



of Wisconsin Disability Organizations

101 East Wilson Street, Room 219, Madison, Wisconsin 53703

Voice: 608/266-7826 Fax: 608/267-3906

May 29, 2014

Dear: WI Congressional Delegation

The Survival Coalition of Wisconsin Disability Organizations is writing to request that you not sign on to or support the proposed "Helping Families in Mental Health Crisis Act of 2013" (HR 3717) in its current form. Survival Coalition is comprised of more than 30 statewide disability organizations that advocate and support policies and practices that lead to the full inclusion, participation, and contribution of people living with disability, including disability related to mental illness. HR 3717 is not consistent with these values. We have heard that some members of Congress are being told that HR3717 is not controversial. This is not the case; the bill is in fact extremely controversial due to damaging changes it would make to key mental health initiatives and the negative impact it would have on the great strides the mental health field has made in the area of recovery-oriented services.

We encourage you, instead to support the Strengthening Mental Health in Our Communities Act of 2014 (HR4574) recently introduced by Rep. Ron Barber. HR4574 retains many of the helpful features of HR3717 while replacing the objectionable items with provisions to help strengthen community-based mental health services and improve access to those services.

The very premise of HR3717 is based on an unfounded connection between mental illness and violence. Study after study shows that no such connection exists. In fact, individuals with mental illnesses are actually 11 times more likely to be victims of violence than the general public. The bill also relies almost exclusively on a medical model which has too often failed individuals with mental illnesses.

Perhaps of greatest concern to us is a provision that requires states to enact Involuntary Outpatient Commitment (IOC) / 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. Wisconsin currently receives about \$6 million per year for the Mental Health Block Grant, which helps support these necessary treatment resources. These funds are at risk with this new legislation.

The Survival Coalition believes a focus on IOC sends the wrong message about where resources need to go. Wisconsin currently has laws governing involuntary commitment for individuals who are dangerous to themselves or others or at significant risk of such without intervention. It is unclear whether our current laws would satisfy the requirements of HR3717. However, we have seen in Wisconsin that simply having an IOC law does little to help individuals with mental

illnesses recover; in fact studies have shown that such laws make individuals reluctant to seek treatment.

Governor Walker and the Wisconsin state legislature have done a remarkable job this past year in supporting the expansion of community-based services for children and adults. We believe this is the best way to address the needs of individuals with mental illnesses. We believe that involuntary treatment should only occur as a last resort and should be limited to instances where persons pose a serious risk of physical harm to themselves or others, as is already the case in Wisconsin.

We also view HR 3717 as an attack on consumer involvement and empowerment. The bill changes the composition for state planning and advisory councils (e.g. the Wisconsin Council on Mental Health) from a majority of consumers, family members and advocates to a majority of mental health professionals. The bill also proposes a dramatic cut to the Substance Abuse and Mental Health Services Administration (SAMHSA) Programs of Regional and National Significance, capping the programs at \$150 million instead of the \$378 million authorized for FY2014. This would entail the elimination of evidence-based, peer-run services and family support initiatives, which promote recovery from serious mental illness; supports which, ironically, have been promoted by the Governor and state legislature. 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.

HR 3717 would enact a huge reduction in funding and impose severe restrictions on the Protection and Advocacy for Individuals with Mental Illness (PAIMI) program, which in Wisconsin is administered through Disability Rights Wisconsin. The proposed 85% reduction in funding will undermine the important work that PAIMI's do every day to protect individuals with mental illness from abuse and neglect. It would impact the PAIMI's ability to address rights violations which can impact a person's ability to obtain employment and housing or address discrimination in other areas of their lives. While some level of individual advocacy will continue, these organizations will no longer be able to engage in systemic advocacy which could serve to prevent future abuse and neglect.

In addition, HR3717 would impose a new Assistant Secretary at the federal Department of Health and Human Services to oversee the Substance Abuse and Mental Health Services (SAMHSA). In doing so, the bill would add another layer of bureaucracy while significantly reducing and reorganizing SAMHSA. This would severely limit SAMHSA's activities and impose onerous oversight requirements. These changes would only make the mental health system in the United States weaker, not stronger.

The bill also makes significant discriminatory changes to HIPAA privacy law, requiring HIPAA-covered entities to treat a caregiver as a "personal representative" entitled to obtain an individual's health information whenever the entity believes that disclosure to the caregiver is necessary to protect the health, safety or welfare of the person or others. This would discriminate against individuals with mental illnesses regarding control of their health care information.

Again, we urge you not to support HR3717 and, instead, to support HR4574.

Sincerely,

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Survival Coalition Issue Teams: education, employment, housing, long term care for Adults, long term care for children, mental health, transportation, workforce, voting, Medicaid and health care.

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