



March 15, 2016

The Honorable Lamar Alexander Chairman Senate Committee on Health Education **Labor & Pensions** 725 Hart Senate Office Bldg. Washington, D.C. 20510

The Honorable Patty Murray Ranking Member Senate Committee on Health Education **Labor & Pensions** 525 Hart Senate Office Bldg. Washington, D.C. 20510

## Subject: Support for the Mental Health Reform Act of 2016

Dear Chairman Alexander and Ranking Member Murray:

On behalf of the National Association of Counties (NACo) and America's 3,069 counties, as well as the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD) and our 750 county behavioral health authorities, we write to express our support for the Mental Health Reform Act of 2016.

Nationally, counties invest \$83 billion annually in community health systems, including behavioral health services. Through 750 health authorities and community providers, county governments plan and operate community-based services for persons with mental illness and substance conditions. County-based behavioral health systems exist in 23 states that cover 75 percent of the U.S. population. Counties also are the entry point to the criminal justice system, with 11.4 million individuals cycling in and out of 3,000 local jails annually. It is estimated that 64 percent of this population display a pattern of symptoms indicative of a mental health condition.

The Mental Health Reform Act of 2016 maintains funding for the Substance Abuse and Mental Health Services Administration (SAMHSA) Community and Mental Health Services (CMHS) and Substance Abuse Prevention and Treatment (SAPT) block grants, which make it possible for county behavioral health authorities and community providers to provide for those in most need. By formalizing a partnership between SAMHSA and HHS' Assistant Secretary for Planning and Evaluation (ASPE), this measure would strengthen SAMHSA's ability to coordinate policy across HHS and other executive branch agencies that impact county programs.

The Mental Health Reform Act of 2016 also authorizes a wide array of critically important initiatives including Grants for Iail Diversion, Grants for Treatment and Recovery for Homeless Individuals, Primary Care Behavioral Health Integration (PBCHI) Grants, and the HRSA-SAMHSA Mental and Behavioral Health Training Program. The legislation would also clarify the Health Insurance Portability and Accountability Act (HIPAA) for providers, patients and their families, and the Mental Health Parity and Addiction Equity Act to help increase patients' access to mental health care.

It is our hope that this measure will be joined with key provisions under the jurisdiction of the Senate Finance Committee once it reaches the Senate floor. These include easing Medicaid's Institute of Mental Disease Exclusion (IMD) and expanding access to health information technology for behavioral health providers.

NACo and NACBHDD thank you and the Committee for your leadership and dedicated efforts to produce the bipartisan Mental Health Reform Act of 2016, and offer our strong support. We look forward to continuing to work with the HELP Committee as it considers comprehensive behavioral health legislative proposals in the 114<sup>th</sup> Congress.

If you have any questions, please feel free to contact Brian Bowden, NACo Associate Legislative Director, at <a href="mailto:bbowden@naco.org">bbowden@naco.org</a> or 202.942.4275 or Ron Manderscheid, NACBHDD Executive Director, at 202.942.4296 or <a href="mailto:rmanderscheid@nacbhd.org">rmanderscheid@nacbhd.org</a>.

Sincerely,

Matt D. Chase Executive Director

**National Association of Counties** 

Ron Manderscheid, Ph.D.

**Executive Director** 

National Association of County

Behavioral Health and Developmental

**Disability Directors**