



NAMI San Francisco

January 21, 2014

The Honorable Tim Murphy Chairman
Oversight & Investigations Subcommittee
Committee on Energy and Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

Dear Congressman Murphy,

On behalf of the San Francisco affiliate of the National Alliance on Mental Illness (NAMISF), I am writing to express our support for bringing forward comprehensive legislation to improve mental health services in the United States. NAMI is the nation's largest organization representing children and adults living with mental illness and their families.

NAMI San Francisco provides education, support and advocacy on behalf of people living with schizophrenia, bipolar disorder, schizoaffective disorder, borderline personality disorder, major depression and severe anxiety disorders.

NAMI San Francisco sees, first hand, the gaps in our nation's public mental health system. In San Francisco, the county's mental health services treat about 20,000 people each year; others have private insurance while countless more go untreated entirely. Access to mental health services is even worse for children, adolescents and young people between the ages of 16 and 24. The sad reality is that most people living with serious mental illness do not have access to services until their symptoms worsen to the point of constituting emergencies. This would not be accepted for heart disease, cancer or any other medical illness and it should not be accepted for schizophrenia, bipolar disorder and other serious mental illness either.

NAMISF strongly supports a number of important provisions in the Helping Families in Mental Health Crisis Act (HR 3717), including:

- ❖ Improvements in community mental health services through support of integrated mental health and primary care treatment in Community Mental Health Centers;
- ❖ Progress in ending longstanding discrimination against people with mental illness by permitting federal Medicaid reimbursement of acute, inpatient psychiatric treatment;
- ❖ Reauthorization of the federal Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA), which provides resources to states, communities and tribal governments for jail diversion, law enforcement and first responder training, and other services to



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prevent unnecessary criminal justice involvement for youth and adults with serious mental illness;

- ❖ Revisions to the federal HIPAA and FERPA laws that will permit families and other caregivers to have access to vital information necessary to provide care and support;
- ❖ Inclusion of a demonstration program based on the bipartisan Excellence in Mental Health Act
- ❖ Reauthorization of the Garrett Lee Smith Suicide Prevention Act, providing resources to communities for suicide education, prevention and postvention;
- ❖ Improved access to psychiatric medications in the Medicaid and Medicare programs;
- ❖ Enhanced federal coordination of mental health services through creation of a federal Interagency Council on Serious Mental Illness;
- ❖ Increased resources for research through the National Institute of Mental Health (NIMH), including research on early identification of serious mental illness in youth;
- ❖ Authorization for a campaign to address the stigma associated with mental illness;
- ❖ Reauthorization of federal programs focused on mental health services for children and youth;
- ❖ Provisions to expand Health Information Technology (HIT) resources for providers of mental health services.

NAMISF thanks you once again for your leadership and stands ready to work with you on advancing the important provisions described above and on strengthening other aspects of the bill to achieve your vision of a comprehensive, coordinated federal response to children, youth and adults living with serious mental illness.

Sincerely yours,

Gifford Boyce-Smith, MD
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