



**American  
Foundation  
for Suicide  
Prevention**

**Testimony of Robert Gebbia  
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U.S. House of Representatives, Appropriations Subcommittee on Labor, Health  
and Human Services, Education, and Related Agencies  
FY 2024 Written Testimony for the Hearing Record**

March 23, 2023

Chairman Aderholt, Ranking Member DeLauro, and members of the Subcommittee on Labor, Health and Human Services, Education, and Related Agencies:

Thank you for the opportunity to submit testimony on the critical need for funding for suicide prevention as you consider Fiscal Year 2024 (FY24) spending levels. I am pleased to submit this testimony on behalf of the American Foundation for Suicide Prevention (AFSP), the nation's largest non-profit dedicated to saving lives and bringing hope to those affected by suicide through evidence-based suicide prevention programming, education, research, and advocacy. My testimony focuses on the need for adequate funding for key suicide prevention programs within the Substance Abuse and Mental Health Services Administration (SAMHSA), the Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA). AFSP urges the Subcommittee to provide \$836 million for the 988 Suicide & Crisis Lifeline; \$100 million for the Mental Health Crisis Response Partnership Program; \$80 million for the Comprehensive Suicide Prevention Program; \$34.5 million for the National Violent Death Reporting System; and \$45 million for the Dr. Lorna Breen Health Care Protection Act Grant Programs. More information about these programs



and the critical need for adequate funding to address the current suicide and mental health crisis is provided below.

### **Substance Abuse and Mental Health Services Administration**

SAMHSA's suicide prevention programs help to implement comprehensive public health approaches that make suicide prevention a priority within health systems and communities, helping to save lives. AFSP supports the following FY24 funding levels:

#### ***988 Suicide & Crisis Lifeline (Lifeline)***

The Lifeline launched in July of 2022 as the new 3-digit dialing code for what was previously known as the National Suicide Prevention Lifeline. The Lifeline handles calls from individuals across the U.S. experiencing any suicide, mental health, or substance use crisis. There is clear evidence that the Lifeline can be effective in reducing suicide as well as successfully de-escalating callers classified as high risk. The Lifeline can also reduce the burden on emergency rooms, police, emergency responders, and other mental health emergency services. SAMHSA has estimated that in FY23, the Lifeline will see 6 million contacts, and in FY24, 9 million contacts—almost triple the number of calls, chats, and texts that the Lifeline received in 2022.

AFSP urges the Subcommittee to support **\$836 million** for the Lifeline for FY24. Funding is needed to ensure that calls can be answered locally by individuals who have been trained to handle suicide risk and other mental health crisis situations. The funding will also help to ensure that call centers can link callers to a full continuum of crisis care and can collaborate and coordinate with 911 and emergency services when needed.



### ***Mental Health Crisis Response Partnership Program***

The Mental Health Crisis Response Partnership Program supports partnerships with 988 call centers, community providers, 911 centers, and first responders to divert people in mental health crises from law enforcement and justice system involvement to behavioral health response teams. AFSP supports **\$100 million** for this program to support the expansion of mobile crisis response teams and crisis stabilization facilities.

### ***Suicide Prevention Resource Center (SPRC)***

Since 2002, the SPRC has been building national capacity for suicide prevention through providing evidence-based resources, training, partnerships, and technical assistance at the national and regional level, including the Zero Suicide Model. AFSP supports **\$11 million** to sustain this work in FY24.

### ***National Strategy for Suicide Prevention (NSSP)***

The NSSP addresses the Office of the 2021 Surgeon General's Call to Action to implement a broad-based public health approach to suicide prevention. The NSSP supports collaboration with community stakeholders, workplace settings, criminal justice settings, and other organizations, and raises awareness of the available resources for suicide prevention. AFSP supports **\$28.2 million** to support Zero Suicide continuation grants and five NSSP grants.

### **Centers for Disease Control and Prevention**

The CDC's multi-pronged strategy on suicide prevention, including a focus on early prevention and intervention, helps state, territorial, local, and tribal communities



learn the evidenced-based strategies to reduce suicide. AFSP supports the following FY 24 funding levels:

### ***Comprehensive Suicide Prevention Program (CSP)***

The CSP currently supports 17 recipients to provide a comprehensive approach to suicide prevention, focusing on specific populations that are at disproportionate risk for suicide and implementing strategies tailored to their unique communities, experiences, and needs. The populations addressed by the CSP include Veterans, tribal populations, rural communities, youth/young adults, middle-aged and older adults, LGBTQ people, and others. Since its creation, the CSP has expanded from 9 grantees with \$12 million in funding in 2020 to 17 grantees with \$30 million in FY23.

AFSP supports **\$80 million** for the CSP to scale up nationally, and provide grants to all 50 states, the District of Columbia, and 18 tribal and territorial communities, as well as other nongovernmental organizations and university research programs. Increased funding will help state public health departments and other grant recipients, including tribes and territories, expand the CSP program nationwide to build capacity and implement strategies to prevent suicide. Funding also supports near real-time collection of emergency department data for nonfatal suicide-related outcomes.

### ***National Violent Death Reporting System (NVDRS)***

The NVDRS is a state-based surveillance system that pools information taken from medical examiners, coroners, law enforcement, toxicology, and vital statistics following violent deaths—including suicides and homicides—to provide a holistic view



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of the circumstances around a death. The data in the NVDRS provides insight into who is dying by suicide and possible reasons why. AFSP supports **\$34.5 million** for the NVDRS so that states can adequately resource and train staff to ensure that data collection is accurate and as swift as possible, increasing understanding and informing policies to address circumstances surrounding suicides.

### **Health Resources and Services Administration**

HRSA's workforce programs support the implementation of evidence-informed strategies to help the health care workforce respond to workplace stressors and reduce burnout. AFSP supports the FY 24 funding level for programs that support workforce well-being.

### ***Dr. Lorna Breen Health Care Protection Act Grant Programs***

AFSP supports **\$45 million** for the grant programs enacted in the *Dr. Lorna Breen Health Care Protection Act* to encourage the development of more mental health services and promote well-being in the health professional workforce.

### **Conclusion**

AFSP thanks Chairman Aderholt, Ranking Member DeLauro, and the Labor, Health and Human Services, Education, and Related Agencies Appropriations Subcommittee for this opportunity to highlight the resource needs of key suicide prevention programming. We would be happy to act as a resource to the Subcommittee as it develops funding levels for FY24.