

United States Senate

May 8, 2025

The Honorable Robert F. Kennedy, Jr.
Secretary
U.S. Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201

Dear Secretary Kennedy,

We write in strong opposition to the proposed dissolution of the Substance Abuse and Mental Health Administration (SAMHSA) outlined in the Department of Health and Human Services (HHS) fact sheet on March 27, 2025, and by the proposal from the White House Office of Management and Budget.¹ At a time when America is in a dual mental health and substance use crisis, a time when youth suicide is at all-time highs, a time when synthetic opioids are destroying communities and taking lives, this proposed destruction of SAMHSA will harm the American people. This proposed reorganization and your proposed cuts of over \$1 billion to mental health and substance use programs threaten the lives of millions of Americans and appear to violate federal law, including the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) Reorganization Act and the 21st Century Cures Act.

President George H.W. Bush signed the bipartisan ADAMHA Reorganization Act into law in 1992.² This law formed SAMHSA, a new agency to be the nation's lead on community-based mental health and substance use disorder prevention, treatment, and recovery services.³ In addition to creating a variety of grant programs to be administered by SAMHSA, the ADAMHA Reorganization Act created the role of the Assistant Secretary, transferred numerous authorities to SAMHSA, and created Centers and Center Director and Associate Administrator positions. Therefore, SAMHSA, its functions, its role, and many of its positions are clearly outlined and required by federal law. Firing most of SAMHSA's staff and breaking up SAMHSA appear to violate these statutory requirements.

SAMHSA leads the government's efforts to promote mental health, prevent substance misuse, and advance the behavioral health of people across this country. SAMHSA's programs provide a model for behavioral health care. Downsizing SAMHSA into a new "division", dismantling its functions, and firing over half its workforce puts at risk the lives of the 58.7 million Americans who experience a mental health condition and 48.5 million of those who are impacted by a substance use disorder.⁴

The White House Office of Management and Budget HHS Budget Proposal eliminates SAMHSA and creates a new "Mental Health Division", demotes substance use from its focus,

¹ <https://www.hhs.gov/press-room/hhs-restructuring-doge-fact-sheet.html> ;

<https://www.washingtonpost.com/health/2025/04/16/hhs-budget-cut-trump/>

² <https://www.congress.gov/bill/102nd-congress/senate-bill/1306/all-actions?overview=closed#tabs>

³ <https://www.congress.gov/102/statute/STATUTE-106/STATUTE-106-Pg323.pdf>

⁴ <https://www.samhsa.gov/data/sites/default/files/reports/rpt47096/2023-nsduh-companion-report.pdf>

and guts budgets focused on prevention, treatment, and recovery. Amid a dual crisis, this undoes the bipartisan work that Congress and past Administrations have worked to improve. And the federal investments, the expansion of SAMHSA’s work through grant programs and expertise, have worked – for the first time in years, the U.S. has seen a decline in opioid overdose deaths.⁵ As the mental health crisis grows, as new synthetic opioids continue to surge, restructuring the agency stands to reverse this historic decline. Now is not the time to change course and risk American lives.

Congress has passed numerous bills expanding SAMHSA services to reach more Americans. In 2014, the Protecting Access to Medicare Act (PAMA) was signed into law, creating the Assisted Outpatient Treatment (AOT) Program, which funds community-based programs for adults with serious mental illness.⁶ This program allows individuals to stay in their community and their homes while also receiving “medically prescribed mental health treatment.”⁷ For example, using SAMHSA funds, an AOT program in Montana is working to reduce homelessness and incarceration while improving health and social outcomes for individuals with serious mental illness.⁸ Because HHS is dissolving SAMHSA and firing its staff, Montana is in jeopardy of losing the ability to provide their patients with up-to-date, evidence-based services, a key SAMHSA function. Any interruption to the effective delivery of these programs has detrimental consequences.

In 2016, Congress again prioritized SAMHSA and expanded its services and programming by passing the 21st Century Cures Act.⁹ This bill codified SAMHSA’s Center for Behavioral Health Statistics and Quality (CBHSQ), requiring CBHSQ to perform several functions. One of these requirements was to publish an annual report on mental health and substance use disorder, also known as the National Survey of Drug Use and Health (NSDUH). NSDUH is the only source of behavioral health data for people 12 and older in the U.S. and is a critical tool to combat these dual crises. Without this data, states would not be able to implement State Opioid Response grants with fidelity.¹⁰

The State Opioid Response (SOR) grant was created to address the overdose crisis, which is now driven by illicit fentanyl, and is meant to help states provide a continuum of care, including prevention, harm reduction, treatment, and recovery services.¹¹ Funding to support states in combating this epidemic is critical, especially as the crisis is exacerbated by other synthetic opioids. States use SOR funding to purchase and distribute naloxone, test strips, buprenorphine, and much more. SOR is proven to be effective – in 2023, the percentage of people who did not use substances increased by 29.7 percent.¹² SOR funding and NSDUH data give states the ability

⁵ <https://www.cdc.gov/media/releases/2025/2025-cdc-reports-decline-in-us-drug-overdose-deaths.html#:~:text=New%20provisional%20data%20from%20CDC's,compared%20to%20the%20previous%20year>

⁶ <https://www.congress.gov/bill/113th-congress/house-bill/4302/text> ;
<https://www.congress.gov/113/statute/STATUTE-128/STATUTE-128-Pg1040.pdf>

⁷ <https://www.samhsa.gov/sites/default/files/grants/pdf/fy-2024-aot-sm-24-006.pdf>

⁸ https://www.samhsa.gov/grants/grants-dashboard?f%5B0%5D=by_nof_fy%3A2024&f%5B1%5D=by_center%3Acmhs&f%5B2%5D=by_nof_number%3ASM-24-006

⁹ <https://www.congress.gov/bill/114th-congress/house-bill/34/text>

¹⁰ <https://www.samhsa.gov/sites/default/files/grants/pdf/fy-2024-sor-nofo.pdf>

¹¹ <https://www.samhsa.gov/sites/default/files/grants/pdf/fy-2024-sor-nofo.pdf>

¹² <https://www.samhsa.gov/sites/default/files/samhsa-fy-2025-cj.pdf>

to purchase these medications, implement these programs, and track outcomes. Reports suggest the entire team running NSDUH was fired on April 1, 2025.¹³ Without NSDUH data, states will have inaccurate information on how opioids are affecting their communities, which will result in a lack of resources, incomplete strategies, and an increase in deaths.

In addition to data collection, CBHSQ is responsible for operating FindTreatment.gov, a critical tool where individuals can find treatment for mental health and substance use disorder care.¹⁴ Launched in 2019 under the first Trump Administration, FindTreatment.gov provides individuals with resources in their communities and connects those in crisis with helplines, including the 988 Suicide & Crisis Lifeline. Without adequate staffing of FindTreatment.gov, people across this country are left stranded, not knowing where to turn to find treatment and services. The mass terminations at SAMHSA's CBHSQ and HHS's announced reorganization make unclear who is operating and overseeing this program that President Trump proudly launched. It is unclear how HHS can now live up to its claim of continuing "to support people who seek substance use treatment on their journey to recovery."¹⁵

The 21st Century Cures Act not only expanded data collection but also improved interdepartmental coordination, something that you claim to prioritize. This bill established the first ever Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) to better direct mental health services for adults and children with a serious mental illness. ISMICC is tasked with evaluating the effects of federal programs, including programs for suicide prevention and overdose reduction, so they can provide "recommendations for actions that agencies can take to better coordinate the administration of mental health services."¹⁶ By law, ISMICC must be operating to achieve these goals through at least September 30, 2027.¹⁷ However, HHS terminated ISMICC on April 9, 2025.¹⁸ By dismissing ISMICC, HHS is actively putting people in crisis at risk and violating a statutory requirement to protect the American people.

We demand that HHS not unlawfully dismantle SAMHSA, which would only serve to further exacerbate a growing mental health and substance use disorder crisis. To better understand HHS's plans and statutory compliance, we request responses to the following questions by May 16, 2025.

- 1) Per the 21st Century Cures Act, SAMHSA is required to have an Assistant Secretary, a Chief Medical Officer, and a Director, with specific qualifications, at each of its four mandated Centers – the Center for Substance Abuse Treatment, the Center for Substance Abuse Prevention, the Center for Mental Health Services, and CBHSQ.

¹³ <https://thehill.com/policy/healthcare/5225454-hhs-employee-layoffs/>

¹⁴ <https://uscode.house.gov/view.xhtml?hl=false&edition=prelim&req=granuleid%3AUSC-prelim-title42-section290bb-36d&f=treesort&num=0&saved=%7CKHRpdGxIOjQyIHNIY3Rpb246MjkwYmItMzZkIGVkaXRpb246cHJlGltKSBPUiAoZ3JhbnVsZWlkOIVTQyIwemVsaW0tdGI0bGU0Mi1zZWN0aW9uMjkwYmItMzZkKQ%3D%3D%7CdHJlZXNvcnQ%3D%7C%7C0%7Cfalse%7Cprelim> ; <https://www.samhsa.gov/about/offices-centers/cbhsq>

¹⁵ <https://trumpwhitehouse.archives.gov/briefings-statements/findtreatment-gov-launches-help-americans-find-treatment-substance-use-disorders/>

¹⁶ <https://www.samhsa.gov/about/advisory-councils/interdepartmental-serious-mental-illness>

¹⁷ [https://uscode.house.gov/view.xhtml?req=\(title:42%20section:290aa-0b%20edition:prelim\)](https://uscode.house.gov/view.xhtml?req=(title:42%20section:290aa-0b%20edition:prelim))

¹⁸ <https://www.samhsa.gov/about/advisory-councils/interdepartmental-serious-mental-illness>

- a. Who is currently serving in these roles, and what are their qualifications?
 - b. Have any of the people in these roles been subject to the reduction in force that occurred on April 1, 2025? If so, please explain why these legally mandated positions were part of the reduction.
 - c. What is HHS's plan to maintain these positions and centers under the restructuring at HHS?
- 2) SAMHSA is required to have Associate Administrators for Alcohol Prevention and Treatment Policy and Women's Services.¹⁹
- a. Who is currently serving in these roles, and what are their qualifications?
 - b. Have any of the people in these roles been subject to the reduction in force that occurred on April 1, 2025? If so, please explain why these legally mandated positions were part of the reduction.
 - c. What is HHS's plan to maintain these positions under the restructuring at HHS?
- 3) SAMHSA is required to have a National Mental Health and Substance Use Policy Laboratory to coordinate policy changes, review programs, identify duplication, and more.²⁰
- a. Please provide a list of all employees in SAMHSA's Policy Laboratory as of January 19, 2025, and as of April 15, 2025, including job title and General Schedule rank. Please indicate which staff were part of the reduction in force that occurred on April 1, 2025.
 - b. How did HHS determine that the proposed restructuring will not prevent fulfilling these statutory duties?
- 4) Which Centers and Branches are overseeing each of SAMHSA's grant programs, including AOT? Please provide the number of employees currently employed for each Center and Branch, and the number of grants each employee is required to supervise.
- 5) Who is overseeing each of CBHSQ's data collection and roles, including NSDUH and FindTreatment.gov? Please provide a list of staff working on each service and provide their qualifications.
- 6) Is NSDUH data still being collected through its contract with RTI International?
- a. Does HHS plan to continue its contract with RTI International and ensure all payments are received promptly?

¹⁹ <https://www.law.cornell.edu/uscode/text/42/290aa>

²⁰ <https://www.law.cornell.edu/uscode/text/42/290aa-0>

- b. Has there been any break in data collection since January 20, 2025? If so, why, and what did HHS do to restore any missing information?
- 7) Why did HHS terminate statutorily-required ISMICC?
- a. When will ISMICC be restored?
- 8) What is HHS’s long-term plan with SAMHSA under the restructuring? Please explain how HHS plans to remain in compliance with all relevant statutes under this restructure.
- 9) Explain how your decision to dissolve SAMHSA into a “division” will increase efficacy and improve mental health and substance use disorder outcomes for Americans.

Thank you for your attention to this urgent matter.

Sincerely,



Alex Padilla
United States Senator



Tina Smith
United States Senator



Tammy Baldwin
United States Senator



Bernard Sanders
United States Senator
Ranking Member, Committee
on Health, Education, Labor,
and Pensions