

December 11, 2013

The Honorable Tim Murphy
Chairman
House Energy and Commerce Oversight & Investigations Subcommittee
2125 Rayburn House Office Bldg.
Washington, D.C. 20515

Dear Chairman Murphy:

On behalf of the National Council for Behavioral Health, I am writing to thank you for the inclusion of key National Council public policy priorities in the comprehensive mental health reform bill that you will be introducing later this week. The National Council represents 2,000 community mental health centers and other community-based behavioral health providers serving more than 8 million low income persons with mental health and addiction disorders nationwide.

In particular, your inclusion of a major Medicaid demonstration program drawn from the bipartisan Excellence in Mental Health Act (H.R. 1263/S. 264) will make an enormous contribution to expanding access to evidence-based community healthcare for children and adults with serious and persistent mental illnesses. This important measure will begin to reduce high hospital emergency room utilization among persons living with behavioral health conditions while easing the burden on hard-pressed law enforcement agencies in urban and rural areas. Perhaps most importantly, the Excellence Act demonstration will assist the Veterans Administration (VA) with serving the young men and women returning from Iraq and Afghanistan with service connected mental disorders including clinical depression and PTSD.

The National Council is also pleased that your important bill includes legislative provisions based upon the Mental Health First Aid Act (H.R. 274/S. 153), which has also won wide bipartisan support in both the House and Senate. Like CPR classes offered by local Red Cross chapters, Mental Health First Aid is an instructional program that teaches crisis de-escalation techniques, signs and symptoms recognition for common mental illnesses, and how to connect people in psychiatric distress with mental health services. Police and fire departments, first responders, judges, nurses, school principals and university counseling staff have found these trainings to be an indispensable tool in efforts to enhance both early intervention and public safety. Similarly, the inclusion of your own Behavioral Health Information Technology Act (H.R. 2957, S. 1517, S.1685) represents a major advance for the mental health and addiction fields by improving the integration of primary care and behavioral health.

We look forward to working with your office regarding the proposed authorization changes for the Substance Abuse and Mental Health Services Administration (SAMHSA). Over more than two decades, SAMHSA has been working to improve mental healthcare in America by pioneering important new behavioral health interventions through programs like the Mental Health Block Grant and the Primary Care-Behavioral Health Integration (PBCHI) grants. The agency also helps to finance emergency mental health services in the aftermath of major disasters including the 9/11 attacks in New York City and Hurricane Katrina. In a



partnership with the VA, SAMHSA also funds the National Suicide Prevention Hotline [1-800-273-TALK], which is heavily used by military families, service members and veterans. We hope to work with you to modify SAMHSA-related authorization changes as the legislative process unfolds.

Again, thank you for your outstanding leadership on mental health and substance use policy issues in the U.S. Congress.

Sincerely,

Linda Rosenberg, MSW, CSW

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President and CEO