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ONE HUNDRED EIGHTEENTH CONGRESS

Congress of the United States

House of Representatives

COMMITTEE ON ENERGY AND COMMERCE

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April 4, 2023

Miriam E. Delphin-Rittmon, Ph.D.

Assistant Secretary for Mental Health and Substance Use

Department of Health and Human Services

Administrator

Substance Abuse and Mental Health Services Administration

5600 Fishers Lane

Rockville, MD 20857

Dr. Delphin-Rittmon:

Pursuant to Rules X and XI of the U.S. House of Representatives, the Committee seeks a full accounting from the Substance Abuse and Mental Health Services Administration (SAMHSA) for the influx of funds provided through COVID-19 supplemental relief, and more particularly, details on SAMHSA's performance in launching the 988 suicide-prevention hotline, the extent of SAMHSA's support for providing clinical treatment for patients with serious mental illness, and SAMHSA's Office of Recovery.

Mental health conditions—such as anxiety disorders, mood disorders, and schizophrenia—affect a substantial number of adults in the United States. For example, in 2020, SAMHSA estimated that 53 million adults in the United States (21 percent) had any mental illness, including approximately 14 million adults (5.6 percent) who had serious mental illness.¹ Additionally, the effects of the COVID-19 pandemic and government response to the COVID-19 pandemic—such as increased social isolation, stress, and unemployment—have intensified concerns that more people are affected by mental health conditions and that people with underlying mental health conditions could experience increased severity of those conditions.²

¹ See Substance Abuse and Mental Health Services Administration, Key Substance Use and Mental Health Indicators in the United States: Results from the 2020 National Survey on Drug Use and Health, (Rockville, Md.: October 2021). <https://www.samhsa.gov/data/release/2020-national-survey-drug-use-and-health-nsduh-releases>

² U.S. Government Accountability Office (GAO), *Mental Health Care: Access Challenges for Covered Consumers and Relevant Federal Efforts*, GAO-22-104597, 1 (March 2022), <https://www.gao.gov/assets/gao-22-104597.pdf>

According to SAMHSA's budget overview, while SAMHSA's budget authority in FY 2021 was about \$5.8 billion, SAMHSA received more than \$7.8 billion in budget authority through the COVID-19 supplemental.³

To assist our efforts in learning about SAMHSA's spending and performance on key issues, please provide the following by April 18, 2023:

1. How much funding was provided to SAMHSA from COVID-19 supplemental funding? What accomplishments would SAMHSA attribute strictly because of the supplemental funding?
2. How much of this supplemental funding has been obligated?
3. How much of this supplemental funding has been expended? What was the supplemental funding spent on?
4. How much of this supplemental funding was provided to states? Please provide information for each state to include dollar amounts of funding on a state-by-state basis.
5. Provide information about how SAMHSA tracks state expenditures of SAMHSA funds. What did the states spend the supplemental funding on?
6. In April 2022 SAMHSA awarded nearly \$105 million in grants to states and territories for the transition to 988 and to support call centers.⁴ In addition, in December 2021, SAMHSA announced \$177 million to support strengthening and expanding the National Suicide Prevention Lifeline network operations and infrastructure.⁵ Notwithstanding this total of \$282 million funding for 988 during the last fiscal year, the nationwide suicide hotline crashed late last year.⁶
 - a. Regarding 988, why did SAMHSA seek an increase in funding to further expand 988 after having spent \$105 million to expand 988 in December 2021⁷?

³ SAMHSA Budget Justification Fiscal Year 2023, <https://www.samhsa.gov/sites/default/files/samhsa-fy-2023-cj.pdf>

⁴ SAMHSA press release, *As Part of President Biden's Mental Health Strategy, HHS Awards Nearly \$105 Million to States and Territories to Strengthen Crisis Call Center Services in Advance of July Transition to 988* (April 19, 2022), <https://www.hhs.gov/about/news/2022/04/19/part-president-bidens-mental-health-strategy-hhs-awards-nearly-105-million-states-territories-strengthen-crisis-call-center-services-advance-july-transition-988.html>

⁵ SAMHSA press release, *HHS Announces Critical Investments to Implement Upcoming 988 Dialing Code for National Suicide Prevention Lifeline* (December 2021), <https://www.samhsa.gov/newsroom/press-announcements/202112201100>

⁶ https://www.wkow.com/townnews/politics/states-prepare-for-summer-launch-of-new-988-suicide-prevention-number/article_13c897b6-b235-5ab7-b639-5f42378775a4.html

⁷ SAMHSA press release, *HHS Announces More Than \$100 Million in Bipartisan Safer Communities Act Funds for States and Territories to Improve Mental Health Services* (October 21, 2022), <https://www.samhsa.gov/newsroom/press-announcements/20221021/hhs-announces-bsca-funding-states-territories-improve-mental-health-services>

- b. Why was there an outage⁸ on 988 after all the financial support?
7. Given the intensity of SAMHSA's focus on implementing 988, we are concerned about the adequacy of SAMHSA's efforts to provide support for clinical treatment to patients with serious mental illness (SMI). How much money has SAMHSA invested in clinical treatments to patients with SMI?
 8. What progress in providing clinical treatments to patients with SMI was made with these investments?
 9. We note that in September 2021, SAMHSA launched the Office of Recovery.⁹ It is unclear to us what was the underlying authority for establishing this office. What authority was used by SAMHSA to launch the Office of Recovery?
 10. What funds are used to support the Office of Recovery? What were the sources of the funding, and how much funding was contributed from each source?
 11. What staff are involved in the Office of Recovery? Please indicate which SAMHSA offices were the sources of the staff, and the number of staff from each SAMHSA office transferred to the Office of Recovery.
 - a. Have staff (both permanent and detailed staff)/programs from the authorized Centers been transitioned to this Office? How many total staff were transitioned to the Office of Recovery? How many permanent staff were transitioned to the Office of Recovery? What SAMHSA offices had reductions in staff and what were the reductions because of transitioned staff to the Office of Recovery? What SAMHSA programs or resources were transitioned to the Office of Recovery? Please identify the sources of staffing and funding for the Office of Recovery that were not the result of SAMHSA or programs being transitioned?

Your cooperation with this request is appreciated. If you have any questions, please contact Alan Slobodin of the Committee staff at (202) 225-3641.

Sincerely,



Cathy McMorris Rodgers
Chair
Energy and Commerce Committee

⁸Patricia Kime, *988 Nationwide Suicide Hotline Crashes, VA Offering Alternatives*, MILITARY.COM, available at <https://www.yahoo.com/now/988-nationwide-suicide-hotline-crashes-220740123.html>

⁹ SAMHSA press release, *SAMHSA to Launch New "Office of Recovery" to Expand Its Commitment to Recovery for All Americans*, (September 30, 2021) <https://www.samhsa.gov/newsroom/press-announcements/202109300228>.



Brett Guthrie
Chair
Subcommittee on Health



H. Morgan Griffith
Chair
Subcommittee on Oversight and Investigations

cc: Frank Pallone Jr., Ranking Member, Energy and Commerce Committee
Anna Eshoo, Ranking Member, Subcommittee on Health
Kathy Castor, Ranking Member, Subcommittee on Oversight and Investigations