June 13, 2022

The Honorable Patty Murray  
154 Russell Senate Office Building  
Washington, DC 20510

The Honorable Rosa DeLauro  
2413 Rayburn House Office Building  
Washington, DC 20515

The Honorable Roy Blunt  
260 Russell Senate Office Building  
Washington, DC 20510

The Honorable Tom Cole  
2207 Rayburn House Office Building  
Washington, DC 20515

RE: FY2023 Appropriations Request to REIMAGINE Crisis Response

Dear Chairs Murray and DeLauro and Ranking Members Blunt and Cole:

Thank you for your continued support on behalf of people who experience mental health conditions and the communities that support them. The undersigned organizations represent a growing group of multi-sector national leaders that have come together to reimagine how communities respond to people experiencing mental health, substance use, and suicidal crisis. Together, we represent people with mental health conditions and substance use disorders and their families, individuals affected by suicide, health care and emergency response professionals, advocates for civil and disability rights, law enforcement and others. We write to share our strong support for the below funding priorities, which fall under the jurisdictions of the House and Senate Labor, Health, Human Services, Education, and Related Agencies Appropriations Subcommittees.

In 2020, Congress took an important step in reimagining crisis response by passing bipartisan legislation, the National Suicide Hotline Designation Act of 2020, to designate 988 as the new nationwide, three-digit number for mental health and suicidal crises. This number becomes available nationwide next month (July 2022) and will connect people to trained crisis counselors that can provide de-escalation and mental health intervention services by phone, and ideally coordinate connections to additional mental health and substance use resources in their community.

While this is a great step forward to assist people in more easily accessing the help they need, it’s only the first step. Right now, the full system needed to appropriately respond to people in crisis who call, text or chat 988 is not available in most communities. Few communities have the full range of mental health crisis services needed to help every person in crisis — and often at insufficient levels to meet current or future demand. Your subcommittees’ support will help us ensure that 988 can live up to its full potential of ensuring that every person in a mental health crisis gets a mental health response.
Here are our requests, in priority order:

**Community Mental Health Services Block Grant (MHBG):** $1.653 billion (+$795.429 million above FY22) and increasing the 5 percent set-aside for crisis services to a 10 percent set-aside. This would provide critical funds to both start up crisis services and to support the many costs of crisis care that are not currently covered by Medicare, Medicaid or private health insurance plans.

**National Suicide Prevention Lifeline:** $159.691 million (+$58.07 million above vs FY22) to help address increased back-up need for local call centers. Twenty percent of calls are currently directed to the call backup network and 100% of chats and texts flow into the chat and text network. SAMHSA reported to Congress in December 2021 that call, text and chat volume were projected to increase from 3.65 million contacts (estimate) in 2021 to a projected 7.6 million contacts in the full year following 988 implementation (through July 2023). In addition, MHLG requests $29.691 million of this request be directed to the provision of LGBTQ specialized services within the Lifeline program. Our organizations also request that Congress direct SAMHSA to provide text and chat services in Spanish, aligned with call services provided in Spanish, and appropriate $20 million for this effort.

**Funding for Local 988 Call Centers in the Lifeline Network:** $560 million (new funding) to address the increasing need to ensure call centers answering 988 calls are equipped to meet the projected growth in Lifeline contacts. Local call center capacity must grow to meet the nearly doubling of demand that is projected in the first full year following 988 implementation (through July 2023), which will better link those in need with local and robust behavioral health crisis care services and support increased follow-up services.

**Mental Health Crisis Response Partnership Program:** $100 million ($90 million above FY22) to provide a mental health in-person response to a person in a mental health crisis when more assistance is needed than can be provided over the phone. We request an increase to the new Mental Health Crisis Response Partnership Pilot Program to help communities stand up mobile crisis response teams.

**Behavioral Health Crisis and 988 Coordinating Office:** $10 million ($5 million above FY22) to the Office of the Assistant Secretary for Mental Health and Substance Use to coordinate a crisis care system encompassing nationwide standards and data analysis to expand the capacity of and access to local crisis call centers, mobile crisis care, crisis stabilization, and psychiatric emergency services.

**988 Public Awareness Campaign:** $200 million (new funding) to launch a large-scale public awareness and communications campaign, in particular focused on reaching high-risk populations and underserved communities. This will include engagement with key partners, audience research, content and strategy development and message placement.

Thank you for the consideration of our request. We are here to assist you and your team to ensure that our country’s mental health infrastructure is built to be stronger than ever.

*The funding needs of the Lifeline network are contingent upon local and regional Lifeline crisis centers being fully resourced. Any reduction in funding for local and regional Lifeline crisis centers would prevent these centers from meeting the 90% answer rate goal and require a proportional increase in the Lifeline network operations to ensure the backup networks have sufficient capacity to answer the contacts not answered by the local centers.*
Regards,

American Association of Suicidology
American Foundation for Suicide Prevention
American Psychiatric Association
Behavioral Health Foundation
Behavioral Health Link
Crisis Text Line
Depression and Bipolar Support Alliance
Fountain House
Inseparable
Legal Action Center
National Alliance on Mental Illness
National Association for Rural Mental Health
National Association of County Behavioral Health and Developmental Disability Directors/National Association for Rural Mental Health
National Association of State Mental Health Program Directors
National Council for Mental Wellbeing
Police, Treatment, and Community Collaborative (PTACC)
RI International
TASC's Center for Health and Justice
The Jed Foundation
The Kennedy Forum
The Trevor Project
Treatment Advocacy Center
Well Being Trust