

September 2, 2025

The Honorable Susan Collins
Chair
Appropriations Committee
Washington, D.C. 20515

The Honorable Patty Murray
Vice Chair
Appropriations Committee
Washington, D.C. 20515

The Honorable Shelley Moore Capito
Chair
Appropriations Subcommittee on Labor,
Health and Human Services, and Education
Washington, D.C. 20515

The Honorable Tammy Baldwin
Ranking Member
Appropriations Subcommittee on Labor,
Health and Human Services, and Education
Washington, D.C. 20515

Dear Chair Collins, Vice Chair Murray, Chair Capito, and Ranking Member Baldwin:

On behalf of the undersigned organizations, thank you very much for your dedication and leadership to strengthen critical and lifesaving mental health and substance use services for individuals and families across our country through the proposed investments in your fiscal year (FY) 2026 Labor, Health and Human Services, Education, and Related Agencies appropriations bill.

As you well know, mental health and substance use challenges are not partisan and impact the health and wellbeing of millions of Americans across our country. From the recent 2024 National Survey on Drug Use and Health (NSDUH), last year 14.6 million adults experienced a Serious Mental Illness (SMI), with one in four adults experiencing Any Mental Illness (AMI), and 48.8 million people aged 12 or older experienced a Substance Use Disorder (SUD).¹

Our country's investment in critical mental health and substance use programs not only supports the millions of individuals and families across our country seeking to be healthy and thrive in their local communities, but it is also a sound investment, providing key returns and deterring costs in other areas. By driving health upstream, it deters later costs downstream. One study has shown that for every dollar invested into early care and treatment for mental health and substance use challenges, there is a \$2-\$10 return in savings on health, criminal justice, education, and economic costs.² Another study found that for every \$1 invested into substance use treatment for people involved in the criminal justice system, there was a \$4-\$7 return in reduced crime, criminal justice costs, and theft.³

Continuing to ensure strong mental health and substance use programs across our country through a full continuum of care is key to advance goals such as deterring drug use and promoting recovery,

¹ <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases/2024#highlights>

² <https://psu.pb.unizin.org/bbh143/chapter/7-4-prevention-of-substance-abuse-and-mental-illness-by-samhsa/>

³ https://www.bhecon.org/wp-content/uploads/2018/03/BHECON-Criminal-Justice-Fact-Sheet_Final-APPROVED-1.pdf

supporting first responders, strengthening evidence-based programs and integrated care, and ameliorating chronic disease.

We are grateful to see inclusion of funding for key mental health and substance use programs such as:

- \$27.963M (level over FY 2024) for Mental Health Awareness Training (MHAT) to further evidence-based early intervention and prevention programs that support local communities, such as law enforcement, to recognize the signs and symptoms of mental health and substance use conditions and help someone get to the right care at the right time.
- \$385.5M (+\$0.5M over FY 2024) for Certified Community Behavioral Health Clinics (CCBHCs) to comprehensively meet individuals' and families' needs with evidence-based, high-quality care through a successful, integrated model that has shown to provide cost savings and reduce the need for care in more costly settings.
 - We also strongly urge the adoption of the Senate proposed report language with further adequate investment to ensure clinic grants are not reduced.
- \$55.877M (level over FY 2024) for Primary and Behavioral Health Care Integration (PBHCI) Grants and \$2.991M (level over FY 2024) for PBHCI Technical Assistance to improve bidirectional, integrated care and ameliorate chronic physical conditions such as cardiovascular disease and diabetes that people with mental health and substance use conditions disproportionately face.
- \$2.028B (+\$20M over FY 2024) for Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) to plan, provide, and evaluate substance use disorder prevention, treatment, and recovery support services throughout our nation.
- \$1.007B (level over FY 2024) for Community Mental Health Service Block Grant (MHBG) to strengthen mental health services and continue to address our country's ongoing mental health crisis.

We are immensely grateful for your leadership and continued work to improve access to lifesaving mental health and substance use services across our country.

We stand ready to support your work and welcome any questions or further discussion regarding the comments described here; please contact Reyna Taylor, Vice President, Public Policy & Advocacy, National Council for Mental Wellbeing at ReynaT@thenationalcouncil.org.

Thank you very much for your dedication, leadership, and efforts on this important issue in our nation.

Sincerely,

National Organizations

American Association for Psychoanalysis in Clinical Social Work

American Association of Psychiatric Pharmacists

American Association on Health and Disability

American Foundation for Suicide Prevention

American Psychiatric Association

Children and Adults with Attention-Deficit/Hyperactivity Disorder

Clinical Social Work Association

Depression and Bipolar Support Alliance (DBSA)

Employee Assistance Professionals Association

Fountain House

Huntington's Disease Society of America

Global Alliance for Behavioral Health & Social Justice

Lakeshore Foundation

Meadows Mental Health Policy Institute

National Alliance on Mental Illness

National Association of Addiction Treatment Providers

National Association of Pediatric Nurse Practitioners

National Association of State Mental Health Program Directors

National Board of Certified Counselors & Affiliates

National Council for Mental Wellbeing

National Committee for Quality Assurance (NCQA)

National Eating Disorders Association (NEDA)

National Federation of Families

National League for Nursing

Postpartum Support International

Psychotherapy Action Network (PsiAN)

SMART Recovery

The National Alliance to Advance Adolescent Health

The Trevor Project

Western Youth Services

State Organizations

Alabama Council for Behavioral Healthcare

Alliance for Addiction & Mental Health Services, Maine

Alliance of Mental Health Providers of Oklahoma

Ability Network of Delaware

Addiction Professionals of North Carolina

Alaska Behavioral Health Association

Arizona Council of Human Service Providers

Association for Behavioral Healthcare

AWARE, Inc.

Behavioral Health Alliance of Montana (BHAM)

Behavioral Health Association of Nevada

California Alliance of Child and Family Services

California Behavioral Health Association

Colorado Behavioral Healthcare Council

Community Behavioral Health Association of Maryland

Community Behavioral Healthcare Association of Illinois

Community Mental Health Association of Michigan

Indiana Council of Community Mental Health Centers

InUnity Alliance

Nebraska Association of Behavioral Health Organizations

New Hampshire Community Behavioral Health Association

New Jersey Association of Mental Health and Addiction Agencies, Inc.

New York State Coalition for Children's Behavioral Health

New York State Council for Community Behavioral Healthcare

New York State Society for Clinical Social Work

Oregon Council for Behavioral Health (OCBH)

South Dakota Council of Community Behavioral Health, Inc.

Tennessee Association of Alcohol, Drug & Other Addiction Services (TAADAS)

Tennessee Association of Mental Health Organizations (TAMHO)

The Ohio Council of Behavioral Health & Family Services Providers

The Substance Use and Mental Health Leadership Council of RI

Vermont Care Partners

Washington Council for Behavioral Health

West Virginia Behavioral Healthcare Providers Association