Crisis Care Improvement and Suicide Prevention Act

Problem: As our nation continues to fight the opioid epidemic and the COVID-19 pandemic, mental illness has reached epidemic levels. In West Virginia, which – sadly – continues to lead the nation with the highest per capita death rate from overdoses, the problem is particularly pronounced.

- According to data from the West Virginia Office of Drug Control Policy, emergency room visits for potential overdoses statewide increased last month to 663, the highest number for the last two years.
- In a recent Kaiser Family Foundation poll, 45% of adults in the United States reported that their mental health has been negatively impacted due to worry and stress over the virus.
- 28% of people experiencing significant disruption in their lives due to coronavirus reported major negative mental health impacts, compared to 15% of those experiencing just some disruption and 10% of those with little or no disruption.
- A recent report from the Well Being Trust projects that 75,000 people are at risk of overdose death or suicide, with West Virginia topping the list for per capita rates.

Additionally, emergency departments and the criminal justice system do not have the capacity—with existing resources and healthcare professional shortages—to address the needs of the rapidly growing number of individuals with behavioral health conditions

Proposal: This legislation would direct states to utilize five percent of their Mental Health Block Grant for crisis care services—once funding for the program is increased by five percent nationally— allowing states to upgrade crisis care programs and strategies. Crisis care services include the following:

- *Crisis Call Centers* Call centers that coordinate and connect patients and families to behavioral health services in real time.
- *Mobile Crisis Services* 24/7 mobile crisis services travel to patients offering outreach, support and referrals to appropriate care when and where people are in crisis.
- *Crisis Stabilization Programs* Stabilization programs offering acute or sub-acute care in a hospital or facility for individuals who need support and observation.

These programs can be reached remotely, allowing individuals in crisis to be connected to care immediately, even without health centers and hospitals operating at full capacity.

What is the Mental Health Block Grant? Administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), the federal Mental Health Block Grant provides funds to States to support mental illness prevention, treatment and rehabilitation services. In Fiscal Year 2020, the program was funded at \$722.5 million. After becoming law, this legislation will go into effect once the program receives \$757.5 million in funding, a five percent increase. It is structured this way to ensure that existing SAMHSA grant recipients are not adversely impacted.

Supported by:

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