

September 29, 2021

The Honorable Patty Murray
Chair
Senate Committee on Health, Education,
and Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
Senate Committee on Health, Education, Labor
and Pensions
217 Russell Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
Chair
Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
Senate Committee on Finance
239 Dirksen Senate Office Building
Washington, DC 20510

RE: Support for S. 1902, *Behavioral Health Crisis Services Expansion Act*

Dear Chairs Murray and Wyden and Ranking Members Burr and Crapo:

The Mental Health Liaison Group (MHLG), a coalition of national organizations representing people with behavioral health conditions, family members, mental health and substance use providers, advocates, and other stakeholders is writing to express our strong support for S. 1902, the *Behavioral Health Crisis Services Expansion Act*. This comprehensive, bipartisan legislation would provide critical support to develop and sustain crisis services across the country at time when more people than ever, including children, are struggling with worsening mental health, substance use and suicidal ideation.

From August 2020 to February of this year, more than 4 in 10 adults reported anxiety or depression.ⁱ Deaths from overdoses increased by 30 percent in 2020.ⁱⁱ And last year, the proportion of children and youth going to emergency rooms for mental health crisesⁱⁱⁱ and suicide attempts^{iv} increased dramatically. There is real pain that is being felt by people of all ages across the country—in every neighborhood and every community.

The National Suicide Prevention Lifeline has helped millions of people through suicidal and mental health crisis situations and, with the advent of 988, the new three-digit number will serve as a “front door” to many more. However, few communities have a robust crisis system in place, including sufficient local Lifeline call center capacity, mobile crisis teams, peer respite, and crisis stabilization programs for people who need more intensive interventions. Without this infrastructure, law enforcement is often the in-person response. When law enforcement responds, people in crisis too often end up in jails, in emergency departments, or worse, they are harmed or killed during the encounter or die by suicide. A comprehensive, culturally-aligned crisis response system is critical to advancing equity as these tragic outcomes are more likely to be experienced by communities of color.

The Behavioral Health Crisis Services Expansion Act would help transform crisis response nationwide by providing vital support for building and sustaining effective crisis care. Specifically, this legislation:

1. Directs the Department of Health and Human Services (HHS) to establish standards for a crisis continuum of care that includes crisis call centers, mobile crisis teams, crisis stabilization services, short-term crisis residential and behavioral health urgent walk-in care;
2. Provides coverage of mobile crisis teams and a range of crisis stabilization services by Medicare, Medicaid, Affordable Care Act health plans, employer-sponsored coverage, the Federal Employee Health Benefits Program and by the VA and TRICARE, which will level the playing field and facilitate diversified funding of crisis services;
3. Supports funding in the Mental Health Block Grant to build capacity, as well as to provide technical assistance and promote effective practices; and
4. Promotes coordination with 911 emergency systems.

We believe our nation’s ability to respond to behavioral health crises in the same way we respond to other medical emergencies—with prompt, effective and culturally competent care—is essential to our collective well-being. Our organizations urge you to bring S. 1902 before your respective committees for consideration so it can be swiftly enacted. With the new three-digit crisis number becoming universally available next summer, it is essential to act quickly on this critical legislation. If you have any questions or would like to discuss, please contact Angela Kimball at akimball@nami.org.

Sincerely,

2020 Mom

American Art Therapy Association

American Association for Marriage and Family Therapy

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

American Psychiatric Association

American Psychiatric Nurses Association

American Psychological Association

Anxiety and Depression Association of America

Association for Ambulatory Behavioral Healthcare

Center for Law and Social Policy (CLASP)*

Centerstone

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)

Children’s Hospital Association

Clinical Social Work Association

College of Psychiatric and Neurologic Pharmacists (CPNP)

Depression and Bipolar Support Alliance

Eating Disorders Coalition

Education Development Center

Fountain House*

Girls Inc.*

Global Alliance for Behavioral Health and Social Justice

Inseparable*
International OCD Foundation
International Society for Psychiatric Nurses*
(The) Jed Foundation (JED)
(The) Jewish Federations of North America
(The) Kennedy Forum
Lakeshore Foundation*
Maternal Mental Health Leadership Alliance
Mental Health America
National Alliance on Mental Illness (NAMI)
National Association for Behavioral Healthcare
National Association for Children’s Behavioral Health (NACBH)
National Association of Pediatric Nurse Practitioners*
National Association of Peer Supporters*
National Association of Social Workers
National Association of State Mental Health Program Directors

National Board for Certified Counselors (NBCC)
National Council for Mental Wellbeing
National Federation of Families for Children’s Mental Health
National Register of Health Service Psychologists
NHMH (No Health Without Mental Health)
Residential Eating Disorders Consortium
RI International, Inc.
Schizophrenia & Psychosis Action Alliance
SMART Recovery
The National Alliance to Advance Adolescent Health
The Trevor Project
Trust for America’s Health
Well Being Trust
Wounded Warrior Project*

*Not a member of MHLG

CC :
The Honorable Catherine Cortez Masto
The Honorable John Cornyn

ⁱ <https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7013e2-H.pdf>

ⁱⁱ CDC, “Drug Overdose Deaths in the U.S. Up 30% in 2020,” July 14, 2021, https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20210714.htm.

ⁱⁱⁱ Leeb, R.T., Bitsko, R.H., Radhakrishnan, L., Martinez, P., Njai, R., and Holland, K.M. (2020). Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic—United States, January 1-October 17, 2020. MMWR Morb Mortal Wkly Rep 2020;79:1675-1680. <https://www.cdc.gov/mmwr/volumes/69/wr/mm6945a3.htm>

^{iv} Yard, E., Radhakrishnan, L., Ballesteros, M.F., et al. (2021). Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12-25 Years Before and During the COVID-19 Pandemic—United States, January 2019-May 2021. MMWR Morb Mortal Wkly Rep 2021;70L888-894. <https://www.cdc.gov/mmwr/volumes/70/wr/mm7024e1.htm>