

July, 26, 2015

The Honorable Fred Upton, Chairman
Energy and Commerce Committee
United States House of Representatives
Washington, DC 20515

The Honorable Frank Pallone, Ranking Member
Energy and Commerce Committee
United States House of Representatives
Washington, DC 20515

Dear Mr. Chairman Upton and Ranking Member Pallone:

On June 4th, 2015, Representative Tim Murphy of Pennsylvania re-introduced the "Helping Families in Mental Health Crisis Act," also known as H.R. 2646.

On this the 25th anniversary of the Americans with Disabilities Act, the 15 national cross-disability member organizations of the National Disability Leadership Alliance, that represents the millions of authentic voices of people with disabilities, are writing to express our firm opposition to the proposed H.R. 2646.

NDLA is a coalition of grassroots organizations run by persons with disabilities. We value the opportunity to make meaningful choices about our lives, to live and work in the communities of our choice, to have a full voice in all of the policies that affect our lives, and to be treated with dignity and respect for our civil and human rights.

Among our Alliance are many people with severe mental health conditions who are part of a growing movement for recovery of a life in the community. H.R. 2646 *ignores the principles that help people to recover while building too much on outdated and irrelevant concepts*. This bill would merely support treating symptoms when we can help people to better manage their mental health and take an active role in their recovery. We are disturbed that H.R. 2646 does not focus on hope or individual integrity. This lapse would keep people in clinical revolving doors rather than moving forward with their lives.

For example, H.R. 2646 would be a giant step backward for Americans with disabilities. This bill includes provisions that would silence our voices, reduce our choices, compromise our rights and restrict programs that protect our rights and safety. It would increase the use of involuntary outpatient commitment, coerced psychiatric treatment and hospitalization, heralding a return to the failed policies of the past. It is tragic that on the eve of the 25th anniversary of the Americans with Disabilities Act and the 16th anniversary of the Supreme Court's *Olmstead* decision that legislation is proposed that would interfere with the full participation of persons with psychiatric disabilities in society and a life in the community.

We agree with Representative Tim Murphy, the author of H.R. 2646, that the mental health system is inadequate to meet the needs of people with psychiatric disabilities. Representative Murphy is correct that millions of people with psychiatric disabilities, rather than receiving timely help and support, end up homeless or in prison. However, this legislation would decrease civil rights of persons with psychiatric disabilities by increasing the use of forced treatment and hospitalization at the expense of voluntary, pro-active,

community mental health and substance use disorders services and supports. Specifically, it would achieve these ends by:

- **Eliminating the federal agency most supportive of recovery, peer support, and community integration**, i.e. the Substance Abuse and Mental Health Services Administration (SAMHSA.) SAMHSA has promoted and funded major innovations such as peer support, recovery, wellness, trauma-informed care, Recovery Oriented Systems of Care, state consumer and family networks and Alternatives. All the authority of SAMHSA would be transferred to a new “Office of the Assistant Secretary for Mental Health and Substance Use Disorders.” The new office would place much more emphasis on the medical treatment of disorders than on supporting the empowerment and recovery of persons through their active participation in their recovery and community.
- **Eliminating the position of SAMHSA Administrator** and replacing it with a position requiring a psychiatric or psychologist’s degree, the legislation would have the effect of firing Administrator Hyde, a lawyer. In doing so the legislation would violate the separation of powers between the executive and the administrative branches of government. Whereas Congress is given the power to allocate and oversee the expenditure of funds, the power to determine senior management is given to the Executive Branch.
- **Diverting millions of Medicaid dollars from community services and supports** to increased hospitalization, through the elimination of the IMD (Institute of Mental Disease) exclusion, enabling increased Medicaid funding for inpatient services. It would also drastically cut grants that fund critical community mental health services, substance abuse prevention and substance abuse treatment across the Nation, in order to increase the funding of outpatient commitment.
- **Denying mental health block grants to states** without involuntary outpatient commitment laws.
- **Narrowly prescribing the qualifications for certified peer support specialists** in federal law, including the requirement that they be supervised by a mental health professional, an unprecedented step that will prevent the peers from providing the best recovery-oriented, culturally attuned services.
- **Eliminating many innovative, recovery-based mental health services grants**, put psychiatrists and psychologists in control of grant review and exclude knowledgeable people with lived experience from grant review and oversight. These innovative programs would be eliminated because they are too new and there have been too few resources to establish them as evidence-based practices.
- **Giving Congress unprecedented control** over all competitive grant and contract awards.
- **Amending HIPAA to erode privacy rights** for people with a mental health diagnosis; what is needed instead is better education on how HIPAA works.
- **Eliminating all protection and advocacy agency programs that protect our civil rights** in housing, employment, education and other areas.

What is needed instead: Over the last 5 years more than \$4 billion in community mental health and substance abuse funds have been cut from state budgets. Congress needs to fund that gap in services and supports. Congress also needs to build on the successful voluntary alternatives to inpatient hospitalization and incarceration such as peer-run respite, crisis stabilization units, crisis outreach teams, peer bridgers, warm lines, supportive employment, housing first, and peer-directed training such as WRAP, Emotional CPR, and

Intentional Peer Support. These voluntary services are what enable persons with severe psychiatric conditions to build trust and continue to receive services from the system. Forced treatment on the other hand ruptures trust and therapeutic relationships. We are glad to work with your Committee to fashion a new bill, more in keeping with the new principles Recovery and Independent Living.

NDLA thanks you for your leadership and for careful consideration of the concerns we have raised. We invite you to contact Raymond Bridge at (703) 883-7710 or 877-246-9058 for additional information.

Sincerely,

National Disability Leadership Alliance

The following NDLA members also are signing this letter as organizations:

Autistic Self-Advocates Network

APRIL (Association of Programs for Rural Independent Living)

American Association of People with Disabilities

ADAPT

Little People of America

National Coalition for Mental Health Recovery

National Council on Independent Living

National Organization of Nurses with Disabilities

Not Dead Yet

United Spinal Association