

HOUSE APPROPRIATIONS DISCUSSES MENTAL HEALTH EMERGENCIES

EXECUTIVE SUMMARY

Today, the House Appropriations Subcommittee on the Departments of Labor, Health and Human Services, and Related Agencies held a [hearing](#) entitled “Mental Health Emergencies: Building a Robust Crisis Response System.” This thoroughly bipartisan discussion discussed the upcoming implementation of the 988 crisis hotline (“988”), police involvement with crisis intervention, and barriers and solutions to providing care for those in crisis.

Members of the Subcommittee and witnesses agreed that co-responses to mental health crisis are key to providing proper care. They discussed the importance of police partnerships with trained mental health professionals, specifically the Support Team Assistive Response (STAR) model in Denver, Colorado. Members addressed prominent barriers to care, including mental health facility and workforce shortages and funding challenges. Democrats were more inclined to discuss mental health care parity between marginalized groups. However, witnesses and Committee members were optimistic about potential solutions to these hurdles, including Community Mental Health Services Block Grants, telehealth access, mobile response units, and the inclusion of those suffering from substance use disorder (SUD).

OPENING STATEMENTS

Chairwoman Rosa DeLauro (D-CT) discussed community crisis teams as a viable replacement for police handling mental health-related emergencies. She elaborated on barriers to health care, specifically noting the disparities to access for many marginalized groups. Chairwoman DeLauro promoted increased funding for mental health care, especially mental health mobile crisis teams through Medicaid expansion. She was pleased with proposed budget increases for the Substance Abuse and Mental Health Services Administration (SAMHSA), the Community Mental Health Services Block Grant, and developing 988.

Ranking Member Tom Cole's (R-OK) statement was included in the record due to technical difficulties.

WITNESS TESTIMONY

Charles Dike ([testimony](#)), Medical Director of the Connecticut Department of Mental Health and Addiction Services, pushed for infrastructure to support 988 and expressed his gratitude for the five percent set-aside for crisis services in the Community Mental Health Services Block Grant beginning in fiscal year 2021. Mr. Dike also discussed the importance of mobile crisis response.

Robert Gebbia ([testimony](#)), Chief Executive Officer of the American Foundation for Suicide Prevention, supported bolstered access to mental health treatment through 988. He depicted the state and local connections to this lifeline, and he reiterated Mr. Dike's concerns with strong infrastructure to support 988. When additional support for 988 calls is required, Mr. Gebbia noted issues with law enforcement dealing with these mental health concerns.

Tonja Myles ([testimony](#)), Certified Peer Support Specialist at The Bridge Center for Hope, highlighted systems to best work on mental health concerns in communities of color, and she shared her personal experiences with mental health struggles. Ms. Myles touched on the importance of crisis intervention team (CIT) training for police officers and the integral role of a continuum of care for those dealing with mental health issues.

Chris Richardson ([testimony](#)), Associate Director of Criminal Justice Services for the Mental Health Center of Denver, drew attention to the STAR model in Denver. This program diverts those experiencing mental health crisis from law enforcement and towards mental health professionals. He discussed a “paradigm shift in results” without any need for police intervention. Mr. Richardson explained STAR’s partnership with law enforcement in properly addressing 911 calls.

Steven Casstevens ([testimony](#)), Immediate Past President of the International Association of Chiefs of Police, explained that the lack of mental health crisis services leaves police officers as the first responders to these calls. He worried about: (1) the magnitude of the mental health crisis intervention issue; (2) the stigma attached to mental health issues; and (3) the combination of mental illness and SUD. Mr. Casstevens noted low availability for mental health treatments in the U.S., and he called for legislative and funding support for local efforts.

DISCUSSION AND QUESTIONS

988 Hotline

- Mr. Gebbia noted that building out 988 will have to include new guidance and standards. He expressed a sense of urgency, as the program is set to launch in summer of 2022. He also told **Rep. Charles Fleishmann (R-TN)** that 988 is only effective if supports are in place to boost program infrastructure.
- In response to **Rep. Barbara Lee’s (D-CA)** concern regarding Black men’s experience with police-related trauma, Ms. Myles explained that trauma informed training varies by zip code. She added that 988 will be a great alternative to 911 to address some of these concerns.
- **Rep. Mark Pocan (D-WI)** worried about mental health amongst the LGBTQIA+ community. Mr. Richardson suggested a menu option for these groups on the 988 hotline that would transfer callers to the Trevor Project.

Police Collaboration

- Mr. Casstevens told Ranking Member Cole that precincts desperately need police social workers, and officers require more training. Mr. Casstevens also praised the STAR model, and he added that law enforcement does not want to criminalize mental health.
- Mr. Richardson explained that about one-third of STAR's calls come from police requesting mental health assistance. He said that the model has useful partnerships with day shelters, treatment providers, and walk-in crisis centers that police do not have at their disposal.
- Mr. Gebbia agreed with **Rep. Lois Frankel (D-FL)** that law enforcement needs more funding for mental health care collaboration. He also touched on suicide rates in prison and called for a higher standard of prison care as part of the prison health services accreditation process.
- Mr. Casstevens also told Rep. Frankel that stigmas behind mental health are often the root problems that lead to mass shootings.
- **Rep. Brenda Lawrence (D-MI)** asked about plans for police partnerships with mental health facilities. Mr. Casstevens explained that mental health is so defunded in the U.S. that police are forced to put those in need of mental health care in handcuffs due to a lack of specialized facilities with which to partner.

Barriers & Hurdles to Care

- Mr. Richardson told Ranking Member Cole that the STAR model has been great and experiences few hurdles. However, he elaborated to **Rep. Josh Harder (D-CA)** that the model is only applicable in other cities if those localities have resources such as immediate access to treatment and strong, existing supports for mental health care. Mr. Dike added the need to assist patients in different stages of crisis, such as providing long-term respite and intermediate care to keep people out of emergency rooms.
- Ranking Member Cole recognize the severe workforce shortage and suggested incentives for better training and recruitment of mental health professionals. However, he warned witnesses that not all of this funding can come from the federal government.
- Mr. Dike told **Rep. Jaime Herrera Beutler (R-WA)** that a strong workforce, access to telehealth, erasing the stigma behind mental health, and culturally appropriate interventions are the main hurdles to accessing mental health care.

Solutions

- Mr. Dike explained to Chairwoman DeLauro that access to care for homeless populations is especially difficult and requires provider flexibility through mobile crisis teams that include authorized prescribers. Ms. Myles added the importance of addressing SUD in these communities.
- Mr. Gebbia agreed with **Rep. Andy Harris (R-MD)** that possible solutions to the emergency mental health crisis should focus on preventative measures. Mr. Gebbia drew attention to mental health education, telehealth, and addressing access and affordability issues.
- **Rep. Bonnie Watson Coleman (D-NJ)** drew attention to her Pursuing Equity in Mental Health Act ([H.R. 1475](#)) as a working solution to address disparities in mental health access and treatment. She specifically noted the importance of meshing mental health treatment with SUD treatments.

- To ensure better resources to help reduce stigmas around mental health, Ms. Myers told **Rep. Ben Cline (R-VA)** about “healing circles” to create safe spaces and connect with additional resources online.
- **Rep. Cheri Bustos (D-IL)** strongly supported the five percent set aside of Community Mental Health Services Block Grant funding for crisis services, but Mr. Gebbia said that the funding is still insufficient.