

American Academy of Child & Adolescent Psychiatry  
American Psychiatric Association  
American Psychiatric Nurses Association  
American Psychological Association  
CHADD – Children and Adults with Attention-Deficit/Hyperactivity Disorder  
Depression and Bipolar Support Alliance (DBSA)  
Judge David L. Bazelon Center for Mental Health Law  
Mental Health America  
National Alliance on Mental Illness (NAMI)  
National Association of County Behavioral Health and Developmental Disability Directors (NACBHD)  
National Association of State Mental Health Program Directors (NASMHPD)  
National Coalition of Mental Health Consumer/Survivor Organizations (NCMHCSO)  
National Council for Community Behavioral Healthcare (NCCBH)  
National Empowerment Center (NEC)  
National Federation of Families for Children's Mental Health (FFCMH)  
National Mental Health Consumer's Self-Help Clearinghouse  
Suicide Prevention Action Network USA (SPANUSA)  
United States Psychiatric Rehabilitation Association (USPRA)

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January 27, 2009

President Barack Obama  
1600 Pennsylvania Ave, N.W.  
Washington, D.C. 20004

Dear President Obama:

The organizations comprising the Campaign for Mental Health Reform strongly support the American Recovery and Reinvestment Act (ARRA) and recognize the considerable work you and your administration have put into it. In particular, we applaud provisions in the House and Senate bills that increase the Medicaid FMAP for struggling state governments, expand Medicaid eligibility for low income Americans, and subsidize COBRA coverage for newly unemployed individuals; they are essential steps to finance care for an increasing number of our fellow citizens in need of mental health and addiction services in this time of economic hardship. We also welcome extension of the current moratorium on six Medicaid regulations that had been sought by the previous administration.

At same time, the Campaign believes key ARRA provisions overlook clearly identified needs and unfairly keep critical resources from providers and populations that should be prioritized in the current environment. Our concerns are centered in two areas:

**Federal Discretionary Health Spending:** ARRA contains over \$13 billion in new investments to strengthen our nation's health care infrastructure and improve service delivery to vulnerable populations. However, it appears that the Substance Abuse and Mental Health Services Administration (SAMHSA) is the only operating division within the United States Public Health Service (USPHS) that did not receive emergency funding in either the House or Senate version of ARRA.

**The Campaign for Mental Health Reform**  
**1101 Fifteenth Street, NW, Suite 1212**  
**Washington, DC 20005**

This policy decision is disappointing given the extreme impact that the current economic crisis is having on the nation's public mental health system. Specifically, a very recent study by the National Association of State Mental Health Program Directors (NASMHPD) and the NASMHPD Research Institute, Inc. (NRI), reports that 32 state mental health agencies are experiencing budget shortfalls in the current fiscal year and projected for 2010. These public authorities are responding by hiring freezes and reducing community services to low-income adults with severe mental illnesses and children with mental and emotional disturbances. In addition, the National Council for Community Behavioral Healthcare (NCCBH) is reporting a stunning 15% to 17% increase in average caseloads from Community Mental Health Centers (CMHCs) and other community-based mental health and substance abuse agencies around the nation. This increased demand for services is occurring at a time when states are confronting budget deficits, which threaten to further reduce general revenue funding for behavioral health agencies in the coming fiscal year. The Campaign requests an immediate increase of \$100 million for the Community Mental Health Services Block Grant to specifically address the need for additional capacity to deliver mental health care to low income and newly unemployed persons.

**Health Information Technology (HIT):** While the Campaign applauds the provisions contained the Health Information Technology (HIT) and Quality sections of ARRA that protects the privacy of consumers, we are deeply concerned that the legislation omits any reference to federal mental health and substance abuse authorities or mental health safety net providers. Indeed, the HIT section makes policy selections that seem to deny the full promise of HIT legislation to low income children and adults with mental health and addiction disorders. Let me be specific:

-- *Incentives For Use of HIT:* The HIT legislation authorizes Secretary-designate Daschle and the new Office of the National Coordinator for Health Information Technology to initiate immediate funding to strengthen the nation's HIT infrastructure. The measure goes on to direct the Secretary and the National Coordinator to invest funds through seemingly every major operating division within USPHS – but omits SAMHSA.

-- *Medicaid Provider HIT Adoption and Operating Payments; Implementation Funding:* The ARRA HIT provisions also take the essential step of authorizing new Medicaid funding to assist safety net providers with the acquisition and maintenance of new health information hardware and software as well as personnel preparation. However, the legislation omits CMHCs and other community-based mental health agencies from a listing of safety net providers eligible for enhanced reimbursement under the new program. Worse, the measure seems to equate safety net mental health providers with individual physician practices and caps their HIT payments.

Persons with serious mental illnesses appear to experience the highest rates of mortality and morbidity among any population served by any USPHS agency (due to an exceedingly high incidence of co-occurring chronic diseases including cancer, heart disease and diabetes). Furthermore, the community-based public mental health system serves a combined total of 6 million children and adults with mental health and addiction nationwide. The average caseload of a safety net community mental health provider is far larger and more clinically complex than a typical individual physician practice. In daily operation, a \$75,000 HIT reimbursement cap will deny persons served in the public mental health system the full life-saving impact of the cross-disciplinary care coordination made possible by HIT.

In 2008, Congress passed legislation securing parity coverage for persons with mental health and addiction disorders in the private health insurance market place. Discussions of health reform now underway recognize the need to integrate mental health with overall health care. We believe that in securing the critical objectives embodied in ARRA, your administration must continue this trend and recognize that the public mental health system is an essential – and fully co-equal – part of America’s larger health care safety net.

Thank you for your attention to these critically important matters.

Sincerely,

A handwritten signature in cursive script that reads "William Emmet." The signature is written in black ink on a light blue rectangular background.

William Emmet  
Director

cc:        Senator Harry Reid, Majority Leader  
          Senator Mitch McConnell, Minority Leader  
          Speaker Nancy Pelosi  
          Congressman John Boehner, Minority Leader  
          Senator Max Baucus, Chair, Finance Committee  
          Senator Chuck Grassley, Ranking Member, Finance Committee  
          Congressman Henry Waxman, Chair, Energy and Commerce Committee  
          Congressman Joe Barton, Ranking Member, Energy and Commerce Committee