committees.
- September – Congress votes on appropriations bills and sends them to the President for signature.

But...

**Congress has not passed its 12
appropriations bills on time since 1997.**

This Year's Timing Was Exceptionally Late

- The President released his budget request on **May 31**.
- Appropriations request forms, which require information from the President's budget, were **ALL** due before May 31.
- Congress began work on the FY 2026 appropriations bills **before** the President's Budget was released.
- Staffing changes went into effect before the budget came out – for example, all staff for the CDC's Excessive Alcohol Program were laid off, even though FY 2025 is not over.



Appropriations Advocacy CADCA Did Before the President's Budget Came Out

CADCA Focuses on 3 Appropriations Bills

These bills contain the majority of federally funded substance use prevention programs.

1. Financial Services and General Government (FSGG)
 - a) ONDCP Programs
2. Labor, Health and Human Services, Education and Related Agencies (LHHS)
 - a) HHS Programs
3. State, Foreign Operations (SFO)
 - a) State Department Programs

What We Do Every Year to Advocate for Appropriations

- Analyze the President's Budget Request (PBR)
- Find and complete appropriations request forms
 - These forms require us to provide:
 - Information on which agency and/or account each program falls under
 - A funding history for each program
 - A justification for why each program is a good use of taxpayer dollars
 - Why a member of the House or Senate should care about each program
- We complete 6-8 forms per office for ~200 offices (1,200-1,600 forms total) from February to May.
 - Every office has different deadlines and ways of receiving submissions.
 - Members of Congress submit their appropriations priorities by committee deadlines
 - We have to keep track of deadlines (for committees and for individual offices). Once a deadline passes, it is too late.

What We Do Every Year to Advocate for Appropriations

- Meet with as many members of Congress (and/or their staff) as possible to discuss appropriations priorities
 - This includes committee staff for the “4 Corners” (Chairs and Ranking Members of all 3 appropriations subcommittees of interest, plus the offices of the full Committee Chairs and Ranking Members).
 - Meet with and get relevant packets to all of the members of the 3 appropriations subcommittees
- Appropriations sign-on letters

Appropriations Packets

CADCA sent packets detailing our appropriations priorities to the appropriate members of Congress.

- We requested that all programs of importance to the substance use prevention field be funded at the highest possible level in FY 2026:
 - The DFC Program
 - CARA Section 103 enhancement grants
 - STOP Act Programs and the CDC's Excessive Alcohol Use Program
 - The SPF/PFS Grant Program
 - The SUPTRS Block Grant
 - The CDC's Office on Smoking and Health
 - The CDC's Division of Cancer Prevention and Control

What Do We Include in the Packets?

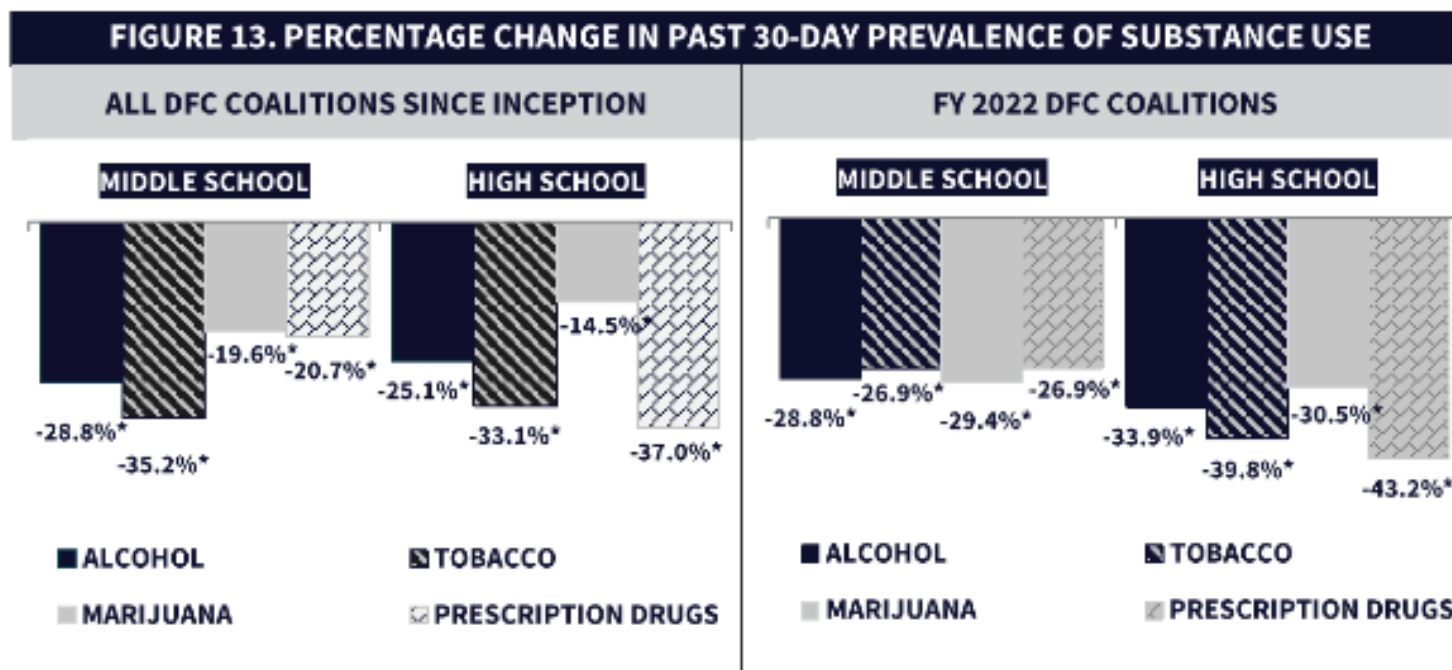
- State/district specific information on programs (e.g., DFC, STOP Act, CARA, SPF/PFS, etc.)
- Application statistics for each program
- National level outcome information
- Information about how prevention funding has been cut or underfunded.
- Information about why and how substance use prevention is unique.
- **Specific** asks and justifications for those asks.

Although There are Many Shared Risks and Protective Factors, Substance Use Prevention Has Unique Factors That Must Be Explicitly Addressed in Any Prevention System at All Levels

- Access / Availability
- Community / Social Norms
- Perceptions of harm / risk
- Perceptions of parental attitudes toward use
- Perceptions of peer attitudes toward use
- Other Factors unique to substance use that also must be addressed include:
 - Place
 - Product
 - Promotion
 - Price

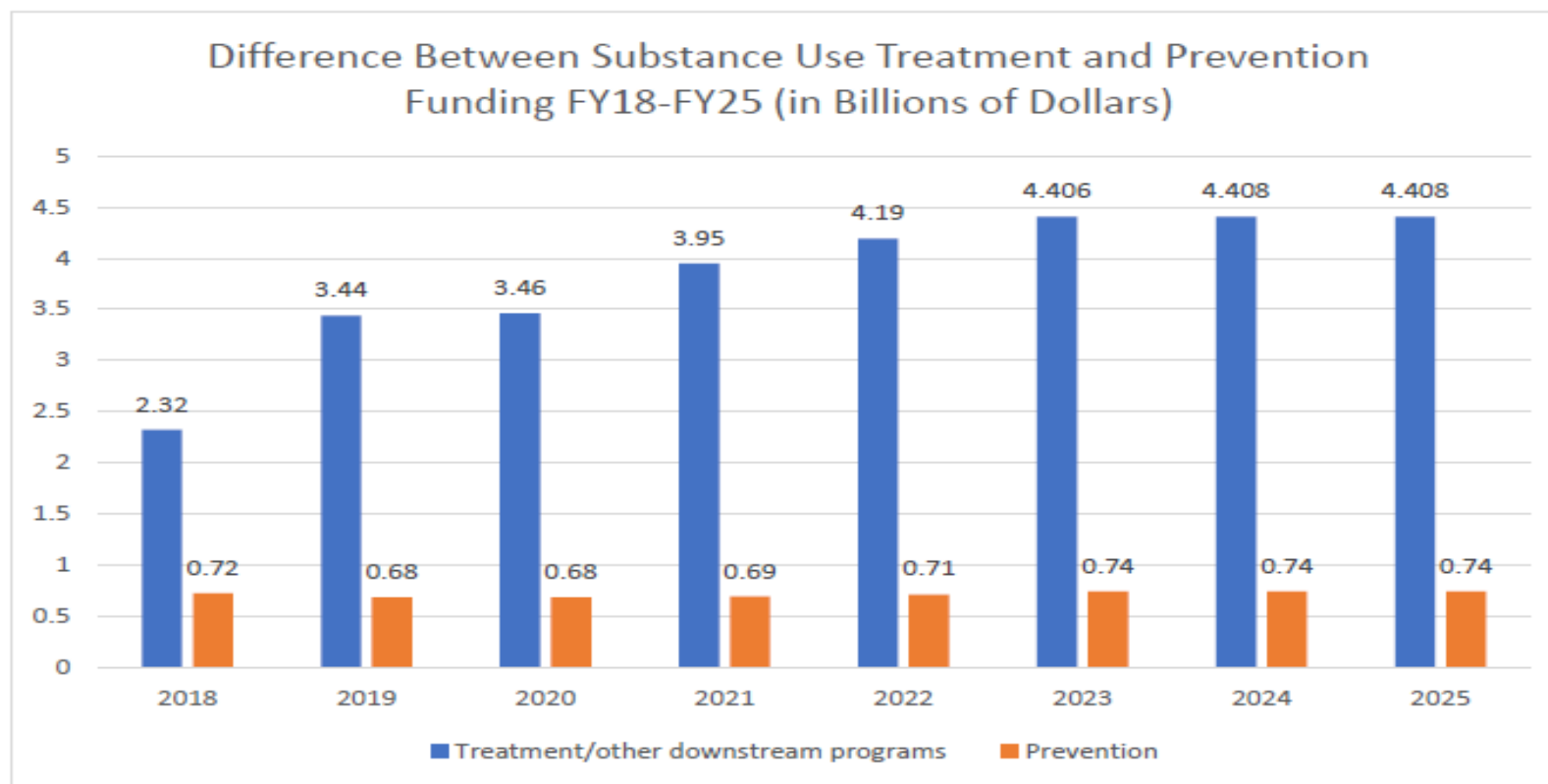
Greisen, C., Grossman, E.R., Siegel, M., Sager, M. (2019). Public health and the four P's of marketing: Alcohol as a fundamental example. *The Journal of Law, Medicine & Ethics*, 47, S2. pp. 51-54. doi: 10.1177/1073110519857317

National Level DFC Outcomes



Source: DFC 2002–2023 Progress Reports, core measures data

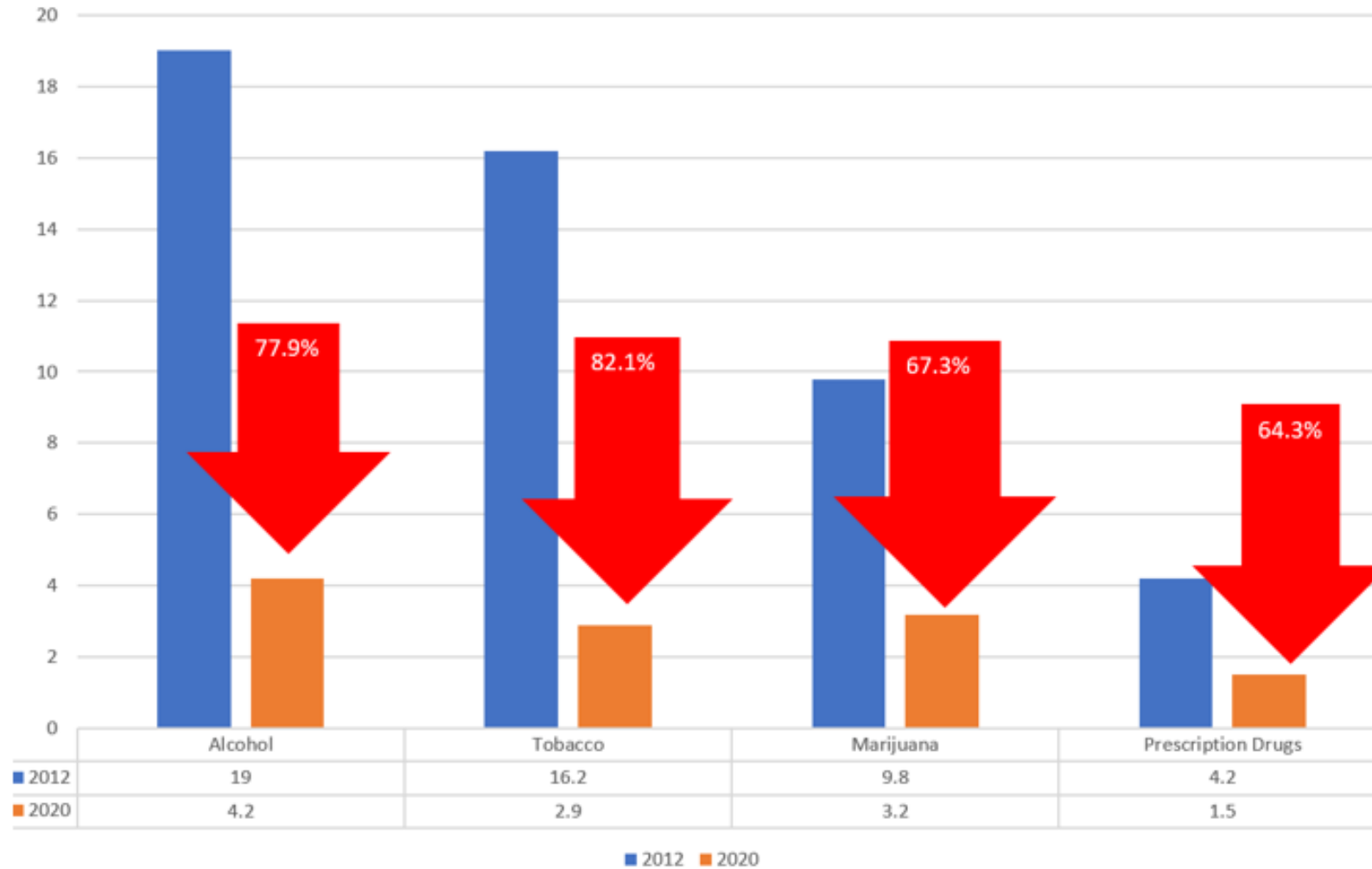
Note: * indicates $p < .05$



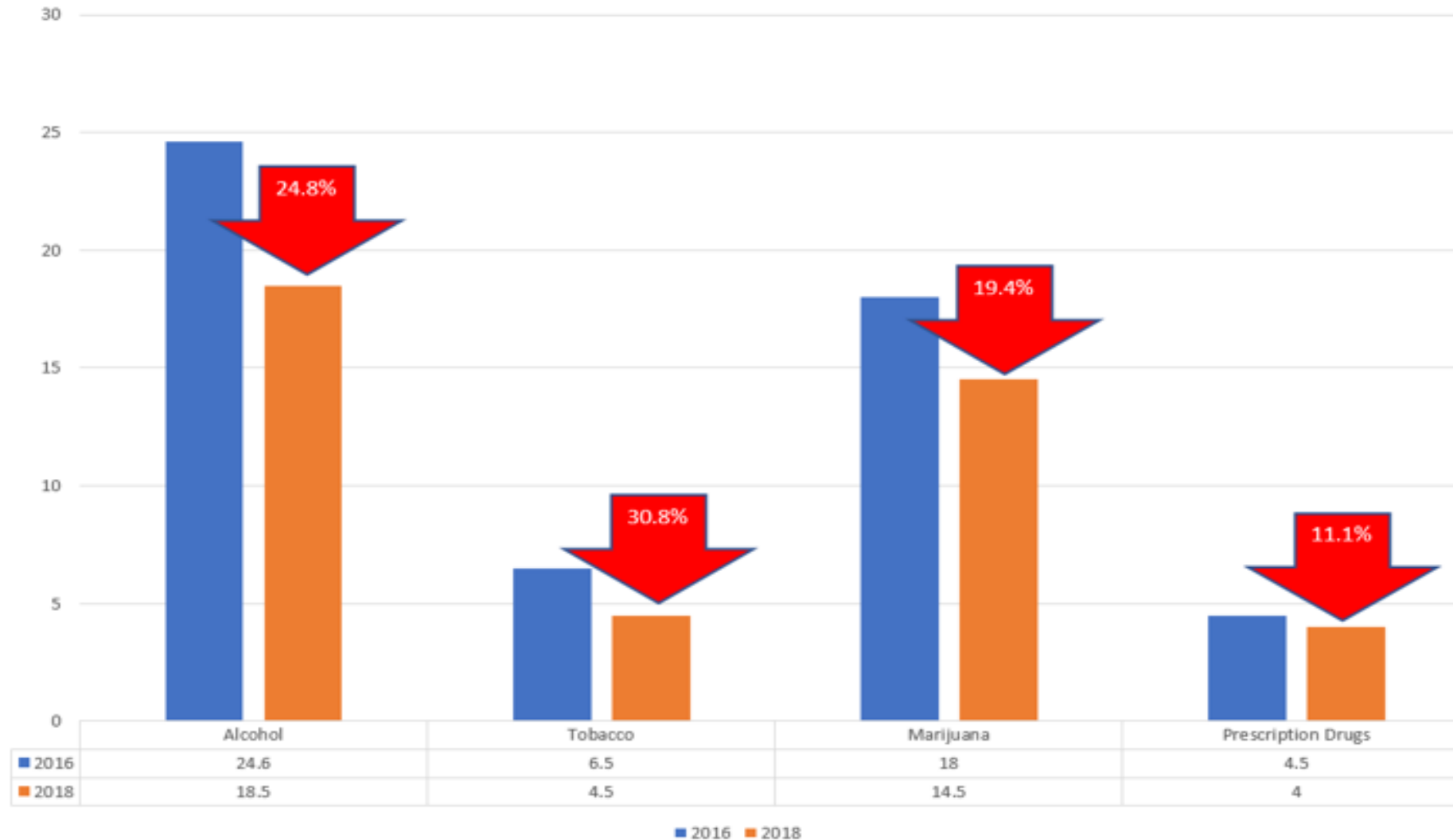
** Substance Use Treatment Funding Level= CSAT PRNS, State Opioid Response Grants and the Substance Use Prevention Treatment and Recovery Services Block Grant MINUS the 20% Prevention Set-Aside. Starting with FY 2021, Substance Use Treatment Funding Level includes the CDC Opioid Overdose Prevention Program and starting in FY 2022, Substance Use Treatment Funding Level includes the HRSA Rural Communities Opioid Response Program*

**Prevention Funding Level= 20% Prevention Set Aside in the SUPTRBG, CSAP's PRNS and the Drug-Free Communities Program*

DFC Core Measure Data: Percent Change in Past 30-Day Use for Various Substances,
Middle and High School Students, Anderson County, TN



DFC Core Measure Data: Percent Change in Past 30-Day Prevalence of Use
for Various Substances, High School Students, Livingston County, MI



Report Language

- Each appropriations bill comes with a report that explains what the bill does/what the money Congress appropriates must be spent on.
- Language in the report serves as communication between Congress and federal agencies to help the agency understand Congress' intent and/or to provide directives to the agency.
- We work to get report language added that benefits the substance use prevention field.
 - Example: “The agreement instructs SAMHSA to ensure that all funding provided to the Center for Substance Abuse Prevention, as well as the 20 percent prevention set aside in the Substance Use Prevention, Treatment and Recovery Services Block Grant, be used only for evidence-based substance use primary prevention activities.”

Sign On Letters

- We work with our congressional champions to circulate “sign-on” letters for the DFC program.
 - We do one letter for the House and one for the Senate.
 - Our House champions are Rep. Brian Fitzpatrick (PA-01) and Paul Tonko (NY-20) and our Senate champions are Chuck Grassley (IA) and Jeanne Shaheen (NH)
 - Reps. Fitzpatrick and Tonko also wrote letters in support of the STOP Act and SPF/PFS Grant Programs.
- The goal is to get as many members of Congress as possible to sign the letter in support of funding the DFC program at the highest possible level each fiscal year.
 - This year, 61 members of the House and 25 Senators signed onto the letters.
- Sign on letters are important because they show broad bipartisan/bicameral support for substance use prevention programs.
- CADCA members sent over 2,000 messages to the Hill asking their members of Congress to sign on to the letters.

Legislative Alerts

- We have sent out legislative alerts to the field asking our members to encourage their members of Congress to support funding substance use prevention programs at the highest possible level in FY 2026.
- We will be launching two new legislative alerts to ask Congress to protect and fully fund the DFC program and to protect and fully fund CSAP's Programs of Regional and National Significance

What Has the Field Done to Date?

The Field Has Responded in Record Numbers

- A record number of Capitol Hill Day attendees (~2,200) met with their members of Congress.
- Nearly 4,000 messages have been sent from CADCA members to Congress through legislative alerts!
 - 2,097 messages have been sent through our alert on CSAP.
 - 1,826 messages have been sent through our alert on the DFC program.
- CADCA members have participated in meetings with elected officials during the appropriations process

Cuts to Substance Use Prevention

Funding for Federal Substance Misuse Prevention has been Cut by 27.3% (between FY 2009 and FY 2025)

Funding (in Millions of Dollars)																	
	2009	2010	2011	2012	2013 (with sequester)	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Drug-Free Communities (DFC) Program	90	95	95	92	87.4	92	93.5	95	97	99	100	101.25	102	106	109	109	109
Comprehensive Addiction Recovery Act (CARA) Enhancement Grants	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3	3	3	4	5	5.2	5.2	5.2	5.2
Center for Substance Abuse Prevention (CSAP)	201	201.2	201.2	186.4	177.1	175.6	175.2	211.2	223.2	248.2	205.5*	206.47	208.20	218.22	236.88	236.88	236.88
20% Set-Aside within Substance Abuse Prevention and Treatment Block Grant	355.8	355.8	355.8	360	342	363.9	363.9	371.6	371.6	371.6	371.6	371.6	371.6	381.6	401.6	401.6	401.6
State Grants Portion of the Safe and Drug Free Schools & Communities Program	294.8	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
National Youth Anti-Drug Media Campaign	70	45	35	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Enforcing Underage Drinking Laws	25	25	20.8	5	4.75	2.5	--	--	--	--	--	--	--	--	--	--	--
Total:	1036.6	722	707.8	643.4	611.25	634	632.6	677.8	694.8	721.8	680.1	683.32	686.80	711.02	752.68	752.68	752.68

* Reduction reflects overdose reversal program being moved to CSAT.

Difference Between FY 2009 and FY 2024: \$283.92 million OR -27.3%

Cuts Overview

Substance use prevention is already underutilized and underfunded.

- Over the past 16 years (FY 2009 to FY 2025), federal funding for substance use prevention has been cut by 27.3%.
- As of FY 2025, the only remaining substance use prevention programs are the DFC program, the 20% prevention set-aside in the Substance Use Prevention, Treatment and Recovery Services (SUPTRS) Block Grant, and the Programs of Regional and National Significance (PRNS) in CSAP.



The FY 2026 President's Budget Request (PBR)

How to Eliminate a Program

- Cut the funding
- Eliminate the funding – zero it out
- Cut the people who manage the program so it's hard to get the money out
- Change the scope of the program by consolidating funds and opening it up to other issues
- A combination of the above

What Is the PBR?

- It is the President's proposal for funding the federal government.
- It is nonbinding.
- Proposals in the PBR **do not represent final numbers appropriated for federal programs.**
- Congress must pass appropriations bills, which are then signed into law by the President.

The Administration for a Healthy America (AHA)

AHA is a proposed new agency in the Department of Health and Human Services (HHS)

Overview of AHA

This new agency would include the following subcomponents:

- Primary Care
- Environmental Health
- HIV/AIDS
- Maternal and Child Health
- **Mental and Behavioral Health**
- Health Workforce
- Policy, Research and Oversight

The PBR includes a proposal to merge all of the current agencies listed below into the new AHA subagency for Mental and Behavioral Health (MBH)

- Office of Assistant Secretary for Health (OASH)
- Health Resources and Services Administration (HRSA)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- National Institute of Environmental Health Science (NIEHS)
- Several centers and programs formerly in the Centers for Disease Control and Prevention (CDC)



Office of National Drug Control Policy (ONDCP)

DFC Program

- The DFC program has been a central, bipartisan component of our nation's drug demand reduction strategy since its passage in 1998 because it recognizes that the drug issue must be dealt with in every hometown in America.
- It provides the funding necessary for all communities to identify and respond to local drug use problems.
- The DFC program requires engagement from all 12 sectors of a community.
- Tiny investments of federal funds - \$125,000 per year for up to 10 years provide maximum return on investment.

Proposed Cuts to the DFC Program

- The President's Budget Request (PBR) for FY 2026 proposes to move the DFC program out of ONDCP and into the MBH subagency of AHA. The PBR proposes to cut the program by \$39 million, or 36% from \$109 million to \$70 million.
- This only provides enough funding for 560 of the over 600 grants that need to be continued into FY 2026, at the maximum annual authorized level of \$125,000.
- No new grants could be funded, thus reducing the total number of grantees from 750 to 560.
- No funding is provided for the program's evaluation, technical assistance and training institute or distinct program management, data collection, and administration

CADCA's Recommendation

- Keep the program in ONDCP and fully fund it at the FY 2025 appropriated level of \$109 million.
 - All 600 continuation grantees would be funded
 - There would be money for 150 new grants to be awarded.
 - The National Community Anti-Drug Coalition Institute, the technical assistance and training program, would be fully funded at its authorized level of \$2.5 million.
 - There would be funding for the program's evaluation for all grantees.
 - There would be funding for the specific management and evaluation system for the program.
 - Program employees and project officers would continue to be funded.

Comprehensive Addiction and Recovery Act (CARA)

- CARA Section 103 enhancement grants allow current and former DFC grantees to do more with more intensity to reduce opioid and stimulant drug misuse.
- Grants are \$50,000 for 5 years.

Proposed CARA Cuts

CARA Section 103 enhancement grants would be eliminated.

- FY 2025 appropriated amount: \$5.2 million
- The FY 2026 PBR proposes to totally zero out this program.
- This would defund all of the current grantees and end the program.

CADCA's Recommendation

Fully fund the program at \$5.2 million and keep it in ONDCP.

HIDTA

- The High Intensity Drug-Trafficking Areas (HIDTA) program provides assistance to federal, state and local law enforcement agencies operating in areas that are determined to be critical drug trafficking areas in the U.S.

Proposed HIDTA Cuts

The High Intensity Drug Trafficking Areas (HIDTA) program is proposed to be moved to the Office of Justice Programs in DOJ and be cut by \$102.5 million.

- FY 2025 appropriated amount: \$298.5 million
- FY 2026 PBR recommended amount: \$196 million

CADCA's Recommendation

**Keep the HIDTA Program at
ONDCP and Fully Fund It at
\$298.5 million.**

Substance Abuse and Mental Health Services Administration (SAMHSA)

The PBR proposes to cut \$1 billion from SAMHSA.

- Most cuts would come from the Programs of Regional and National Significance (PRNS) across 3 SAMHSA Centers.
 - Center for Substance Abuse Prevention (CSAP)
 - Center for Substance Abuse Treatment (CSAT)
 - Center for Mental Health Services (CMHS)

Proposal in the President's “Skinny” Budget

On May 2, the Trump Administration released a “skinny” budget, which stated:

- “The Budget proposes to refocus activities that were formerly part of SAMHSA and reduces waste by eliminating inefficient funding for the Mental Health Programs of Regional and National Significance, **Substance Use Prevention Programs of Regional and National Significance**, and the Substance Use Treatment Programs of Regional and National Significance. These programs either duplicate other Federal spending or are too small to have a national impact.”

Our Rebuttal

- We in substance use prevention have always used tiny amounts of funding to great effect and achieved major population level reductions in substance use with the small amount of money we have been given.
- There is too little money for duplication.
- The core substance use prevention programs are synergistic, complement each other and help with the growth, development and sustainability of the substance use prevention infrastructure.

SPF/PFS Grant Program

Strategic Prevention Framework/Partnership for Success

- Funded at \$125.484 million in FY 2025
- Provides funding for comprehensive state and community-based substance use prevention strategies and programming based on state epidemiologic data to determine:
 - What substance use issues are most prevalent
 - Where to target funding
- Uses Strategic Prevention Framework model
- Has been effective in reducing underage drinking, illicit drug use, tobacco use, prescription drug misuse and vaping among 12–20-year-olds in funded states and communities

SPF/PFS Grant Program

Strategic Prevention Framework/Partnership for Success

- There are currently **177** funded community grants, **38** funded state grants and **18** funded tribal grants.
- The PFS Notice of Funding Opportunity (NOFO) announcement released earlier this year received **487 applications** but can only fund **40** community grants
- For the state PFS NOFO, they received **21** applications but only have funding for **6** new grants
- For FY 2026, the PBR proposes to eliminate the entire program (- \$125.484 million)

CADCA's Recommendation

CADCA recommends that SAMHSA/CSAP not be dismantled.

If Congress decides to dismantle SAMHSA and stand up AHA, then we are requesting that the SPF/PFS Grant Program should be fully funded and moved to AHA's MBH.

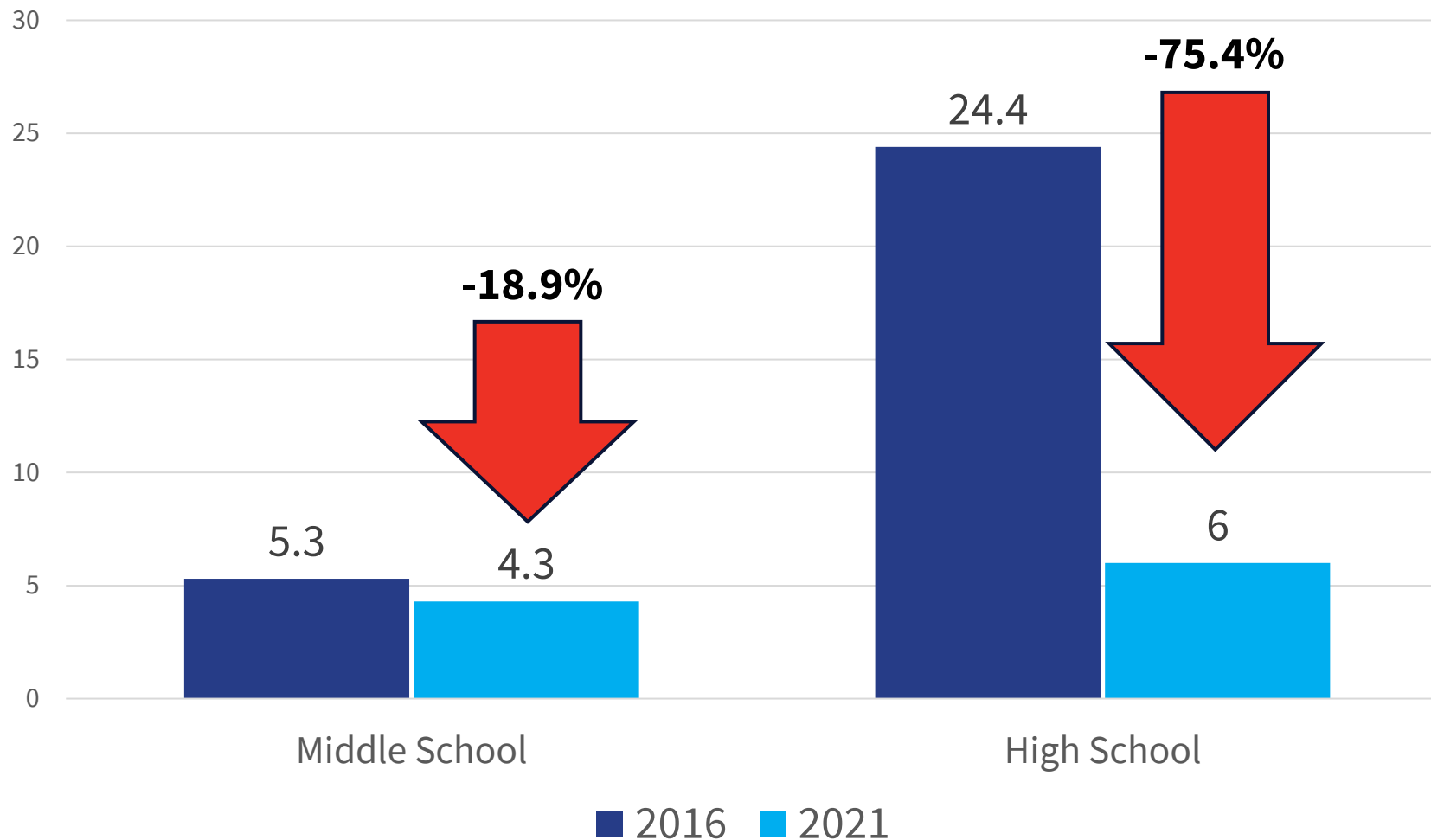
STOP Act

Community-Based Coalition Enhancement Grant

- Funded at \$11 million for FY 2025
- Current Drug-Free Communities Act Grantees are eligible for the STOP Act Enhancement Grant, which provides \$60,000 a year for four years to enhance underage drinking prevention efforts
- It is the only federal grant program that specifically works to reduce underage drinking
- Grantees are data-driven, know their community epidemiology and can implement the multi-sector interventions required to prevent and reduce alcohol use among 12-to-20-year-olds
- The enhancement grant program currently provides 156 grantees with up to \$60,000 per year for four years to address underage drinking in their communities.
- The STOP Act has achieved major reductions in youth alcohol use – much steeper than rates in non-funded communities.
- The STOP Act NOFO announcement released earlier this year received 155 applications and can only fund 13 grants if and when the funding is released for new grants for FY 2025.

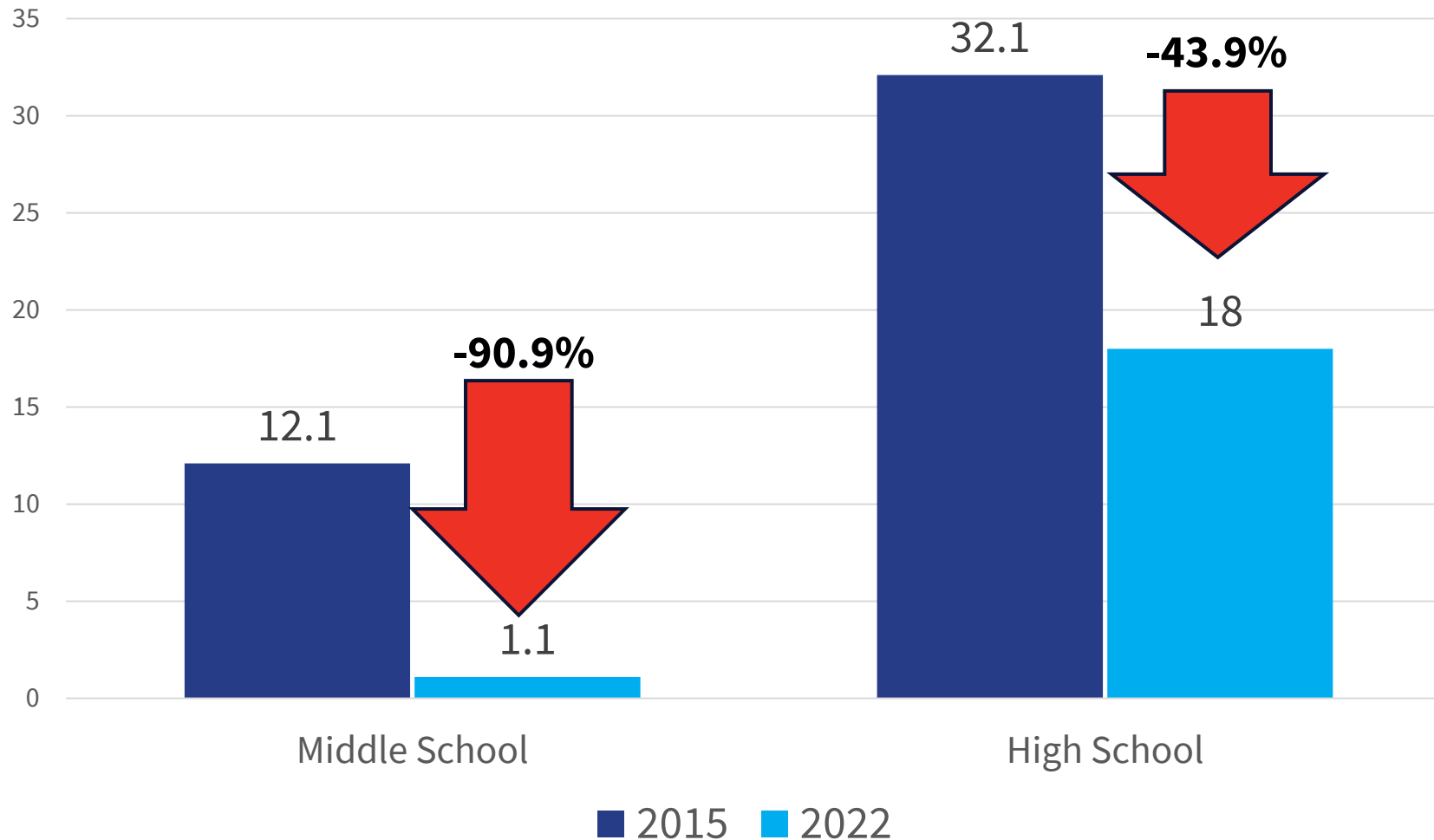
Drug-Free Community: Project Lazarus Wilkes Youth Coalition

Past 30-day Prevalence of Alcohol Use



Drug-Free Community: Hampden-Wilbraham Partners for Youth Coalition

Past 30-day Prevalence of Alcohol Use



Adult-Oriented National Media Campaign



- Funded at \$2.5 million in FY 2025
- The purpose of the national media campaign is to:
 - instill a societal commitment to reduce underage drinking
 - increase actions by adults meant to discourage underage drinking
 - decrease adult conduct that facilitates underage drinking



START TALKING BEFORE SHE HEADS OFF TO SCHOOL.

It's never too early to have a conversation about alcohol and other drugs.

The sooner you talk about the dangers of underage drinking and substance use, the greater chance you have of influencing your child's decisions about using alcohol and other drugs. For tips on how—and when—to begin the conversation, visit

www.underagedrinking.samhsa.gov

#TalkTheyHearYou

PEP20-03-01-041



BEFORE SHE HITS THE PRACTICE FIELD...

Find out if she has questions about alcohol or other drugs.

Show young people you care and help discourage risky behaviors by talking with them about the dangers of using alcohol and other drugs, such as marijuana and prescription pain medication. For tips on how—and when—to begin the conversation, visit

www.underagedrinking.samhsa.gov

#TalkTheyHearYou

PEP20-03-01-029



Interagency Coordinating Committee on the Prevention of Underage Drinking

ICCPUD – Funded at \$1 million in FY 2025

- Publishes an annual report that summarizes:
 - Federal programs and policies designed to prevent underage drinking
 - Progress in preventing or reducing underage drinking at state & national levels
 - Data collected on patterns and outcomes of underage drinking, measures of alcohol availability to underage populations, advertising to underage populations, evidence-based best practices to prevent and reduce underage drinking

Proposed Elimination of STOP Act Programs in SAMHSA

The FY 2026 PBR proposes to eliminate all STOP Act programs in SAMHSA and the CDC:

- SAMHSA Programs (-\$14.5 million)
 - Coalition enhancement grants (-\$11 million)
 - National Adult-Oriented Media Campaign (-\$2.5 million)
 - Interagency Coordinating Committee for the Prevention of Underage Drinking (-\$1 million)
- CDC Programs (-\$6 million)
 - Excessive Alcohol Program (-\$6 million)

CADCA's Recommendation

CADCA recommends that SAMHSA/CSAP not be dismantled. If Congress decides to dismantle SAMHSA and stand up AHA, then the STOP Act programs should be fully funded and moved to AHA's MBH.

- The STOP Act Enhancement Grant and National Media Campaign are the nation's only federal programs specifically dedicated to reducing underage drinking – the nation's top substance use issue among youth.

CSAP: Other Programs

Tribal Behavioral Health Grants, the Minority AIDS Initiative, the Strategic Prevention Framework – Prescription Drugs (SPF-Rx) and the Minority Fellowship Program are proposed to all be eliminated.

- FY 2025 appropriated amounts:
 - Tribal Behavioral Health Grants: \$23.66 million
 - Minority AIDS Initiative: \$43.2 million
 - SPF-Rx: \$10 million
 - Minority Fellowship Program: \$1.3 million
- The FY 2026 PBR recommends zeroing out all of the programs above.

CADCA Recommendation

All of CSAP's PRNS should be fully funded at the FY 2025 appropriated level of \$236.879 million.

What Does the MBH Subcomponent Include for Prevention?

- The DFC Program (proposed to be moved from ONDCP to the MBH in AHA) (\$70 million)
- The Centers for the Advancement of Prevention Technology (CAPT) (\$9.493 million)
- Science and Service Activities (renamed the **Substance Use Disorder Prevention Engagement Initiatives, or SUDPEI**) (\$4.072 million)
 - This program will integrate substance use prevention with mental health promotion.
- Total remaining for substance use prevention: **\$83.565 million**

CSAT: PRNS

The CSAT Programs of Regional and National Significance (PRNS) are proposed to be eliminated.

- FY 2025 appropriated amount: \$576.2 million
- The FY 2026 PBR recommends zeroing out the program.

CMHS

Some CMHS Programs of Regional and National Significance are proposed to be eliminated. Some programs are proposed to be moved to the MBH subagency in AHA. These are:

- 988 Suicide and Crisis Lifeline (FY 2026 PBR: \$520 million proposed)
- National Strategy for Suicide Prevention (FY 2026 PBR: \$28 million proposed)
- Garrett Lee Smith Youth Suicide Prevention (FY 2026 PBR: \$63 million proposed)
- American Indian/Alaska Native Suicide Prevention (FY 2026 PBR: \$4 million proposed)
- Project AWARE (FY 2026 PBR: \$121 million proposed)

CMHS Continued

- Child Traumatic Stress Network (FY 2026 PBR: \$99 million proposed)
- Children's Mental Health (FY 2026 PBR: \$125 million proposed)
- Projects for Assistance in Transition from Homelessness (FY 2026 PBR: \$67 million proposed)
- Assisted Outpatient Treatment: (FY 2026 PBR: \$21 million proposed)
- Disaster Response: (FY 2026 PBR: \$2 million proposed)
- Certified Community Behavioral Health Clinics: (FY 2026 PBR: \$385 million proposed)

Block Grants

A new block grant, called the Behavioral Health Innovation Block Grant (BHIBG), is proposed that would combine the Substance Use Prevention Treatment and Recovery Services (SUPTRS) Block Grant (\$2.008 billion), the State Opioid Response (SOR) Grants (\$1.575 billion), and the Community Mental Health Services (CMHS) Block Grant (\$1 billion) into one grant program.

The new BHIBG is proposed to be funded at \$4.1 billion and would represent a cut of \$457 million from what was the total (\$4.583 billion) of the combined programs.


Block Grants (cont.)

Approximately 80% of funding for the BHIBG would come from substance use disorder related sources.

- It is unclear:
 - How much money would be dedicated in this new block grant to substance use related issues.
 - What would happen to the 20% prevention set-aside in the current SUPTRSBG
 - This 20% prevention set-aside (\$401.6 million in FY 2025) is the largest single source of funding for the substance use prevention field.

CADCA's Recommendation

- We oppose merging the CMHSBG and SOR with SUPTRSBG.
- We would support transitioning, over time, all funding from SOR into the SUPTRSBG (either moving \$250 million per year or \$500 million per year) to allow states to have time to adjust to the difference in formulas between the two grant programs, which will adversely affect certain states more than others.
- We would rather not see SAMHSA dismantled. However, if Congress has decided to dismantle SAMHSA and stand up AHA, then all 3 grant programs should be fully and independently funded when moved to AHA.



Centers for Disease Control and Prevention (CDC)

National Center for Chronic Disease Prevention and Health Promotion

This center houses the Office on Smoking and Health (OSH) and the Division of Cancer Prevention and Control (DCPC)

- CDC OSH is the nation's leading force in tobacco prevention and control, ensuring comprehensive nationwide protection against tobacco-related harm.
- CDC DCPC is the nation's leading force in cancer prevention and control and supports advancements in cancer care and prevention, early detection and access to care.

Proposed National Center for Chronic Disease Prevention and Health Promotion Cuts

- FY 2025 appropriated amount for both OSH and DCPC: \$655.5 million
- The FY 2026 PBR recommends zeroing out these programs.

Injury Prevention and Control

This center works on opioid overdose prevention. This work is proposed to be moved to the Primary Care subagency of AHA.

- FY 2025 appropriated: \$505 million **for opioid overdose related work.**
- FY 2026 recommended amount: \$550 million **BUT only \$475 million for opioid overdose related work (a \$30 million cut).**
 - The remaining \$75 million is for a new block grant, which consolidates CDC's domestic violence, sexual violence, domestic violence community projects, rape prevention, and education programs.
- CDC's opioid related work needs to be in the Mental and Behavioral Health component of AHA and **NOT** in the Primary Care component, where the PBR currently places it.



Final Thoughts on the PBR

How Does the PBR Impact the Field?

- The fiscal year (FY) 2026 PBR proposes substantial cuts to several substance use prevention programs and proposes to reorganize large parts of the federal government.
- **Of the approximately \$733 million in current FY 2025 funding for primary substance use prevention to stop and delay use, the PBR would retain only about \$83.5 million of it.**
- Many programs would be proposed for cuts, total elimination and/or moved to the proposed new Administration for a Healthy America (AHA).
- This would impact programs in ONDCP, SAMHSA and CDC.

What Does the PBR Mean for Substance Use Prevention?

The PBR proposes to reorganize what's left of substance use prevention into AHA.

- DFC is proposed to be cut by 36% (from \$109 million to \$70 million)
- CAPT is proposed to be level funded at \$9.4 million
- SUDPEI is proposed to be funded at \$4 million
- The BHIBG puts the 20% prevention set-aside in the SUPTRSBG at great risk (funded at \$401.6 million in FY 2025). This is the largest single source of funding for substance use prevention programming across the country.
- **The total of what is left is \$83.565 million.**



What Can the Field Do Moving Forward?

Reaching out to Congress matters! The more Congress hears from you (as constituents), the more likely they are to save substance use prevention programs!

CADCA will be sending out legislative alerts on the recommendations we just reviewed. Please respond immediately upon receipt.

Visit [CADCA.org](https://cadca.org) to sign up to receive legislative alerts!

Important Members of Congress to Contact

Appropriations Committee Members in the House and Senate

- House Appropriations Committee Chair: Tom Cole (OK-04)
- House Appropriations Committee Ranking Member: Rosa DeLauro (CT-03)
- House Financial Services and General Government Appropriations Subcommittee Chair: Dave Joyce (OH-14)
- House Financial Services and General Government Appropriations Subcommittee Ranking Member: Steny Hoyer (MD-05)
- House Labor, HHS Appropriations Subcommittee Chair: Robert Aderholt (AL-04)
- House Labor, HHS Appropriations Subcommittee Ranking Member: Rosa DeLauro (CT-03)
- Senate Appropriations Committee Chair: Susan Collins (ME)
- Senate Appropriations Committee Ranking Member: Patty Murray (WA)
- Senate Financial Services and General Government Appropriations Subcommittee Chair: Bill Hagerty (TN)
- Senate Financial Services and General Government Appropriations Subcommittee Ranking Member: Jack Reed (RI)
- Senate Labor HHS Appropriations Subcommittee Chair: Shelley Moore Capito (WV)
- Senate Labor HHS Appropriations Subcommittee Ranking Member: Tammy Baldwin (WI)

Important Members of Congress to Contact (cont.).

Members of the House and Senate Financial Services and General Government (FSGG) Appropriations Subcommittee – which oversees DFC & CARA

Important Members of Congress to Contact (cont.).

Members of the House and Senate Financial Services and General Government (FSGG) Appropriations Subcommittees

House Members	Senate Members
Chair Dave Joyce (OH-14)	Chair Bill Hagerty (TN)
Ranking Member Steny Hoyer (MD-05)	Ranking Member Jack Reed (RI)
Steve Womack (AR-03)	John Boozman (AR)
Mark Pocan (WI-02)	Susan Collins (ME)
Mark Amodei (NV-02)	Markwayne Mullin (OK)
Marie Gluesenkamp Perez (WA-03)	Deb Fischer (NE)
Ashley Hinson (IA-02)	Richard Durbin (IL)
Glenn Ivey (MD-04)	Christopher Coons (DE)
Michael Cloud (TX-27)	Chris Van Hollen (MD)
Sanford Bishop, Jr. (GA-02)	
Chuck Edwards (NC-11)	
Mark Alford (MO-04)	

Important Members of Congress to Contact (cont.)

Members of the House and Senate Labor, Health and Human Services (LHHS) Appropriations Subcommittee – which oversees SAMHSA prevention programs

Important Members of Congress to Contact (cont.)

Members of the House and Senate Labor, Health and Human Services (LHHS) Appropriations Subcommittee

House Members	Senate Members
Chair Robert Aderholt (AL-04)	Chair Shelley Moore Capito (WV)
Ranking Member Rosa DeLauro (CT-03)	Ranking Member Tammy Baldwin (WI)
Mike Simpson (ID-02)	Lindsey Graham (SC)
Steny Hoyer (MD-05)	Jerry Moran (KS)
Andy Harris (MD-01)	John Kennedy (LA)
Mark Pocan (WI-02)	Cindy Hyde-Smith (MS)
Chuck Fleischmann (TN-03)	John Boozman (AR)
Lois Frankel (FL-22)	Katie Britt (AL)
John Moolenaar (MI-02)	Markwayne Mullin (OK)
Bonnie Watson Coleman (NJ-12)	Mike Rounds (SD)
Julia Letlow (LA-05)	Patty Murray (WA)
Josh Harder (CA-09)	Richard Durbin (IL)
Andrew Clyde (GA-09)	Jack Reed (RI)
Madeleine Dean (PA-04)	Jeanne Shaheen (NH)
Jake Ellzey (TX-06)	Jeff Merkley (OR)
Stephanie Bice (OK-05)	Brian Schatz (HI)
Riley Moore (WV-02)	Chris Murphy (CT)

Why Do These Members Matter?

They are the ones who will decide how much money is appropriated to:

- DFC
- CARA
- Programs currently in SAMHSA, including:
 - The STOP Act Grant Programs
 - The SPF/PFS Grant Program
 - The SUPTRS Block Grant and its 20% prevention set-aside

All Politics Is Local!



You are important as a constituent



You have important information to provide



BE VOCAL!

It Means You Need to Speak Up!

- Call and write your legislators
- Leave messages with legislators' staff
- Write an op-ed or letter to the editor
- Engage with media
- Ask prevention-related questions at candidate events or town halls

Prove Your Value!



Prove the Value of the Programs that Fund You

- **Share your outcomes!**
 - **What you have achieved**
 - **Why what you do matters**
 - **Why the programs that fund you are critically important and need to be fully funded.**

Can We Win?





**Can We
Afford To
Lose?**




**Can We Afford
Not To Try?**



“Policy without appropriations is a hallucination.”

- Rep. Hal Rogers, (KY-05), Former House Appropriations Committee Chairman



**“Alone we can do
so little , together
we can do so
much.”**

-Helen Keller



Keep the Faith!
With Your Help,
We Will Prevail!

CADCA Membership

	Access to the CADCA Community, a members-only networking site		Legislative alerts and updates regarding CADCA's public policy efforts and time-sensitive legislative issues
	Serve on Capitol Hill as the voice and champion of funding for coalitions and the prevention movement		Discounted rates on CADCA's printed publications and online courses
	Member-only rates for CADCA's National Leadership Forum and Mid-Year Training Institute		Volunteer request referrals to help recruit more coalition members
	Use of CADCA logo for branding purposes		Priority access to grants and scholarships from CADCA special projects and partners when available
	Weekly digital newsletter, Coalitions Online, and Coalitions print newsletter, twice a year		Access to Coalition Development Services
	CADCA Prevention Job Board		Unlimited roster

Learn more and join at cadca.org/membership



Questions?



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