

Submitted Testimony of the National Disability Rights Network
On a Legislative Hearing on H.R. 3717
The Helping Families in Mental Health Crisis Act.
April 3, 2014

Thank you for the opportunity to submit written testimony for today's hearing to describe our concerns with H.R. 3717, the Helping Families in Mental Health Crisis Act of 2013, introduced by Representative Tim Murphy (R-PA). First, we recognize the importance of Congress taking a look at our nation's mental health system and performing rigorous and efficient oversight to ensure that the system is meeting the needs of individuals with all types of mental health disabilities, including those with the most significant disabilities. As both an economic and civil rights issue, the United States Congress should work to ensure a well-functioning mental health system in the United States.

Every day, the nationwide network of Protection and Advocacy (P&A) agencies in every state and territory (see <http://www.ndrn.org/en/ndrn-member-agencies.html>) learns from individuals, families, providers, and even policymakers of incidents of abuse, neglect, or civil rights violations concerning individuals with psychiatric disabilities. Last year, the P&As handled more than 15,000 individual cases and more than 35,000 information and referrals. These numbers show the need for Congressional attention to our nation's mental health system. The P&As are a nationwide network with deep connections to and understanding of the issues impacting people with mental illness, and as a result are best situated to respond at the local, state and national level and work collaboratively to address these issues.

While we appreciate the desire of Congress to focus its attention on this important topic, there are a number of provisions in H.R. 3717 that would need to be amended in order for the bill to have a positive impact on the nation's mental health system and improve the lives of persons with psychiatric disabilities. Without addressing the bill's issues, this legislation, taken as a whole, would compound the problems of our current mental health system, not solve them.

The following four provisions cause us the most concern.

First, H.R. 3717 proposes the elimination of initiatives such as evidence-based, peer-run services and family supports, which promote recovery from serious mental illness. These services have a proven track record in helping people stay out of the hospital and live successfully in the community. Eliminating these programs would lead to increased hospitalization, which is far more expensive and has far worse outcomes than these effective, and cost-efficient, community-based services.

This set of provisions would be a step backwards in mental health treatment. There is much evidence that peer-run services have a positive impact on people with psychiatric disabilities, and by restricting the ability to expend funds on these important programs, H.R. 3717 would ultimately hurt more people than it would help.

Second, H.R. 3717 would reduce and reorganize the Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA does great work and funds important initiatives to address mental illness, including serious mental illness. While it is always useful to examine ways to increase the efficiency and effectiveness of a large agency like SAMHSA, H.R. 3717 would add another layer of bureaucracy and significantly cut funding that supports these initiatives. These changes would only make the mental health system in the United States weaker, not stronger.

Third, H.R. 3717 would enact a huge reduction in funding and impose severe restrictions on the Protection and Advocacy for Individuals with Mental Illness (PAIMI) program. This would eliminate most of the important work that Protection & Advocacy agencies do every day to protect individuals with mental illness from abuse, neglect and civil rights violations and help those individuals and their families to access needed mental health services and supports. The proposed 85% reduction in funding will also mean the loss of hundreds of jobs across the country, since this funding is primarily used by the agencies to employ attorneys and advocates who provide a continuum of legally-based advocacy services in every state and territory.

There is no benefit to gutting the PAIMI program, which was signed into law by President Reagan following an extensive Congressional investigation on the need for independent advocacy for individuals with psychiatric disabilities. The PAIMI program has successfully worked for almost 30 years to obtain services and supports and protect the civil rights of millions of people with mental illness. In 2013 and 2014, the PAIMI network won important systemic cases that helped thousands of people with psychiatric disabilities receive the necessary services and supports for them to receive an education, live in their communities, and become employed as tax-paying citizens. The destruction of the PAIMI program would only harm people with mental illness, their families, and our entire society

An example of a positive change that would be impossible if this bill were to become law involved a settlement recently obtained by Disability Rights Washington to ensure that more intensive, individualized mental health services to Medicaid-eligible young people in their homes or communities be developed, funded, and provided. Without this settlement, many youth in Washington would still not have access to the mental health services they need to remain in the community and successfully complete their education.

In another example, the Arizona Center for Disability Law reached a settlement to help increase services for people with seriously mental illness in Arizona. Thanks to this settlement, services including everything from medications to housing and supportive employment will now be more readily available to these individuals. Governor Brewer credited the mental health advocates, including the P&A, with providing "the hammer" to ensure the state lives up to its legal obligations.

A settlement by Disability Rights New York helped ensure that people with psychiatric disabilities receive needed services and supports in the most integrated setting. This

will allow people to move them out of poorly managed board and care homes into better community options which will further their recovery.

In Ohio, a veteran was facing employment discrimination from an employer who refused to allow him to bring his support animal to work and also having problems getting needed services and supports from the Veterans Administration (VA). Disability Rights Ohio worked with the employer and the VA to get this veteran the services and supports he needed as well as educate the employer on the right to be accompanied by a service animal. Now this veteran is getting the services and supports he needs, and continues to be a tax-paying citizen at a job he enjoys.

This is just a small sampling of the examples of the important work that is done every day by P&As through the PAIMI program to help people with psychiatric disabilities, their families, and society. All of the proceeding work would cease if H.R. 3717 became law.

Finally, H.R. 3717 requires states to enact Involuntary Outpatient Commitment (IOC) (sometimes called Assisted Outpatient Treatment (AOT)) laws to be eligible for funds from the Mental Health Block Grant. Studies have consistently shown IOC requires a substantial commitment of treatment resources to be effective. See Swartz, M., Swanson, J., Wagner, H., Burns, B., Hiday, V., and Borum, R, "Can Involuntary Outpatient Commitment Reduce Hospital Recidivism?: Findings From a Randomized Trial With Severely Mentally Ill Individuals," AMERICAN JOURNAL OF PSYCHIATRY. 156(12): 1968-1975 (Dec. 1999). Lacking this commitment to increase treatment resources, H.R. 3717 requires states to adopt a policy that studies have shown will fail.

Although work needs to be done to repair the nation's mental health system, taken as a whole, H.R. 3717 would cause more harm to the people it purports to serve. We agree that improvements need to occur in our nation's mental health system to serve the people with mental health conditions, and would welcome the opportunity to work with the subcommittee to craft legislation that will move our nation's mental health system forward.