

March 19, 2020

The Honorable Rosa L. DeLauro
Chairwoman
Subcommittee on Labor Health, and
Human Services, Education, and
Related Agencies
House Committee on Appropriations
2358-B Rayburn House Office Building
Washington, D.C. 20515

The Honorable Tom Cole
Ranking Member
Subcommittee on Labor Health, and
Human Services, Education, and
Related Agencies
House Committee on Appropriations
2358-B Rayburn House Office Building
Washington, D.C. 20515

Dear Chair DeLauro and Ranking Member Cole:

On behalf of the undersigned organizations we want to thank you for your leadership on the House Subcommittee on Labor, Health and Human Services, Education and Related Agencies. We write to request your support for appropriating an additional \$35 million for a total of \$757.5 million for the Community Mental Health Services Block Grant for FY 2021 to fund a five percent set aside for all states to fund crisis care services.

A mental health crisis can strike anyone without warning, whether related to a severe mental illness, social or family conflict, or a suicide attempt. When such a crisis occurs, it is essential to have a comprehensive, community-based, 24/7 crisis services system that provides access to qualified mental health professionals and services when and where they are needed. Crisis services can help de-escalate a personal mental health crisis and bring calm to the individual and the situation, diverting from costly emergency room admission, and helping to avoid conflict with law enforcement and the criminal justice system.

According to a Trust for America's Health study of Centers for Suicide Control and Prevention (CDC) data, more than 150,000 Americans died from suicide or alcohol and drug-induced fatalities in 2017. Nearly a third of those deaths – more than 47,000 – were suicides. Suicide is the 10th leading cause of death overall and, for people ages 10 through 34; it is the second leading cause of death for that population. Combined, these causes of stress-induced death were responsible for taking the lives of twice as many Americans as they did in 1999. Dedicated funding for states to enable communities to enhance their crisis services capabilities will save lives that otherwise could be lost.

Neither emergency rooms nor the criminal justice system designed for persons with mental illness or substance use disorders to receive the most appropriate care. Strong evidence supports establishing county-based crisis response systems like those that have demonstrated success in providing timely and appropriate care (and reducing public costs) in Arizona, Colorado, and Georgia.

County governments in these and other states are seeking to transform the way they provide crisis services through an evidence-based approach with three basic components. First, high-tech crisis call centers coordinate to provide an immediate response by leveraging data for performance improvement and accountability across systems of care. Second, 24/7 mobile crisis units offer outreach and support, travelling to individuals in crisis which minimizes transportation complications and costs. Third, crisis stabilization programs offer short-term “sub-acute” care for individuals who need support and observation, avoiding costly hospital emergency department holds and unnecessary medical inpatient stays. Finally, a set of principles and best practices guiding crisis care delivery include a recovery orientation, trauma-informed care, significant use of peer staff, a commitment to Zero Suicide/Suicide Safer Care, strong commitments to safety for consumers and staff, and collaboration with law enforcement personnel who, when called to respond, provide a safe hand-off to crisis response personnel.

The FY 2020 House Labor/HHS Appropriations bill proposed a mechanism to fund crisis care programs in every state. Specifically, the bill included a five percent set-aside in the Mental Health Block Grant and an equivalent boost in funding to support programs that address the needs of people with serious mental disorders including children with mental and emotional disturbances. The accompanying committee report language, taken directly from last year’s bill, gives states and territories the discretion to finance some or all of the core elements described above, within an evidence-based framework for delivering crisis services to persons at immediate suicide risk.

With the staggering suicide and substance use crises the country currently faces, along with the desirability of steering those in a crisis toward lower-cost alternatives to emergency rooms and avoiding unnecessary encounters with the justice system, we ask that you prioritize this increase and modest five percent set-aside for crisis care within the FY2021 MHBG, helping states enhance care for these highly vulnerable residents.

Thank you for your leadership on the Appropriations Committee. Please let us know how we can aid your efforts to advance these crucial pieces of legislation.

Sincerely,

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American Art Therapy Association

American Association for Geriatric Psychiatry

American Association for Psychoanalysis in Clinical Social Work

American Association of Suicidology

American Association on Health and Disability

American Counseling Association

American Foundation for Suicide Prevention
American Group Psychotherapy Association
American Mental Health Counselors Association (AMHCA)
American Occupational Therapy Association
American Psychiatric Association
American Psychological Association
Anxiety and Depression Association of America
Association for Behavioral Health and Wellness
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Clinical Social Work Association
Depression and Bipolar Support Alliance
Eating Disorders Coalition
Global Alliance for Behavioral Health and Social Justice
International Certification & Reciprocity Consortium (IC&RC)
The Jewish Federations of North America
Mental Health America
The National Alliance to Advance Adolescent Health
National Alliance on Mental Illness
National Association for Children's Behavioral Health
National Association of County Behavioral Health and Developmental Disability
Directors
National Association for Rural Mental Health
National Association of Social Workers
National Association of State Mental Health Program Directors
National Council for Behavioral Health
National Eating Disorders Association
National League for Nursing
RI International
Sandy Hook Promise
Schizophrenia and Related Disorders Alliance of America (SARDAA)
SMART Recovery
The Trevor Project
Trust for America's Health