**Template Letter for NCMHA Members on MH Funding Cuts**

(Organization Letterhead)

(Date)

The Honorable (Senator’s Name]

United States Senate

Washington, DC 20510

The Honorable (Representative’s Name)

U.S. House of Representatives

Washington, DC 20515

**RE: Urgent Concerns Regarding Mental Health Care Access for Older Adults and Federal Support**

Dear Senator (Senator’s Name) or Dear Mr. or Ms. (Representative’s Name):

On behalf of [Organization Name], representing [describe constituency of mental health professionals/organizations], I am writing to express our profound concern regarding three converging threats to our nation's mental health infrastructure for older Americans contained in the “One Big Beautiful Bill Act” passed by the House: proposed Medicaid changes, recent leadership dismissals at key federal agencies, and reductions in the Administration's proposed budget for critical mental health programs.

**Devastating Impact of Proposed Medicaid Provisions**

The budget reconciliation package currently contains provisions that would fundamentally undermine Medicaid's essential role in our mental health system. Approximately 40% of Americans with serious mental illness rely on Medicaid for access to care. The Congressional Budget Office estimates these changes would eliminate coverage for 8.6 million Americans, many with mental health conditions.

For older adults, these cuts would be particularly devastating. Research demonstrates that Medicaid expansion reduced mortality by 9.4% in this age group, significantly through addressing mental health needs. Even brief interruptions in coverage lead to medication discontinuation for 42% of those with serious mental illness, resulting in preventable hospitalizations, increased suicidality, and declining function.

The dual-eligible population—those qualifying for both Medicare and Medicaid—would face exceptional hardship. With 41% having at least one mental health diagnosis, these vulnerable individuals depend on the coordination between these programs for comprehensive treatment. Work requirements and increased cost-sharing would create insurmountable barriers for those with mental illness, leading to treatment discontinuation and deteriorating conditions.

**Destabilization of Federal Mental Health Leadership**

We are deeply alarmed by recent personnel changes at the Substance Abuse and Mental Health Services Administration (SAMHSA), Administration for Community Living (ACL), and other key agencies. The abrupt dismissal of experienced leadership during a national mental health crisis threatens program continuity, institutional knowledge, and effective implementation of the bipartisan mental health initiatives Congress has appropriated.

Career civil servants with decades of expertise in suicide prevention, serious mental illness, older adult services, and substance use disorders have been removed without clear succession plans. These transitions jeopardize critical programs including the 988 Crisis Line, Certified Community Behavioral Health Clinics, Mental Health Block Grants, and Elder Justice initiatives at a moment when these services face unprecedented demand.

**988 Suicide & Crisis Lifeline at Risk**

The 988 Suicide & Crisis Lifeline represents one of the most significant advances in our national mental health infrastructure, providing immediate crisis intervention for those in acute distress. This critical service is now threatened by both leadership disruptions and potential funding constraints. Since its launch, 988 has responded to over 8 million contacts, demonstrating the enormous need for this lifesaving service.

The leadership transitions at SAMHSA directly impact 988's implementation, as the agency oversees the network's administration and coordinate with local crisis centers. Furthermore, the system depends on consistent federal funding to supplement state efforts, ensuring 24/7 coverage and adequate staffing levels nationwide. Any disruption to this funding stream would significantly compromise response times and service quality, leaving those in crisis without immediate support precisely when they are most vulnerable. The loss of institutional knowledge through leadership dismissals threatens the continued development of this vital network at a critical stage of its implementation.

**Older Americans Act Imperiled**

The Older Americans Act (OAA) provides essential services for millions of older adults, including those with mental health conditions. Title III-D of the OAA specifically funds evidence-based health promotion and disease prevention programs, including crucial mental health interventions for depression, anxiety, and social isolation. These programs are particularly vital for rural and underserved older adults who otherwise lack access to mental health services.

The recent leadership changes at ACL, which administers OAA programs, combined with potential funding reductions, threaten the stability of these critical services. Senior centers, home-delivered meal programs, and transportation services funded through the OAA often serve as frontline identification points for mental health needs among older adults. These programs also provide essential social connection that prevents and mitigates depression among isolated seniors.

Of particular concern is the Elder Justice Initiative, administered through ACL, which addresses elder abuse—a significant risk factor for depression, anxiety, and suicide among older adults. The abrupt leadership changes have created uncertainty for these programs at a time when the older adult population with mental health needs continues to grow dramatically.

**Proposed Budget Reductions**

The Administration's "skinny budget" proposal contains troubling reductions for agencies and programs essential to mental health care. These proposed cuts would affect SAMHSA's ability to address the mental health crisis, reduce ACL's capacity to support older adults with mental health needs, and diminish resources for innovative care models through CMS demonstration projects.

We strongly urge Congress to:

1. Reject Medicaid provisions in the reconciliation package that would reduce coverage or create barriers to mental health care
2. Conduct oversight hearings regarding the leadership transitions at SAMHSA, ACL, and related agencies
3. Protect and strengthen funding for mental health and aging services in the final budget appropriations
4. Require impact assessments on vulnerable populations before implementing any Medicaid program changes

Our organization stands ready to work with Congress to strengthen rather than weaken our mental health safety net for older adults. The convergence of these three threats creates a perfect storm that could reverse decades of progress in mental health care access.

Thank you for your consideration of these critical concerns.

Sincerely,

[Your Name] [Your Title] [Organization] [Contact Information]