November 18, 2022

The Honorable Nancy Pelosi  The Honorable Kevin McCarthy
Speaker of the House of Representatives  House Republican Leader
U.S. Capitol Building H-222  U.S. Capitol Building H-204
Washington, DC 20515  Washington, DC 20515

The Honorable Chuck Schumer  The Honorable Mitch McConnell
Senate Majority Leader  Senate Republican Leader
U.S. Capitol Building S-221  U.S. Capitol Building S-230
Washington, DC 20510  Washington, DC 20510

Dear Speaker Pelosi, Leader Schumer, Leader McConnell and Leader McCarthy:

Thank you for your leadership throughout the 117th Congress to address the mental health, suicide, and substance use crises confronting our nation. The undersigned organizations represent a growing group of multi-sector national leaders that have a shared commitment to reimagine our national response to people experiencing a mental health, suicide, or substance use 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.

As you finalize end-of-year legislation, we join together to urge you to take immediate action to expand our nation’s behavioral health crisis response system within that legislation. Specifically, we urge you to prioritize passing the following sections of the bipartisan “Improving Integration, Coordination and Access to Care” Senate Finance Committee discussion draft released November 10:

- Section 16 – Medicare payment for mobile crisis response intervention services
- Section 17 – Medicare payment for crisis stabilization services
- Section 23 – Supporting access to a continuum of crisis response services in Medicaid and CHIP
- Section 24 – Making permanent a Medicaid state option to provide mobile crisis intervention services

Additionally, funding for crisis response services is vital to transforming our crisis system, and we urge you to finalize the following funding for FY 23:

- $747 million for the 988 Suicide & Crisis Lifeline to meet the increased demand for lifesaving support and improve equity and effectiveness
- $60 million for the Mental Health Crisis Response Partnership Pilot Program to help expand the availability of mobile crisis teams across the country
In 2020, Congress took an important step in reimagining crisis response by passing bipartisan legislation, the National Suicide Hotline Designation Act of 2020 (P.L. 116-172), to designate 988 as the new nationwide, three-digit number for mental health, substance use and suicidal crises. This number became available nationwide in July 2022 and connects people to trained crisis counselors that can provide de-escalation and mental health intervention services by phone, text and chat – ideally coordinating connections to additional mental health and substance use resources in their community.

Most communities have limited or no options when it comes to services that support someone in a behavioral health crisis. Law enforcement and hospital emergency departments are often the de facto response, which places a strain on these systems and delays mental health treatment for someone in an emergency. Our response to mental health crises impacts every corner of our communities, and 988 presents a real opportunity to create a range of crisis response services that meets the needs of people in crisis. To fulfill the promise of 988, we must ensure the full crisis care continuum is available to individuals across the United States. This continuum includes 24/7 call and text centers, mobile crisis teams, and crisis stabilization options. This is not possible without sustainable funding mechanisms, including both public and private payor reimbursement paired with federal and state investments in this system.

We would like to express our strong support for the Senate Finance Committee’s November 10 draft, which would significantly expand access to crisis care. Specifically, Sections 16, 17, 23 and 24 would provide coverage of mobile crisis response and crisis stabilization services for people with Medicare and make permanent a state option to provide mobile crisis response services in Medicaid. These changes set the stage for sustainable funding options for the full crisis care continuum, fulfilling the bipartisan vision that Congress had to better serve people in crisis through 988.

Additionally, we urge Congress to continue to invest in the infrastructure of the 988 crisis response system, helping amplify recent investments by the federal and state governments to ensure an effective and consistent response for every help seeker, no matter where they live. Due to the anticipated doubling of demand in just its first year, and the need to further implement the services and infrastructure to respond to 988 contacts, we ask that the final FY 23 appropriations include $747 million in funding for the 988 Suicide & Crisis Lifeline and $60 million for the Mental Health Crisis Response Partnership Pilot Program.

We sincerely appreciate your continued leadership and dedication across the mental health, substance use and suicide prevention spaces, and in particular, your work to ensure access to care for individuals in crisis. On behalf of the Reimagine Crisis partners, please contact Hannah Wesolowski, Chief Advocacy Officer at the National Alliance on Mental Illness, at hwesolowski@nami.org.

Sincerely,

American Association of Child and Adolescent Psychiatry
American Counseling Association
American Foundation for Suicide Prevention
Autoimmune Association
Behavioral Health Foundation
Behavioral Health Link
Centerstone
Connections Health Solutions
Crisis Residential Association
Crisis Text Line
Depression and Bipolar Support Alliance
Fountain House, Inc.
Inseparable
The Kennedy Forum
League of United Latin American Citizens (LULAC)
Major County Sheriffs of America
Mental Health America
Mental Health Coalition
National Alliance on Mental Illness (NAMI)
National Asian American Pacific Islander Mental Health Association
National Association for Rural Mental Health
National Association of County Behavioral Health and Developmental Disability Directors
National Association of State Mental Health Program Directors
National PTA
Police, Treatment, and Community Collaborative (PTACC)
RI International
Solari Crisis & Human Services
Steinberg Institute
The Trevor Project
Trust for America’s Health

cc: The Honorable Ron Wyden
The Honorable Mike Crapo
The Honorable Catherine Cortez-Masto
The Honorable John Cornyn