



February 18, 2010

The Honorable Nancy Pelosi  
Speaker  
United States House of Representatives  
Washington, DC 20515

The Honorable Harry Reid  
Majority Leader  
United States Senate  
Washington, DC 20510

Dear Madam Speaker and Leader Reid:

The undersigned national organizations of the Advocacy and Community Engagement Cluster (ACE) of the National Network to Eliminate Disparities (NNED) urge you to move forward and pass health care reform legislation in a timely fashion. We hail the bills approved by both houses and ask you to complete action now on improving access to affordable, quality health care services.

As you and your colleagues work toward moving health care reform to the President's desk for signature, we urge your continued support for provisions improving the mental health of Americans.

1. Mental Health and Substance Abuse Parity

We ask that the *Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008* be fully recognized and applied to new health care reform legislation, so that those with these conditions receive access to the full scope of services appropriate for their conditions to foster resilience and recovery. We support greater integration and coordination of physical health and behavioral health services as a way to significantly increase access for racial, ethnic and cultural groups in our country. However, specific provisions and language must be included that ensures behavioral health a seat at the table. In addition, we support language that explicitly states that the definition of chronic diseases, illnesses or conditions is intended to include substance use disorders.

2. Prevention

We urge you to maintain the strong support for prevention in the legislation. We would like for you to understand that such a focus on prevention is even more important for behavioral health disorders as these conditions have early onsets and can have such devastating consequences for our youth if not recognized and treated sooner. A recent Institute of Medicine report (2009) found that among adults, half of all behavioral health disorders were first diagnosed by age 14 and three-fourths by age 24. New studies suggest that stress and other traumatic events affect brain development and can be reversed or minimized, if addressed early on. In addition, youth and adults with mental health conditions are more likely to have a co-occurring substance use disorder than those who do not have mental health challenges. Therefore, it is critical that health care reform language containing any reference to "community based prevention" also include substance abuse prevention. A focus on prevention will reduce costs while also serving as a critical strategy for reducing health disparities.

We also support the expansion of school-based health centers, which we urge also include behavioral health services. We believe that this critical focus on prevention will reduce costs while also serving as a critical strategy for reducing health disparities.

### 3. Workforce development and Retention

We are very glad to see that both the House and Senate recognize the critical importance of building and supporting the health care workforce. Establishing a National Commission, addressing the mental and behavioral health workforce, promoting a stronger community workforce, and requiring higher levels of cultural competence for existing workers are all strategies that we endorse and hope to see in the final legislation.

Some of our nation's deepest disparities reside within the workforce – both health and behavioral health. The current lack of workforce diversity will not be remedied without concentrated and creative efforts. Only 6% of the current behavioral health workforce is made up of racial/ethnic groups. More resources must be spent to aggressively recruit, train, and provide ongoing support for service providers from ethnically diverse populations and provide resources, including appropriate compensation, to increase the number and career paths of community-based paraprofessionals (consumers, *promotoras*, family members, etc.). We also urge your legislation to ensure reimbursement and funding for expanded language interpretation and translation services throughout the health care system.

### 4. Strengthening Community Engagement

We strongly endorse funding for Community Transformation grants within the current legislation, especially as a strategy for greater community engagement in health care education and as a strategy for addressing disparities in our current systems. Racial/ethnic and cultural communities *must* be major stakeholders in improving health status and providing input into how health care should be structured and delivered in their communities. Strong and active communities are an essential foundation for establishing successful strategies to eliminate health disparities in ways that account for each community's unique composition and diversity.

So, we urge you to ensure that funding to fix health and behavioral health disparities are included in any legislation passed in Congress. Doing little to address health and behavioral health inequities is not only expensive, but very short-sighted.

Your leadership has been instrumental in moving two comprehensive health care reform bills through the legislative process. We depend on you now to enact a final health care reform bill that recognizes the mental and behavioral health needs of our nation. We are prepared to help you move health care reform to the President's desk for signature.

Sincerely,

National Federation of Families for Children's Mental Health  
National Alliance of Multi-ethnic Behavioral Health Associations (NAMBHA)  
National Asian Pacific American Families Against Substance Abuse (NAPAFASA)  
National Alliance on Mental Illness (NAMI) Metropolitan Baltimore, Inc.  
National Alliance on Mental Illness (NAMI) Tennessee  
Community Anti-Drug Coalitions of America (CADCA)