

April 8, 2019

The Honorable Roy Blunt  
Chairman  
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies  
Senate Committee on Appropriations  
Washington, D.C. 20510

The Honorable Patty Murray  
Ranking Member  
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies  
Senate Committee on Appropriations  
Washington, D.C. 20515

Dear Chairman Blunt and Ranking Member Murray:

We write to request your support for an additional \$35 million for the Community Mental Health Services Block Grant for FY 2020, to fund a five percent set-aside for states to fund crisis care services. These funds would enable states to implement the *Crisis Now* strategies recommended by the Crisis Services Task Force of the National Action Alliance for Suicide Prevention (Action Alliance), which have been shown to be highly effective in improving care and reducing costs.

According to a CDC and Well Being Trust study released in early March 2019, more than 150,000 Americans died from alcohol and drug-induced fatalities and suicide in 2017. Nearly a third – more than 47,000 – were suicides. Combined, these causes killed more than twice as many Americans as they did in 1999.

Across the country, the most common response to the twin mental health and opioid crises are community hospital emergency rooms and law enforcement. Specifically, the National Alliance on Mental Illness (NAMI) estimates that 15% of men and fully 30% of women confined to county jails have severe mental illnesses. At the same time, a study of all California hospital admissions from 2012 to 2014 found that more than 50% of “frequent users” of hospital emergency departments were patients with mental disorders while people with severe mental illnesses – like schizophrenia – had even higher utilization.

There is a better way. Strong county-based crisis response systems in Arizona, Colorado and Georgia are reducing emergency department boarding, putting law enforcement officers back on the street, and diverting persons with severe mental disorders from incarceration. These initiatives provide the backdrop for the set-aside proposal, which is based on the successful model enacted in FY 2015 to encourage states to address First Episode Psychosis.

Mental health crisis care services are an integral and vital part of the health care continuum, providing timely and effective care for those in immediate need. Lack of immediate access to these services frequently leads to an escalation of an individual's mental health crisis that then requires the more costly and complicated use of emergency room services and can lead, in turn, to inappropriate and harmful emergency room boarding.

The array of crisis care services for which funding would be available to states would be those outlined in the 2001 and 2016 *Crisis Now* reports of the Action Alliance. Those services include centrally deployed 24/7 mobile crisis units, short-term residential crisis stabilization beds, evidence-based protocols for delivering services to individuals with suicide risk, and/or regional or statewide crisis call centers coordinating in real time. Resources through the set-aside would be in addition to those for the National Suicide Prevention Lifeline, which is a fundamental part of the crisis services continuum.

As you and your colleagues continue to seek ways to combat our nation's opioid and suicide epidemics, the evidence increasingly shows the significance of a strong network of crisis care services as a core strategy. We encourage you to seize this opportunity to fund and implement these proven, practical strategies to help our nation better confront these ongoing tragedies.

Thank you for your consideration of our request.

American Association of Child & Adolescent Psychiatry  
American Association on Health and Disability  
American Art Therapy Association  
American Dance Therapy Association  
American Foundation for Suicide Prevention  
American Group Psychotherapy Association  
American Psychiatric Association  
American Psychoanalytic Association  
American Psychological Association  
Anxiety and Depression Association of America  
Clinical Social Work Association  
Education Development Center  
EMDR International Association  
Global Alliance for Behavioral Health and Social Justice  
Illinois Association of Behavioral Health  
Mental Health America  
National Alliance on Mental Illness  
National Alliance to Advance Adolescent Health  
National Association for Children's Behavioral Health  
National Association of County Behavioral Health & Developmental Disability Directors  
National Association of Social Workers  
National Association of State Mental Health Program Directors  
National Board for Certified Counselors

National Council for Behavioral Health  
National Federation of Families for Children's Mental Health  
National Register of Health Service Psychologists  
Psychotherapy Action Network  
School Social Work Association of America  
Trust for America's Health