1) What is the Helping Families in Mental Health Crisis Act (H.R. 3717)?
According to Rep. Tim Murphy’s 18th District of Pennsylvania, website the bill would “fix the nation’s broken mental health system by focusing programs and resources on psychiatric care for patients and families most in need of services.”

- Allocate $9 million over three years for a handful of states to pilot programs that promote tele-psychiatry and better train primary-care doctors to screen patients, including children, for mental-health issues. Amid a national shortage of psychiatrists, tele-psychiatry -- the use of computers to provide care -- could expand the profession's reach to rural and other under-served areas.

- Modify privacy laws to make it easier for parents to get medical information about children with mental illness and provide funds for veteran’s services, including veteran’s courts and peer counseling.

- Provide $50 million for as many as 10 states to create demonstration projects for improving services at community medical health clinics, which serve many disadvantaged residents.

- Require states to provide Medicaid coverage of certain psychiatric drugs and more inpatient psychiatric stays; gather new data on the cost of treating prisoners with mental illness; provide mental-health training to first-responders and corrections officers, and provide grants to jails and prisons for new approaches to managing mentally ill offenders.”

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.

To read the entire bill, go to: http://murphy.house.gov/uploads/HR3717%20Bill%20Text.pdf

2) How does the Helping Families in Mental Health Crisis Act (H.R. 3717) affect individuals with disabilities?

- The bill eliminates critical legal advocacy on behalf of individuals with psychiatric disabilities
The bill would eviscerate the primary system of legal advocacy for individuals with psychiatric disabilities, leaving them without means to enforce their legal protections from discrimination in key areas of life such as education, employment, housing, health care, community living, voting, and family rights. The “protection and advocacy” program for people with psychiatric disabilities has been a leading driver of improvements in mental health service systems for the last several decades.

The bill cuts funding for the protection and advocacy program by 85%, prevents the program from engaging in systemic advocacy on behalf of people with psychiatric disabilities, and prevents the program from conducting advocacy on any issues except for abuse and neglect.

- **The bill reduces privacy protections for individuals with psychiatric disabilities**

The bill would strip away privacy protections under the Health Insurance Portability and Accountability Act from individuals with psychiatric disabilities and provide them with lesser privacy safeguards than everyone else. It would give broad latitude to family members and service providers to override the wishes of individuals with psychiatric disabilities to keep information about their mental health treatment confidential. Ironically, it is people with psychiatric disabilities who are often most in need of privacy protections due to widespread prejudices and stereotypes.

- **The bill redirects federal money from innovative programs to involuntary outpatient commitment, which is expensive and ineffective**

The bill would prohibit states from receiving federal mental health block grant funds that are used to support innovative services unless they are using involuntary, court-ordered outpatient commitment, an ineffective and costly approach that runs counter to recovery, independence and choice. It would also significantly reduce funding for important and innovative community-based services in favor of involuntary treatment.

- **The bill would increase needless institutionalization**

The bill would fundamentally change the Medicaid program by allowing states to obtain federal Medicaid reimbursement for inpatient psychiatric hospital services for non-elderly adults. These services have been the responsibility of states since the beginning of the Medicaid program almost fifty years ago. The exclusion of federal funds for these services has been an important means of promoting community integration. Federal reimbursement for these services would result in large numbers of individuals with psychiatric disabilities being served needlessly in hospitals, driving mental health systems backward.
3) What is the PAIMI program?
Protection and Advocacy for Individuals with Mental Illness Program (PAIMI)

- For over thirty years, the Protection and Advocacy (P&A) System has worked to protect the human and civil rights of individuals with disabilities of any age and in any setting including individuals with mental health conditions. Collectively, the P&A agencies are the largest provider of legally-based advocacy services for persons with disabilities in the United States.

- In 1986, Congress passed the Protection and Advocacy for Individuals with Mental Illness (PAIMI) Act. This program was created by Senator Lowell Weicker, Republican from Connecticut after investigations of the dreadful conditions in mental health facilities throughout the country. The legislation was eventually signed into law by President Reagan. In 2000, in response to documented problems of abuse and neglect and rights violations, Congress expanded the program to provide representation to people with mental illness in the community. In 2012, Justice Antonin Scalia ruled that the PAIMI program was entitled to receive records of patients in mental hospitals, yet again reaffirming the intent of Congress to provide protection and advocacy services to this population.

- Under the PAIMI program, P&As are authorized: (1) to protect and to advocate for the rights of people with mental illness and (2) to investigate reports of abuse and neglect. P&A agencies provide advocacy services to individuals who have "a significant mental illness or emotional impairment." In Fiscal Year 2013, the P&As served 15,413 clients in such areas as inappropriate and excessive medication; inappropriate or excessive use of restraint and seclusion; failure to provide appropriate medical treatment; financial exploitation; sexual assault; lack of discharge planning; and discrimination in employment, housing and other areas. The P&As also investigated 2,655 deaths.

- In addition, P&As successfully closed 706 systemic advocacy and litigation cases that impacted over 35 million individuals; responded to 35,500 requests for information and referral services; and participated in 1667 education and training activities attended by almost 81 thousand people such as, mental health stakeholders and their family members, state mental health administrators and planners, public health personnel, state and local policymakers, law enforcement personnel, educators, and other professionals in the field of social services and advocacy. Finally, the P&As disseminated 284,365 pieces of information to the public through radio and TV appearances, news articles, reports, and publications.

- The statute also requires the PAIMI program to establish an advisory council that advises the program on policies and priorities to be carried out in protecting and advocating the rights of individuals with mental illness. The PAIMI Council includes: attorneys, mental
health professionals, individuals from the public who are knowledgeable about mental illness, a provider of mental health services, individuals who have received or are receiving mental health services, and family members of such individuals. At least 60 percent the membership of the PAIMI Council shall be comprised of individuals who have received or are receiving mental health services or who are family members of such individuals; and is chaired by an individual who has received or is receiving mental health services or who is a family member.

- Both government rating systems, like the Program Assessment Rating Tool (PART), and independent studies, like from the Human Services Research Institute, have found the PAIMI program to be effective and having a major impact on protecting the rights of persons with disabilities.

4) How can you help?
This year commemorates the 50th anniversary of the Civil Rights Act. The Helping Families in Mental Health Crisis Act takes away those rights by restricting persons with mental health illness privacy. Please sign our petition, use social media and/or speak to your Representative about crafting legislation that will move our nation’s mental health system in the right direction.

- Contact Congress by state

- Post this message on your Congressman’s Facebook pages:

  I am from [City/State]. I urge you not to co-sponsor, and to oppose, HR 3717, The Helping Families in Mental Health Crisis Act. This bill will harm people with mental illness by dismantling the protection and advocacy program for people with mental illness. (It's helpful if you also explain why you think the PAIMI program is important.)

- Tweet this message to Congressmen via Twitter:

  Vote AGAINST HR 3717 and prove you care about people with mental illness! #SavePAIMI

- Sign the petition