

Congress of the United States
Washington, DC 20515

September 6th, 2018

The Honorable Tom Cole
Chairman
Subcommittee on Labor, Health and Human
Services, Education and Related Agencies
House Committee on Appropriations
U.S. House of Representatives
Washington D.C. 20515

The Honorable Rosa L. DeLauro
Ranking Member
Subcommittee on Labor, Health and Human
Services, Education and Related Agencies
House Committee on Appropriations
U.S. House of Representatives
Washington D.C. 20515

Dear Chairman Cole and Ranking Member DeLauro:

As you work to finalize the Fiscal Year (FY) 2019 Labor, Health and Human Services, Education and Related Agencies Appropriations Act (“Labor-H Appropriations Act”), we write to express our full support for a bipartisan effort to address the mental health epidemic ravaging our country. Currently, Americans attempt suicide at an estimated rate of 1.3 million times annually. While each attempt is tragic, many can be prevented if we fully address the mental health needs in our country. A staggering 90 percent of those who die by suicide had a diagnosable psychiatric disorder at the time of their death.

As such, we were pleased to see funding allocated to mental health resources, both in the House and Senate Appropriations Committee-approved bills. However, given the magnitude of the mental health crisis our country faces, we strongly believe more action is necessary. The recommendations set out below will provide a more holistic approach to mental health as it applies to education, treatment, and the real time data to aid in addressing spikes in specific communities.

1. **Program:** National Suicide Prevention Lifeline
Funding Level Requested: \$10,000,000
Increase Level Requested: \$2,802,000
Department: HHS
Agency/Account: SAMHSA
Description: The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources, and best practices for professionals. Lifeline Centers have seen their call volume more than double in the past five years. The number of calls increases every year, and yet 46% of the centers had flat funding and 31% had funding decreases. Many calls are answered out-of-state, straining the national center’s capacity and reducing the effectiveness of the call.
Bill Language: None
Report Language: None
Note: Requested funding level is included in Senate-passed appropriations bill.

2. **Program:** Garrett Lee Smith Youth Suicide Prevention State Grants
Funding Level Requested: \$37,000,000
Increase Level Requested: \$ 1,573,000
Department: HHS
Agency/Account: SAMHSA
Description: The Garrett Lee Smith Youth Suicide Prevention State Grants provides grants to states, tribes, and tribal organizations to support the development and implementation of youth suicide prevention and early intervention strategies.
Bill Language: None
Report Language: None

3. **Program:** Garrett Lee Smith Campus Suicide Prevention Program
Funding Level Requested: \$7,000,000
Increase Level Requested: \$512, 000
Department: HHS
Agency/Account: SAMHSA
Description: The Garrett Lee Smith Campus Suicide Prevention grant supports a public health approach to develop a comprehensive, collaborative, and evidence-based approach to suicide prevention on campuses.
Bill Language: None
Report Language: None

4. **Program:** National Strategy for Suicide Prevention
Total Funding Level Requested: \$13,500,000 in total; \$11,500,000 for Zero Suicide of which \$2,500,000 for American Indian and Alaska Native Set-Aside
Increase Level Requested: \$2,500,000 for American Indian and Alaska Native Set-Aside.
Department: HHS
Agency/Account: SAMHSA
Description: The 2012 National Strategy for Suicide Prevention (the National Strategy) is the result of a joint effort by the Office of the U.S. Surgeon General and the National Action Alliance for Suicide Prevention (Action Alliance). The National Strategy is a call to action that is intended to guide suicide prevention actions in the United States over the next decade.
Bill Language: None
Report Language: None
Note: Requested funding level included in House Appropriations Committee approved bill.

5. **Program:** Syndromic Surveillance of Self-Harm Behaviors and Suicidal Ideation
Funding Level Requested: \$23,500,000
Increase Level Requested: \$500,000
Department: HHS
Agency: CDC
Account: Public Health Preparedness and Response → CDC Preparedness and Response → Biosense
Description: Currently, roughly 60% of Emergency Rooms track some form of data as it relates to suicide related incidents. However, as of right now there is no means of extracting this data to better direct resources both from a macro (number of incidents) and micro (individual follow-up programs) level. This program would expand upon the existing and successful National Syndromic Surveillance Program (“NSSP”) to apply to recorded “self-harm” through a pilot program in four hospital Emergency Rooms. The NSSP has already been successful in tracking real time data from Emergency Rooms on potential spikes in various epidemics (i.e. influenza).
Report language: The Committee is in support of the real time data capture of “self-harm” in our nations ERs to better direct resources both from a macro (number of incidents) and micro (individual follow-up programs) level. It therefore attributes \$500,000 in funds to the implementation of the Syndromic Surveillance of Self-Harm Behaviors and Suicidal Ideation at four Emergency Rooms, and to be determined in coordination with the National Syndromic Surveillance Program.

6. **Program:** National Institutes of Mental Health

Funding Level Requested: \$1.871 billion

Increase Level Requested: \$159,225,000

Department: HHS

Agency/Account: NIH

Description: Suicide prevention research conducted at the NIMH will allow for better understanding, treatment and prevention. Currently the federal government spends less than \$40 million a year on direct suicide prevention research.

Bill Language: None

Report Language: The Committee is alarmed by data from Center for Disease Control (“CDC”) that indicates that suicide rates have increased nationwide by 30 percent since 1999. Data also shows that the suicide rate among children, and especially minority children, has significantly risen over the past decade.

NIMH has had encouraging breakthroughs in research on risk detection algorithms, and these tools can be made increasingly sophisticated now with the power of big data tools. The Committee urges NIMH to prioritize its suicide prevention research efforts to produce models that are interpretable, scalable, and practical for clinical implementation, including mental and behavioral health care interventions, to combat suicide in the United States. The Committee directs NIH to provide an update on these efforts, including its work with CDC, SAMHSA, and the Department of Education, in the fiscal year 2020 Congressional Justification.

Note: Requested funding level and report language is included in Senate-passed appropriations bill.

We ask for your – and the subcommittee’s – support to fully fund this comprehensive mental health package in the FY 2019 Labor-H Appropriations Act, which is designed to provide SAMHSA, CDC, and NIMH with the necessary tools they need to combat this epidemic affecting all of our communities. We look forward to working with you to address this public health crisis and save lives.

Thank you for your consideration of this request.

Sincerely,



John K. Delaney
Member of Congress



Chris Stewart
Member of Congress



José E. Serrano
Member of Congress



John J. Faso
Member of Congress