

Mental Health Liaison Group

August 7, 2002

The Honorable Marcy Kaptur
2366 Rayburn House Office Building
Washington, DC 20515-3509

Dear Representative Kaptur:

The undersigned national mental health advocacy organizations express support for the Medicaid Intensive Community Mental Health Treatment Act of 2001, H.R. 2364, important legislation you have introduced in the House.

On behalf of our diverse constituency, we are concerned about the lack of adequate services for individuals with mental illness, particularly for those who rely on the Medicaid program. Currently, federal support for community-based mental health care is spread across more than six optional Medicaid service categories, which results in a confusing patchwork of programs, with fragmented services at the community level -- a system that is especially difficult for Medicaid recipients with mental illness to navigate.

The Medicaid Intensive Community Mental Health Treatment Act would enable states to enhance the capacity of their Medicaid programs to address the complex needs of adults with severe and persistent mental illness and children with serious emotional disturbances. This legislation would give states the option to provide, with a single policy decision, the full continuum of needed community mental health services including intensive case management, psychiatric rehabilitation, integrated treatment services for individuals with co-occurring mental illness and substance abuse disorders, crisis residential services, and medication education and management. States can already finance many of these services under Medicaid, but must do so by piecing together multiple Medicaid service options, which can delay the delivery of services for these populations. Enactment of this legislation would not only reduce the administrative burden on states, but also would ensure the timely delivery of appropriate services.

This proposal would enable states to provide more comprehensive mental health care to individuals with serious mental illness who -- (1) have had repeated psychiatric hospitalizations or are high users of emergency and inpatient hospital services; (2) have been repeatedly arrested for minor offenses; (3) have had poor outcomes in less intensive mental health services; (4) cannot meet their own basic needs and live in substandard housing or are homeless; or (5) have a history of co-occurring substance abuse. These individuals clearly need more coordinated and comprehensive services than are available under the current Medicaid program structure. Intensive community-based mental health services have been shown to be critical in stabilizing and moving to recovery individuals with serious mental illness.

National organizations representing consumers, family members, advocates, professionals and providers
c/o Peter Newbould, American Psychological Association Practice Organization, 750 First Street, NE, Washington, DC 20002

Representative Kaptur
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We look forward to states being able to provide an intensive treatment alternative for those with profound mental health needs by the passage and funding of the Medicaid Intensive Community Mental Health Treatment Act. Thank you for your leadership.

Sincerely,

Alliance for Children and Families
American Academy of Child and Adolescent Psychiatry
American Association for Geriatric Psychiatry
American Association for Marriage and Family Therapy
American Association for Psychosocial Rehabilitation
American Association of Pastoral Counselors
American Counseling Association
American Group Psychotherapy Association
American Mental Health Counselors Association
American Occupational Therapy Association
American Psychiatric Association
American Psychological Association
Anxiety Disorders Association of America
Association for the Advancement of Psychology
Association for Ambulatory Behavioral Healthcare
Bazelon Center for Mental Health Law
Child Welfare League of America
Clinical Social Work Federation
International Association of Psychosocial Rehabilitation Services
International Society of Psychiatric-Mental Health Nurses
MentalHealth AMERICA, Inc.
NAADAC, The Association for Addiction Professionals
National Alliance for the Mentally Ill
National Association for Children's Behavioral Health
National Association for Rural Mental Health
National Association of County Behavioral Health Directors
National Association of School Psychologists
National Association of Social Workers
National Association of State Mental Health Program Directors
National Council for Community Behavioral Healthcare
National Mental Health Association
Tourette Syndrome Association
Treatment and Research Advancements Association for Personality Disorder

Mental Health Liaison Group

August 7, 2002

The Honorable Jon Corzine
502 Hart Senate Office Building
Washington, DC 20510-3004

Dear Senator Corzine:

The undersigned national mental health advocacy organizations express support for the Medicaid Intensive Community Mental Health Treatment Act of 2001, S. 2072, important legislation you have introduced along with Senators Jeff Bingaman and John Breaux.

On behalf of our diverse constituency, we are concerned about the lack of adequate services for individuals with mental illness, particularly for those who rely on the Medicaid program. Currently, federal support for community-based mental health care is spread across more than six optional Medicaid service categories, which results in a confusing patchwork of programs, with fragmented services at the community level -- a system that is especially difficult for Medicaid recipients with mental illness to navigate.

The Medicaid Intensive Community Mental Health Treatment Act would enable states to enhance the capacity of their Medicaid programs to address the complex needs of adults with severe and persistent mental illness and children with serious emotional disturbances. This legislation would give states the option to provide, with a single policy decision, the full continuum of needed community mental health services including intensive case management, psychiatric rehabilitation, integrated treatment services for individuals with co-occurring mental illness and substance abuse disorders, crisis residential services, and medication education and management. States can already finance many of these services under Medicaid, but must do so by piecing together multiple Medicaid service options, which can delay the delivery of services for these populations. Enactment of this legislation would not only reduce the administrative burden on states, but also would ensure the timely delivery of appropriate services.

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Senator Corzine
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