



Commemorating 40 Years  
Of Disability Advocacy  
1973-2013

January 28, 2014

Dear Representative:

The undersigned members of the Consortium of Citizens with Disabilities (CCD) Rights Task Force urge you not to cosponsor or vote for the Helping Families in Mental Health Crisis Act (H.R. 3717). CCD is a coalition of national disability-related organizations working together to advocate for national public policy that ensures full equality, self-determination, independence, empowerment, integration and inclusion of children and adults with disabilities in all aspects of society.

While this bill purports to aid families of individuals with serious mental health conditions, it actually contains numerous provisions that would *eliminate* significant and necessary protections for these individuals. For example, the bill would dramatically reduce the primary legal advocacy protection program for individuals with serious mental health conditions. It would also strip away important privacy protections from these individuals, and would eliminate federal funding for innovative community services and instead promote involuntary outpatient commitment, which undermines individuals' trust of mental health services and has little evidence supporting its effectiveness.

**The bill eliminates critical legal advocacy on behalf of individuals with psychiatric disabilities**

The bill would gut the primary system of legal advocacy protection for individuals with serious mental health conditions, the Protection and Advocacy for Individuals with Mental Illness (PAIMI) program 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 PAIMI program has been a leading driver of improvements in mental health service systems for the last several decades. As a result of this program, tens of thousands of children and adults have secured better lives, receiving the services they need to succeed in school, obtaining the chance to live successfully in their own homes, becoming or retaining employment, and receiving needed health and mental health care.

Yet this bill would cut funding for the PAIMI program by 85%, prevent the program from engaging in systemic advocacy on behalf of people with serious mental health conditions, and prevent the program from conducting advocacy on virtually all issues (including investigating reports of deaths) except for individual cases of abuse and neglect. These changes are neither fiscally sound, nor ones that protect the rights of this group. It is hard to imagine a more detrimental decision for individuals with serious mental health conditions.

### **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 would redirect 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.

We urge you not to cosponsor this legislation, and to vote against it. Please feel free to contact Jennifer Mathis, Bazelon Center for Mental Health Law, (202) 467-5730 ext. 313, or Eric Buehlmann, National Disability Rights Network, (202) 408-9514, with any questions.

Respectfully submitted,

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\*In process of becoming a member of the CCD Rights Task Force.