

March 7, 2016

The Honorable Fred Upton, Chair    The Honorable Frank Pallone, Ranking Member  
Energy and Commerce Com.        Energy and Commerce Com.  
United States House                United States House  
Washington, DC 20515                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. In Nov. 2015, small modifications were made, but the repressive nature of the bill remains.

Therefore the National Disability Leadership Alliance (NDLA), that represents the millions of authentic voices of people with disabilities, continues to be firmly opposed to the proposed amended version of H.R. 2646.

NDLA is a coalition of 15 national 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 H.R. 2646 *ignores the principles that help people to recover while building too much on outdated and irrelevant concepts*.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, heralding a return to the failed policies of the past. HR 2646 contradicts the Supreme Court *Olmstead* decision of 1999 because it would interfere

with the full participation of persons with psychiatric disabilities in society and a life in the community.

**Problems remain with HR 2646:** 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 at the expense of voluntary, pro-active, community mental health and substance use disorders services and supports. Specifically, HR 2646 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. (OAS)” 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.
- **Assisted Outpatient Treatment (AOT) grant program extended to 2020.** This program is a violation of civil rights of persons with mental illness and any increased effectiveness can be provided on a voluntary basis by an increase in community-based services. Also proposes inclusion of AOT as a condition for states receiving block grant funding. This provision contradicts the rationale for block grants, which was to give the states greater autonomy in how they spend federal mental health funds.
- **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.

- **Narrowly Defining that the protection and advocacy agency programs may only work on individual cases of abuse and neglect and not advocate to protect our civil rights** as a class of persons in housing, employment, education and other areas.

**What is needed instead:** The recently proposed HR 4435, Comprehensive Behavioral Health Reform and Recovery Act, sponsored by Reps. Green, DeGette, Matsui, Tonko, Loeb sack , and Kennedy is much closer to our values. Although it still proposes an OAS, it maintains the authority of SAMHSA over existing programs. It does not extend AOT. It no longer narrowly prescribes the role of peers. It maintains innovative, recovery-oriented programming. It does not violate rights by lifting HIPAA. In fact, it suggests innovative ways of improving communication between persons with mental illness and their families through Open Dialogue. It allows P and A program to continue to advocate for policy changes to improve community integration and conform to Olmstead as presently authorized by SAMHSA regulations.

NDLA thanks you for your leadership and for careful consideration of the concerns we have raised. We invite you to contact Daniel Fisher, President of NCMHR, and Steering Com. Member of NDLA, at daniefisher@gmail.com or (877)-246-9058 for additional information.

Sincerely

National Disability Leadership Alliance as well as the following of its individual members:  
Autistic Self-Advocates Network  
APRIL (Association of Programs for Rural Independent Living)  
AAPD  
ADAPT  
Little People of America  
National Coalition for Mental Health Recovery  
National Council of Independent Living  
National Organization of Nurses with Disabilities  
Not Dead Yet  
United Spinal Association

