



State of Wisconsin

Wisconsin Council on Mental Health

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January 16, 2014

To: Representative Duffy, Representative Kind, Representative Moore, Representative Petri, Representative Pocan, Representative Ribble, Representative Ryan, Representative Sensenbrenner, Senator Baldwin, Senator Johnson

The Wisconsin Council on Mental Health (WCMH) is the Governor's statutorily authorized advisory council on mental health. While statutes empower the WCMH to advise the Governor, Legislature and state agencies on mental health budget and policy issues, the WCMH does, from time to time, contact our Congressional delegation when federal legislation has the potential to impact the funding and delivery of mental health services in Wisconsin. This is such a time.

Representative Tim Murphy (R-PA) recently introduced HR 3717, the Helping Families in Mental Health Crisis Act of 2013, with the stated goal of improving the mental health system in the United States. However, in our view this bill would wipe out twenty years of progress in creating a more community-based system of care that empowers people living with mental illnesses. While there are a number of positive provisions in the bill, all of these items are contained in other legislation that has been introduced. We urge you not to co-sponsor or support this bill in any way.

Perhaps of greatest concern to us is a provision that requires states to enact Involuntary Outpatient Commitment (IOC) (sometimes called Assisted Outpatient Treatment (AOT)) laws to be eligible for funds from the Mental Health Block Grant (MHBG). Studies have consistently shown IOC requires a substantial commitment of treatment resources to be effective. Wisconsin currently receives about \$7 million per year for the MHBG, which helps support such services. These funds are at risk with this new legislation. We believe 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 this legislation. However, we have seen in Wisconsin that simply having such a law does little to help individuals with mental illnesses recover; in fact studies have shown that such laws make individuals reluctant to seek treatment. The Governor and 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. It proposes the elimination of initiatives such as evidence-based, peer-run services and family supports, which promote recovery from serious mental illness; supports which, ironically, are currently being 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.

The bill also makes significant changes in Health Insurance Portability and Accountability Act (HIPAA), 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 in control of their health care information.

The bill also changes the composition for state planning and advisory councils (of which the WCMH is one) from a majority of consumers, family members and advocates to a majority of mental health professionals. It also would impose a new Assistant Secretary at the federal Department of Health and Human Services, who would be a doctor or psychologist, to oversee the Substance Abuse and Mental Health Services (SAMHSA). In doing so HR 3717 would add another layer of bureaucracy and significantly cut funding that supports these important initiatives. Overall the bill would reduce and reorganize the SAMHSA. It would also severely limit its activities and impose onerous oversight requirements. These changes would only make the mental health system in the United States weaker, not stronger.

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.

While there is work that needs to be done to fix our mental health system, taken as a whole, HR 3717 would cause more harm than fix problems in the system. Representative Murphy’s bill is based on a false 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. HR 3717 is also based on a reliance on the medical model, which has too often failed individuals with mental illnesses.

As noted earlier, many of the provisions in the bill that we think would support the development of a better mental health system are incorporated in other existing legislation. Please see the following: reauthorization of the Garrett Lee Smith Memorial Act (suicide prevention; S. 116/H.R. 2734), Mental Health First Aid (S. 153/H.R. 274), Children's Recovery from Trauma Act (S. 380), Excellence in Mental Health Act (S. 264/H.R. 1263), Justice and Mental Health Collaboration Act of 2013 (MIOTCRA; S. 162/H.R. 401) and the Behavioral Health IT Act (S. 1517, S.1685/H.R. 2957).

Sincerely,

A handwritten signature in cursive script that reads "Shel Gross".

Shel Gross, Chair
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