November 23, 2009

The Honorable Harry Reid
Majority Leader
United States Senate
522 Hart Senate Office Building
Washington, DC 20510

Dear Majority Leader:

The undersigned members of the Advocacy and Community Engagement Cluster (ACE) of the National Network to Eliminate Disparities (NNED) are writing to express our strong support for the Senate’s comprehensive health reform bill, The Patient Protection & Affordable Health Care Act. We are certain that with your leadership, vision, and ongoing efforts, all Americans will have access to affordable, high quality health care services, which include mental health and substance abuse services. We know that you understand how imperative it is that any final health care reform legislation includes behavioral health as a critical component for improving the overall health and well-being of all our citizens. We appreciate that mental health and substance abuse are specifically referenced in many sections of the current legislation.

We know that you are presently dealing with many different amendments to the legislation. However, we ask you to continue to support and maintain provisions in the bill focused on prevention, workforce development, and community engagement. We would not like to see these efforts compromised.

1. Prevention

We urge you to maintain the strong support for prevention in the legislation. We endorse the call for an interagency National Prevention, Health Promotion and Public Health Council, as well as establishment of a Prevention & Public Health Investment Fund. 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 (IOM) 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.
We also support the expansion of school-based health centers, which we urge also include behavioral health services. We believe that a this critical focus on prevention will reduce costs while also serving as a critical strategy for reducing health disparities.

2. Workforce Development and Retention

We are very glad to see that the Senate legislation recognizes 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.

However, 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. We urge the Senate to strengthen provisions for these specific issues in the legislation. We also urge your legislation to ensure reimbursement and funding for expanded language interpretation and translation services throughout the health care system.

3. 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.

Another way to address access disparities is the important provision in the legislation to co-locate primary and specialty services in community mental health settings. However, we did not see a similar provision to co-locate behavioral health services in community-based primary and specialty health services. Since behavioral health services still carry such tremendous stigma, especially among racial and ethnic groups, we urge you to also include provisions that would support and incentivize more behavioral health services in community health care settings.

Finally, as a network of organizations committed to reducing racial, ethnic and cultural disparities in health and behavioral health, we are committed to ensuring that strategies for enhancing behavioral health care coverage and reducing existing disparities are addressed in any new legislation. Therefore, there are two areas that we urge you to strengthen in the legislation:
• 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 strongly urge that the disparities component of the legislation be strengthened to include more than simply a focus on data collection and analysis. Although these are important in understanding the level of disparities, these tasks do nothing to actually dismantle the conditions that give rise to so many of the existing health disparities that are costing our nation and many of our citizens so much. We ask that sufficient funding be made available to actually develop interventions, approaches and policies that lead to reductions in the level of disparities. Opportunities to pilot innovations, along with strategies in prevention and workforce development, would provide real resources that could actually lead to major reductions in disparities.

We understand that there are many much more polarizing issues that are garnering the news around your health reform debates. But know that attention to these issues will, in the end, provide much more substantive support to the health status of the American population.

We appreciate the difficulty of your task, but share your interest in ensuring that ALL Americans have adequate access to effective health care, including behavioral health. We hope that you will take our suggestions under consideration as you move forward. Know that we are willing to work with you and other leaders to pass comprehensive health reform legislation this year.

Sincerely,

National Alliance of Multi-ethnic Behavioral Health Associations (NAMBHA)

National Asian Pacific American Families Against Substance Abuse (NAPAFASA)

National Federation of Families for Children’s Mental Health

Association of Persons Affected by Addictions (APAA)

Change Matrix, LLC

Mental Health Association of Tennessee

Faces and Voices of Recovery

Family and Youth Roundtable

Familias Latinas Denjando Huellas
National Alliance on Mental Illness

National Asian American Pacific Islander Mental Health Association (NAAPIMA)

National Latino Behavioral Health Association (NLBHA)

National Leadership Council on African American Behavioral Health (NLC)

First Nations Behavioral Health Association (FNBHA)