Mental Health America

June 24, 2025

The Honorable Susan Collins
Chair
U.S. Senate Appropriations Committee
Room S-128, The Capitol,
Washington, DC 20510

The Honorable Tom Cole
Chair
U.S. House Appropriations Committee
H-307 The Capitol
Washington, DC 20515

The Honorable Patty Murray
Ranking Member
U.S. Senate Appropriations Committee
154 Russel Senate Office Building
Washington, DC 20510

The Honorable Rosa DeLauro
Ranking Member
U.S. House Appropriations Committee
1036 Longworth House Office Building
Washington, DC 20515

Dear Chairwoman Collins, Ranking Member Murray, Chairman Cole, and Ranking Member DeLauro,

As a leading national mental health organization with local and state affiliates, we are writing to express serious concerns about the restructuring of the Department of Health and Human Services (HHS), which would significantly reduce the agency's focus on mental health and substance use, and the proposed reductions in mental health and substance use funding in the President's Fiscal Year 2026 (FY26) Budget. Programs that are being cut, along with the personnel who work every day to ensure these programs run efficiently and effectively, are the backbone of efforts to support children and families, expand access to mental health services, and help states uphold their statutory responsibilities. We are at a critical point in time for Congress to prioritize investments in the mental health and well-being of the nation's families and the behavioral health workforce.

We are particularly concerned about the consolidation and reduction of the Mental Health, Substance Use, and State Opioid Response Block Grants into the Behavioral Health Innovation Block Grant; movement and reduction of key suicide and overdose prevention programs from CDC; and the elimination of key mental health prevention, recovery, and workforce programs as part of the restructuring of the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), and the Centers for Disease Control and Prevention (CDC) under the Administration for a Healthy America.

SAMHSA plays a critical role in advancing national behavioral health goals by providing expert guidance, managing essential grant programs, collecting and analyzing behavioral health data, and leading interagency coordination efforts that help with chronic disease prevention and management. Its leadership has ensured mental health and substance use priorities are integrated across HHS. Folding SAMHSA into a larger agency risks losing this focused

expertise and weakening federal efforts at a time when strong behavioral health leadership is urgently needed to advance the goals of reducing the burden of chronic disease.

While we appreciate level funding for 988 and applaud increased funding for Project AWARE, other adjustments to programs will cause harm. The Community Mental Health Block Grant is the main source of funding for home and community-based mental health services and supports, including peer support and crisis care. With mental health issues affecting 20% of the population, the consolidation of three key grants into one Behavioral Health Innovation grant with less funding significantly threatens states' abilities to offer recovery and support services effectively. Individuals most in need of support are served by these grants, and a reduction in funding could be the difference between staying in the community or being institutionalized, or in jails and emergency rooms.

The proposed consolidation and funding cuts to the Community Mental Health Services Block Grant, the Substance Use Prevention, Treatment, and Recovery Support Services Block Grant, and the State Opioid Response grants create confusion and risk undermining care. Each of these grants includes specific statutory set-asides for prevention, first-episode psychosis, and crisis care, but under a merged grant, it's unclear how these requirements would be met or tracked. Already, funding cuts have forced local organizations to shut down vital community programs like peer support, recovery services, and early intervention services. These programs are key to preventing crises and reducing reliance on emergency rooms, law enforcement, and jails, which are not equipped to provide behavioral health care. Rather than consolidate these grants under the new Behavioral Health Innovation Grant, we urge you to fund the Mental Health Block Grant at $1,057,571,000 for FY26, consistent with FY24 and FY25 levels, and maintain FY25 funding for the Substance Use and State Opioid Response grants.

We urge you to refrain from imposing extreme cuts to HRSA funding, which plays a key role in strengthening the behavioral health workforce and expanding care in high-need rural and frontier areas that experience more severe behavioral workforce shortages. Rural communities cite a stronger desire for more mental health and substance use services than for basic health care[1]. Slashing of the Behavioral Health Workforce Development Programs funding, which trains and certifies youth and adult peer specialists and mental health professionals, will worsen the behavioral health workforce shortages and prevent people from getting critical and often life-saving help. Please fund the Behavioral Workforce programs at $197,100,000 for FY26, which is consistent with the FY25 spending level.

Additionally, we encourage you to move the CDC's suicide and overdose prevention programs from Primary Care to Mental and Behavioral Health, where they can better align with related SAMHSA efforts, and we urge the continuation, not elimination, of the CDC's Adverse Childhood Experiences (ACEs) program. The suicide prevention and overdose programs,

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[1] Southwest Rural Health Research Center Identifies Key Health Challenges Of Rural America Mental health, substance use disorders, access to quality health care and economic stability top the list of concerns of rural health stakeholders. May 8, 2023. Rae Lynn Mitchell, Texas A&M University School of Public Health.

especially through the National Violent Death Reporting System (NVDRS), are complementary and should not be siloed. We are also deeply concerned about the proposed cut to the Comprehensive Suicide Prevention Program, from $30 million in FY24 to $12 million in FY26, even as the program's suicide reduction target increases. Injury Prevention and Control programs must be level-funded or increased to meet these higher goals. Furthermore, CDC research finds that as the number of ACEs an individual experiences increases, the risk for chronic diseases (such as diabetes, childhood and adult obesity, and cancer), and behavioral health challenges (such as anxiety, depression, substance misuse, and suicide) across the lifespan also increases. CDC estimates that the prevention of ACEs could avoid 1.9 million cases of heart disease in addition to a range of other chronic illnesses among adults. We urge Congress to maintain or increase the CDC's critical ACEs surveillance and prevention activities and oppose the elimination of the ACEs program. As 80% of CDC funding flows to states, and with the Preventive Health and Health Services Block Grant slated for elimination, the CDC needs increased funding to support state and local public health departments in continuing vital suicide and overdose prevention work.

These agencies and programs are not just lines in a budget, but serve as lifelines for Americans, and the impacts will be felt across communities. Those with chronic behavioral health conditions will be left to navigate a reduced health system that does not prioritize their health and safety.

States will be left to absorb funding decisions made in Washington. Congress has a duty not only to appropriate funding but to ensure that federal statutes that fund the programs above are upheld in practice. Reliable federal funding to states is necessary for states to comply with federal law.

We urge you to avoid harmful cuts and to instead prioritize sustainable funding for HHS programs that protect the mental health and dignity of our population. Thank you for your attention to this issue and for your continued commitment to the people you serve.

Sincerely,

Mental Health Association Oklahoma

Mental Health Connecticut

Cal Voices

Massachusetts Association for Mental Health

Mental Health Advocates of Western New York

Mental Health America of California

Mental Health America of Central Carolinas

Mental Health America of Eastern Carolina

Mental Health America of Eastern Missouri

Mental Health America of Georgia

Mental Health America of Greater Dallas

Mental Health America of Greater Houston

Mental Health America of Illinois

Mental Health America of Indiana

Mental Health America of Kentucky

Mental Health America of Northeast Indiana

Mental Health America of Northern Kentucky and Southwest Ohio

Mental Health America of Northwest Indiana

Mental Health America of Ohio

Mental Health America of South Carolina

Mental Health America of South Central Kansas

Mental Health America of Southeast Florida

Mental Health America of West Central Indiana

Mental Health America of Wisconsin

Mental Health America Southeast Texas

Mental Health Association in New York State

Mental Health Association in Niagara County (NY)

Mental Health Association in Orange County, Inc. (NY)

Mental Health Association of Alameda County (CA)

Mental Health Association of East Tennessee

Mental Health Association of Maryland

Mental Health Association of Monmouth County (NY)

Mental Health Association of Nassau County (NY)

Mental Health Association of Rhode Island

Mental Health Colorado

Mental Health Partnerships (PA)

Mental Health Virginia

The Mental Health Association in Tompkins County (NY)

Vibrant Emotional Health (NY)