

American Academy of  
Child & Adolescent  
Psychiatry  
American Psychiatric  
Association  
American Psychological  
Association  
CHADD - Children and  
Adults with Attention-  
Deficit/Hyperactivity  
Disorder  
Depression and Bipolar  
Support Alliance (DBSA)  
Federation of Families for  
Children's Mental  
Health (FFCMH)  
Judge David L. Bazelon  
Center for Mental  
Health Law  
National Alliance for the  
Mentally Ill (NAMI)  
National Association of  
County Behavioral  
Health and  
Developmental  
Disability Directors  
(NACBHD)  
National Association of  
State Mental Health  
Program Directors  
(NASMHPD)  
National Council for  
Community Behavioral  
Healthcare (NCCBH)  
National Empowerment  
Center (NEC)  
National Mental Health  
Association (NMHA)  
National Mental Health  
Consumers' Self-Help  
Clearinghouse  
Suicide Prevention Action  
Network USA  
(SPANUSA)  
United States Psychiatric  
Rehabilitation  
Association (USPRA)

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Robert Bernstein, Ph.D.,  
Bazelon Center for  
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Robert W. Glover, Ph.D.,  
National Association of  
State Mental Health  
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Mentally Ill

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Charles S. Konigsberg  
Campaign Director



September 14, 2005

United States Senate  
United States House of Representatives  
Washington, DC

SENT VIA FAX

Dear Member of Congress:

As the Congress and Administration move forward with further assistance to people dislocated by Hurricane Katrina, the Campaign for Mental Health Reform—the unified voice of America's mental health community—urges you in the strongest possible terms to take steps to ensure that:

- (1) the more than three quarters of a million displaced persons and first-responders receive *early intervention services and appropriate follow-up treatment*;
- (2) the hundreds of thousands of Gulf Coast Americans with serious mental illnesses pre-dating the hurricane *continue receiving essential treatment*; and
- (3) state and local public mental health systems throughout the country that are absorbing large numbers of evacuees receive assistance to handle the extraordinary new demands on their systems.

The President's New Freedom Commission on Mental Health two years ago described America's public mental health system as "fragmented and in disarray." That system – which is largely dedicated to the needs of those with the most serious mental illnesses – was, if anything, under even more strains prior to the hurricane. In short, there is no effective public system in place dedicated or staffed to mobilize a public-health oriented response to widespread mental health needs.

Responding to the mental health needs of Katrina's victims and first responders must be a high priority; *many lives are at stake*. Each year 30,000 people in this country die by suicide. It would be tragic if Katrina claims more lives than it already has due to the onset or worsening of mental disorders.

For an estimated 30 percent of hurricane victims and relief workers, the magnitude and duration of the traumas they are experiencing place them at great risk for developing post-traumatic stress disorder (PTSD), other anxiety disorders (e.g. panic disorder), severe depression and other mental and emotional disorders. The overwhelming evidence shows that mental health interventions will prevent or mitigate those outcomes.

We recognize and appreciate that some modest emergency mental health grants have already been awarded to the states devastated by this hurricane. Based on our on-the-ground assessments, it is clear that emergency mental health needs are profound. The Campaign's 16 national organizations stand ready to work closely with the Congress and the Administration to identify and address the complexities of getting the right services to the right people as quickly as possible. Recommended action steps include, but are not limited to, the following:

### **Emergency Appropriations to Department of Health and Human Services**

Appropriate \$1.5 billion to the Department of Health and Human Services to be available for the following purposes:

- Emergency children's mental health services including child trauma centers and comprehensive community mental health services;

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Real Crisis... Real People... Real Solutions

- Emergency funds for mental health treatment and rehabilitative services including medications, counseling, and intensive case management;
- Emergency grants to affected states, counties and local governments to repair and re-initiate operations and services at public and not-for-profit mental-health facilities including community mental health centers and related facilities;
- Emergency housing for patients with mental illnesses;
- Emergency funds to staff and supply federally qualified community health centers to provide emergency trauma-related early-intervention services for evacuees and family members;
- Expand the capacity of existing emergency hotlines (1-800-SUICIDE and 1-800-273-TALK) and telehealth services to provide crisis counseling and mental health support in rural and under-served areas;
- Recruitment and support of emergency mobile crisis management services;
- Emergency training for primary care and other clinicians to provide psychological trauma services;
- Emergency funds to deploy and support emergency mental health professionals to assess and address emergency mental health needs;
- Emergency funds to develop mental health emergency response plans, particularly in rural areas; and
- Other emergency mental health services and facilities deemed appropriate by the Secretary.

### **Emergency Medicaid Coverage**

- Amend the Medicaid program to establish a requirement that, for *6-12 months*, all states provide specified Medicaid services to Hurricane Katrina survivors, their family members, and first responders with a presumption of income eligibility. The Federal reimbursement for such services should be 100 percent for the 6-12 month period. Covered services should include: (1) screening and diagnostic services for all survivors, family members and first responders; (2) coverage for a full range of mental health medications at the dosages and frequencies prescribed by health professionals for depression, PTSD, and other anxiety disorders; (3) treatment of alcohol and substance abuse determined to result from circumstances related to the hurricane; (4) psychotherapy, rehabilitative services and other effective treatments—administered by psychiatrists, psychologists, or social workers—for conditions exacerbated by, or resulting from, the hurricane; (5) full coverage of in-patient mental health care if determined to be necessary by a mental health professional; (6) family counseling where a member of the immediate family is a hurricane survivor or first responder; (7) a prohibition on states disallowing billing for different services on the same day; and (8) medical transportation services necessary and appropriate for the foregoing services.

In addition, we urge that emergency provisions be enacted: requiring states to honor prescriptions written by licensed out-of-state health professionals; providing that the period of medical insurance continuation coverage under COBRA will not begin until the emergency Medicaid coverage period for survivors and first responders expires; and holding harmless existing grant recipients that divert grant funds to other uses in support of emergency hurricane-relief measures, subject to specific reporting and documentation requirements.

The Campaign for Mental Health Reform, and the millions of Americans we represent, urge the Congress and Administration to move forward expeditiously on these action steps in order to save lives, continue much needed ongoing care, and prevent the onset of mental illnesses among the hundreds of thousands of survivors, family members and first responders to Hurricane Katrina.

Sincerely,



Charles S. Konigsberg  
Campaign Director