

Mental Health Liaison Group

September 7, 2011

Dear Members of the Joint Select Committee on Deficit Reduction:

The undersigned national behavioral health organizations of the Mental Health Liaison Group – representing consumers, family members, advocates, professionals and providers – recognize the importance of protecting the future of our nation’s health, and how the current fiscal and budget landscape will frame your discussions on further reducing the deficit. We also recognize the unprecedented impact deep cuts to vital mandatory and discretionary programs will have on the millions of children and adults with, or at risk of, mental health and substance use conditions.

Therefore, we urge you to reject proposals that harm vulnerable populations, such as those eligible for Medicaid, Medicare, CHIP and SSI, undermine the reforms in the health care law, and decimate discretionary investments in community-based behavioral health services and supports.

Furthermore, we respectfully request that you consider the following principles in the development of your recommendations:

Medicaid is a lifeline and its integrity must be maintained: Medicaid experts, including those in Congress and with the Centers on Medicare and Medicaid Services, should be consulted on the importance of the program for children and adults with behavioral health disorders.

Millions of children and adults with mental health and substance use conditions, and other vulnerable beneficiaries, including senior citizens, rely on Medicaid as a lifeline. In fact, studies have shown that low-income individuals receiving Medicaid need more mental health care than other populations. Medicaid provides a full range of home and community-based rehabilitative and supportive services necessary for those with chronic and serious mental disorders. It is considered the bedrock of the public mental health system and a major source of funding for mental health care and related supports. In addition, state child welfare and educational systems rely on Medicaid to provide mental health services to children. Moreover, many critical benefits such as prescription drugs, case management and rehabilitative services are optional under Medicaid – but are not “optional” in the lives of the beneficiaries it serves.

The Institute of Medicine, in a 2009 report on mental health prevention and promotion, declared that the prevention of mental health and substance abuse conditions among young people must be a national priority. For children with behavioral health disorders, Medicaid’s cost-effective preventative and treatment services enable children to lead healthy and more productive lives

and prevent dire outcomes such as school failure, involvement with the justice system and suicide.

Significant discretionary cuts have already been enacted and further cuts affecting investments in biomedical and behavioral research and community-based behavioral health services would be penny wise, pound foolish.

The Budget Control Act immediately calls for nearly \$1 trillion in cuts over ten years. These cuts come on the heel of cuts imposed in FY 2011 and only further decimate critical programs that ensure a strong public health infrastructure. These critical cuts represent a seismic shift in the nation's support for discretionary health programs, including mental health services, support and research. These draconian cuts severely jeopardize the budgets of key agencies such as the Substance Abuse and Mental Health Services Administration, National Institutes of Health, Housing and Urban Development, Department of Education and Office of Juvenile Justice and Delinquency Prevention, which all play a critical role in helping individuals with, or at risk of, a mental health and substance use condition achieve recovery and live a productive life in the community.

Meaningful engagement of stakeholders should be sought in your deliberations, hearings, discussion panels and other opportunities for input.

Mental and addiction disorders are the leading cause of disability in the United States causing nearly a third of all disease burden. Suicide is the second leading cause of death for individuals 25 to 34. Many people suffer from more than one mental disorder at a time, and shockingly, individuals with severe mental illnesses die an average of 25 years earlier than people without severe mental illness due to other conditions, such as cancer and heart disease. Despite these compelling statistics, funding for community-based programs and services administered by SAMHSA has remained relatively stagnant over the last several years. Further cuts in public health funding would jeopardize a host of critical programs, including suicide prevention efforts designed to help stem our nation's suicide crisis, which claims the lives of over 34,000 people every year, including many veterans. In contrast, 18,000 individuals died by homicide and 33,000 by traffic fatalities. Clearly, these conditions that have a direct or indirect impact on the lives of a significant number of individuals should inform your process, calculus and, ultimately, your recommendations.

Thank you for your consideration of these views. Representatives of the undersigned groups welcome the opportunity to meet with you to provide additional information in support of a fair approach to fiscal responsibility, that is not disproportionately borne on the backs of our vulnerable population.

Sincerely,

American Academy of Child and Adolescent Psychiatry

American Association for Geriatric Psychiatry
American Association for Psychosocial Rehabilitation (AAPR)
American Association on Health and Disability
American Counseling Association
American Dance Therapy Association
American Foundation for Suicide Prevention/SPAN USA
American Group Psychotherapy Association
American Occupational Therapy Association
American Psychiatric Association
American Psychoanalytic Association
American Psychological Association
American Psychotherapy Association
Anxiety Disorders Association of America
Association for Ambulatory Behavioral Healthcare
Association for the Advancement of Psychology
Bazelon Center for Mental Health Law
Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)
Clinical Social Work Association
Confederation of Independence Psychoanalytic Societies
Corporation for Supportive Housing
Depression and Bipolar Support Alliance
Eating Disorders Coalition
Mental Health America
NAADAC, The Association for Addiction Professionals
National Alliance on Mental Illness
National Association for Children's Behavioral Health
National Association for Rural Mental Health
National Association of County Behavioral Health and Developmental Disability Directors
National Association of School Psychologists
National Association of State Mental Health Program Directors (NASMHPD)
National Center on Family Homelessness
National Coalition for Mental Health Recovery
National Disability Rights Network
National Federation of Families for Children's Mental Health
National Foundation for Mental Health
Schizophrenia and Related Disorders Alliance of America
School Social Work Association of America
TeenScreen National Center for Mental Health Checkups
Treatment Communities of America
Tourette Syndrome Association
US Psychiatric Rehabilitation Association
Witness Justice