



Transforming Our Nation's Crisis Care Continuum

BOTTOM LINE



With a July 2022 launch date for 9-8-8 implementation fast approaching, significant investments are needed to improve and secure the suicide prevention, mental health and substance use crisis care continuum.

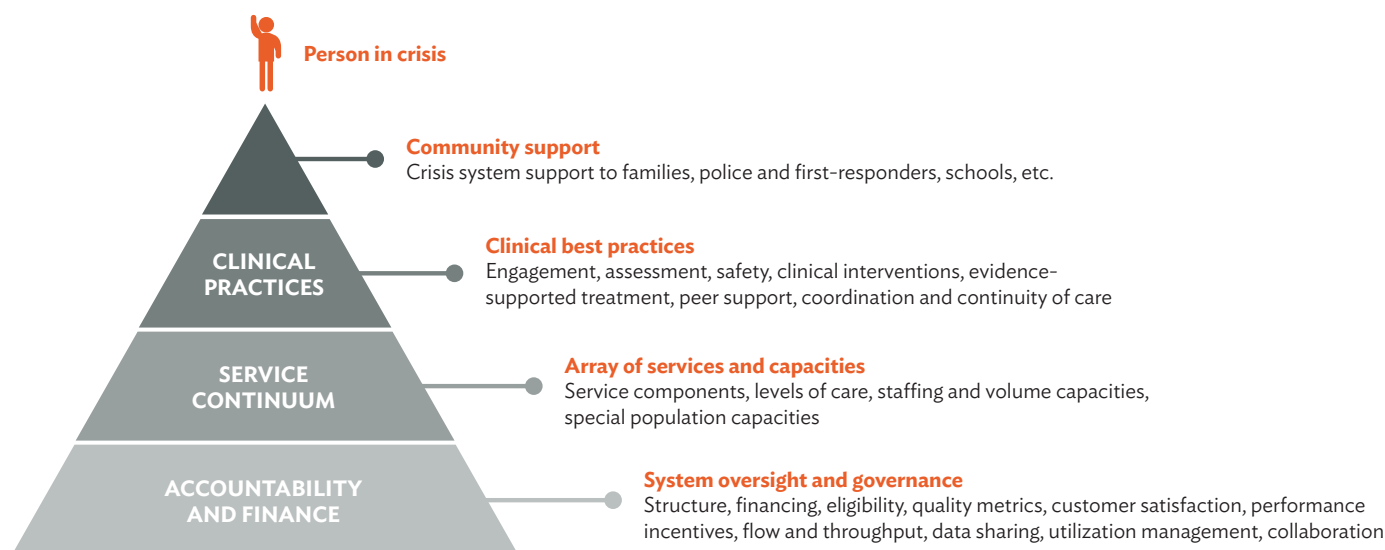
THE ASK



Urge House and Senate leadership to include the following recommendations in a legislative vehicle to transform and coordinate our nation's crisis care continuum.

In July 2022, the National Suicide Prevention Lifeline (Lifeline), the nation's main connection point to suicide prevention, mental health and substance use crisis response services, will officially transition to a new three-digit dialing code (9-8-8). This transition brings with it new challenges and new opportunities to enhance services and further improve our response to crisis. To meet the moment, we must create a comprehensive, integrated and coordinated care system that allows no one to fall through the cracks during crisis.

The National Council for Mental Wellbeing and its Hill Day partners commend Congress for its attention to the crisis response continuum in our nation. Since passage of the National Hotline Designation Act, several bills have been introduced to bolster the crisis care continuum, increase investments in the Lifeline and mobile crisis response and enhance coverage of crisis services throughout our health care systems.



Source: Roadmap to the Ideal Crisis System. March, 2021¹

FUND LIFELINE CALL CENTERS AND CRISIS RESPONSE PROGRAMS

Since its creation in December 2004, the Lifeline has fielded more than 20 million calls from people in distress. Vibrant Emotional Health, administrator of the Lifeline, estimates that more than 9 million calls will be made to the Lifeline in the first full year of transition to 9-8-8. If we are to meet the growing need for suicide prevention, mental health and substance use crisis services, Congress must invest significant resources into the Lifeline, its call centers and programs and services that fund crisis care continuum. Our recommendations include:

- **Create a Behavioral Health Crisis Coordinating Office** to support technical assistance and coordination across federal agencies to inform crisis care system development and improvement.
- **Provide resources to Lifeline crisis centers and Lifeline network operations** to build capacity needed to provide specialized services for LGBTQ+ individuals and other high-risk populations including Indigenous people, People of Color and other underserved populations and expand technology, training and operations across the network.
- **Fund crisis services in states and communities** through the Mental Health Block Grant set-aside and the newly created Mental Health Crisis Response Partnership Pilot Program to create or enhance existing mobile crisis response teams as passed by the House of Representatives.

INVEST IN THE PHYSICAL AND HUMAN INFRASTRUCTURE NEEDED FOR THE CRISIS CARE CONTINUUM

The mental health and substance use treatment workforce is already experiencing catastrophic shortages and the influx of need that comes with creating a universal, easy-to-remember three digit dialing code will only further pressure the field. Congress must invest in both the physical and human infrastructure needed to respond to this transition. Our recommendations include:

- **Broaden capital development grants** through the Health Resources and Services Administration (HRSA).
- **Expand behavioral health workforce** training programs at HRSA, the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Health Service Corps.
- **Clarify the Medicaid Institutions of Mental Disease (IMD) payment prohibition** to exclude psychiatric acute care crisis beds.

INCENTIVIZE FUNDING MOBILE OUTREACH, CRISIS SERVICES AND INNOVATIVE CARE MODELS

We must coordinate and integrate physical and behavioral health crisis response networks to ensure that when people dial 9-8-8, they have someone to talk to and somewhere to go to access treatment and services. This requires promoting new integrated and comprehensive provider models, increasing coverage of crisis services by insurers and incentivizing states to adopt more robust crisis care models and programs. Our recommendations include:

- **Pass the Excellence in Mental Health and Addiction Treatment Act (S. 2069/H.R. 4323)** to expand the existing 10-state Certified Community Behavioral Health Clinic demonstration to allow any state to apply to participate and partner with 9-8-8 Lifeline networks and crisis call centers.
- **Pass the Behavioral Health Crisis Services Expansion Act (S. 1902)** to develop national standards for a continuum of crisis services and provide coverage of those services across a variety of health coverage plans, leveling the playing field and facilitating diversified funding of crisis services.
- **Build off investments in the American Rescue Plan** to bolster mobile crisis care operations and programs.

¹ National Council for Mental Wellbeing. (2021, March). Roadmap to the Ideal Crisis System. Committee on Psychiatry and the Community for the Group for the Advancement of Psychiatry. https://www.TheNationalCouncil.org/wp-content/uploads/2021/03/031121_GAP_Crisis-Report_Final.pdf?dof=375ateTbd56

