



January 31, 2013

President Barack Obama
1600 Pennsylvania Avenue NW
Washington, DC 20500

CHAIRPERSON
John Ryan

EXECUTIVE OFFICER
Jane Adcock

Dear Mr. President:

The California Mental Health Planning Council (CMHPC) is mandated by federal and state statute to advocate on behalf of children with serious emotional disturbance and adults with serious mental illness. We also advise state and federal administrations and legislators on impacts and successful practices in mental health services. Mental health services are a public health issue and an essential national discussion on their scope and availability has been resurrected.

The Planning Council wishes to make the following points:

ADVOCACY

EVALUATION

INCLUSION

- Prevention is not an untried luxury, it is a proven necessity
- The lapses in services are systemic as much as fiscal

Prevention is not an untried luxury, it is a necessity –

Unfortunately, it takes time to change attitudes. The Council believes a national paradigm shift that addresses mental illness before it becomes acute is needed. The concept of using mental health dollars for Prevention and Early intervention is new, but it is showing promise in California. If government and communities would fully adopt the perspective that an “ounce of prevention is worth a pound of cure” they would find their mental health dollars being spent more productively in the long run. For these reasons, the California Mental Health Planning Council joins our state Senator Darrell Steinberg in calling for a national version of California’s 2004 Mental Health Services Act (MHSA), particularly the prevention and early intervention components. In California, a Joint Powers of Authority consortium, CalMHSA, has been tasked with addressing Stigma Reduction, Students Mental Health Initiative, and Suicide Prevention, using MHSA funds to develop and implement strategic initiatives that are based predominantly on community stakeholder input.¹

The MHSA has also funded “Full Service Partnership” (FSP) programs, an assertive community outreach and services program with a “whatever it takes” approach to addressing the barriers to personal recovery that mental illness creates. UCLA recently published a study that found “the average annualized cost (across all age groups) for Fiscal Year 09-10 is \$19,739.29”, which was largely offset in the first year by 88% due to reduction in costs in physical healthcare, particularly emergency room visits, psychiatric care and criminal justice involvement”.²

¹ Please visit <http://calmhsa.org/documents/newsletters-reports> for a partial description of their successful programs.

² “Full Service Partnerships: California’s Investment to Support Children and Transition-Age Youth with Serious Emotional Disturbance and Adults and Older Adults with Severe Mental Illness”; UCLA Center for Healthier Children, Youth and Families; October 31, 2012.

The disconnects in services are fiscal and systemic

Historically, funding for mental illness has been inadequate, based largely on a belief that a diagnosis of mental illness is an untreatable condition that requires life-long institutionalization. Insurance plans have used this belief as a justification to limit coverage, causing the awareness and treatment of mental illness to simmer just under the safety net, never gaining traction. Additional funding for community mental health services, particularly in respect to trauma, prevention, and early intervention, is needed as an integral part of overall public health.

Nationally, most states are cutting their mental health budgets in the face of economic decline and federal Medicaid cuts have also resulted in lower levels of service. These cuts are coinciding with the expansions of dual-eligible services (Medi-Cal/Medicaid) in some states, along with Health Care Reform implementation. Communities need to guard against additional cuts, and nationally, the federal government must encourage more holistic unions between local entities. Federal funding decisions should be based on a requirement for partnership and leveraging of resources that serve as the cornerstone on which additional funding or budget cut decisions are based. There are two avenues of partnerships available: schools and health care reform.

At the college level, student mental health services are not as accessible or available as they ought to be. Students are excluded from services because they don't meet the "need" thresholds, or are out of the county of coverage, or out of state. At one of the most vulnerable times of their lives, they are left with the very slimmest of supports. Federal dollars should not support institutions that do not have a proactive, accessible mental health system in place at all levels of instruction.

Health care reform is the other avenue that should be a partner for more effective mental health services. The federal government must define, require, and enforce parity laws. As *Plessy v. Ferguson* taught us, "separate but equal" was a nice concept but a disingenuous practice. It is a Public Health issue, and if states want federal health dollars, they must recognize that mental health services are vital to overall physical health care systems, and offer them without reservation. For this reason, we strongly support and appreciate your Executive Actions numbers 20-23 articulating the Mental Health Parity scope and finalizing its implementation. The federal government should reward partnerships between schools, primary care providers, insurance companies, and mental health providers by creating some type of incentive for partnership.

We urge this Administration to demystify mental illness, create a public awareness campaign, invest in prevention and early intervention programs, preserve mental health funding and reward innovative partnerships that provide enhanced mental health services. According to the National Council for Community Behavioral Health Care, one in five Americans live with mental illness, and mental health treatment enjoys a success rate of between 60% (schizophrenia) and 80% (bipolar) which is comparable to cardiovascular disease and asthma or diabetes respectively. Please help improve these numbers by recognizing and supporting the value of a robust mental health services system.

Thank you for allowing us to provide our input on this issue that is so basic and essential to community health. If you would like additional information, please contact our Executive Officer, Jane Adcock at jane.adcock@cmhpc.ca.gov or by phone at (916) 319-9349.

Respectfully,



Barbara Mitchell, Co-Chair
CMHPC Advocacy Committee



Gail Nickerson, Co-Chair
CMHPC Advocacy Committee



John Ryan, Chair
California Mental Health Planning Council

cc: The Honorable:
Vice-President Joe Biden
Senate President Pro Tempore, Patrick Leahy
John Boehner, Speaker of the House
Kathleen Sibelius, Secretary, Health and Human Services
Dianne Feinstein, US Senate
Barbara Boxer, US Senate
California Delegation to the House of Representatives
Pamela S. Hyde, J.D., Administrator, SAMHSA
Governor Edmund G. Brown
Darrell Steinberg, California Senate President Pro Tempore