September 12, 2016

The Honorable Lamar Alexander	The Honorable Patty Murray
Chairman	Ranking Member
Committee on Health, Education, Labor and Pensions	Committee on Health, Education, Labor and Pensions
United States Senate	United States Senate
428 Senate Dirksen Office Building	428 Senate Dirksen Office Building
Washington, DC 20510	Washington, DC 20510

Re: Mental Health Reform Legislation

Dear Chairman Alexander and Ranking Member Murray:

The Psychiatric Rehabilitation Association (PRA) writes today to share our recommendations as the Senate considers legislation that seeks to reform elements of our nation's mental health infrastructure. We appreciate your leadership on the Senate Health, Education, Labor and Pensions Committee on important mental health issues and for your sponsorship of the "Mental Health Reform Act of 2016" (S. 2680.) We also appreciate the work of the House of Representatives and House Energy and Commerce Committee, which passed the "Helping Families in Mental Health Crisis Act of 2015" (H.R. 2646) in July. As the Senate considers bringing mental health legislation to the floor, PRA seeks to convey our recommendations for amending these current bills to better meet the needs of the individuals and families who turn to the public mental health system for assistance.

About the Psychiatric Rehabilitation Association (PRA)

PRA, through its members and respected educational and research partners developed and defined the practice of psychosocial/psychiatric rehabilitation, nearly 40 years ago, establishing these services as integral to community-based treatment and leading the recovery movement. Scientific and clinical research has clearly demonstrated the efficacy and value of psychiatric rehabilitation for adults and children. Psychiatric rehabilitation leads to recovery, increased community integration, and improved quality of life. PRA is committed to the growth of psychiatric rehabilitation in both quantity and quality, and to the universal availability of state-of-the-art, evidence based psychiatric rehabilitation services for all individuals with serious mental illness.

PRA and its non-profit member agencies serve those individuals receiving public mental health services who are most seriously impacted by mental health challenges. We work with state and county mental health authorities to provide evidence based psychosocial treatment and services to children, youth and adults who benefit from a full array of services to assist them in obtaining the highest quality of life possible. The people PRA serves are among the most vulnerable, including those who are homeless or at risk of homelessness, veterans, and individuals facing multiple co-morbid mental and physical health challenges.

As part of PRA's mission we strive to grow and train the recovery workforce. To that end, PRA is the proud steward of two credentials: the Certified Psychiatric Rehabilitation Practitioner credential (CPRP) and the Certified Child and Family Resiliency Practitioner (CFRP) credential. Both credentials are test-based certification programs that foster the growth of a qualified, ethical, and culturally diverse psychiatric rehabilitation workforce through enforcement of a practitioner code of ethics. What unites our workforce is the fundamental believe that recovery is possible through the unique, comprehensive, and holistic approach represented by psychiatric rehabilitation.

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PRA Supports Positive Elements of the Senate and House Mental Health Bills

We greatly appreciate your leadership on the Senate Health, Education, Labor and Pensions Committee on important mental health issues and for your sponsorship of the "Mental Health Reform Act of 2016" (S. 2680.) PRA is supportive of many provisions of S. 2680 including the:

- Focus on evidence based practice and innovation,
- Integration of physical health care and behavioral healthcare,
- Focus on functional outcomes including housing, social life and employment,
- National Suicided Prevention Lifeline, and
- Prevention and treatment of substance use disorders.

As you know, in July, the House of Representatives passed the "Helping Families in Mental Health Crisis Act of 2015" (H.R. 2646.) PRA is supportive of some of the provisions of H.R. 2646 including the:

- Study of peer support programs to identify best practices,
- Allowance of same day services in FQHCs,
- Assertive Community Treatment grants, and
- Programs for Infant and Early childhood prevention, intervention and treatment.

PRA Urges Senate: Reject H.R. 2646 as Passed by House, Advance S. 2680 with Amendments

PRA urges Senate leaders to ensure that mental health legislation brought to the Senate floor will represent a positive advancement forward for our country. PRA urges the Senate to reject consideration of H.R. 2646 as passed by the House and supports advancement of S. 2680 with the amendments and improvements discussed below.

We understand that the congressional schedule has a limited number of legislative days remaining this year, leading some to view Senate approval of H.R. 2646 as the most expedient way for Congress to pass mental health reform legislation in 2016.But H.R. 2646 contains serious flaws that will not best serve those living with mental health challenges and consumers and their families. While we appreciate the work of the House and are supportive of several provisions of H.R. 2646, as noted above, H.R. 2646, as passed by the House, must not become federal law.

PRA offers the following priority concerns related to H.R. 2646 and S. 2680 that we ask the Senate to address in any mental health legislation brought to the Senate floor or otherwise advanced for consideration.

(1) Withdraw or Mitigate Provisions to Expand "Assisted Outpatient Treatment" (AOT), which is Involuntary, Court-Ordered Treatment Not Supported by Independent Clinical Evidence or Research

H.R. 2646 authorizes $139 million over eight years for so-called "Assisted Outpatient Treatment" (AOT) programs. Despite the euphemistic title, AOT is court-ordered, involuntary treatment and H.R. 2646, by providing such significant funding for AOT programs, would have the effect of greatly expanding the use of coercive treatment in our communities.

Some have advocated for an increase in involuntary treatment out of exasperation with the challenges of obtaining quality mental health services in a complex system or where community-based resources are in high demand and short supply. But the answer is not to expand the reach of court orders that force individuals into treatment programs that are unlikely to

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lead to recovery or even long-term improvement for individuals and families. The answer is to make navigation of our mental health system less complex, fund and make more accessible community-based treatment, and reduce the stigma of seeking mental health services for ourselves, our family members, and individuals in our communities.

PRA members work every day with adults, adolescents, and children facing severe and persistent mental illness. We work collaboratively within our communities to build bridges that enable our consumers to live more productive lives - connecting individuals and families with physical health services, housing, education, and job training, while addressing the behavioral and mental health issues that are recurrent in their lives. PRA members know, and research demonstrates that recovery is possible for the vast majority of individuals when they receive empathetic supports to assist them in achieving self determined life goals. Coercion is not an effective strategy in the recovery process and is all too frequently implemented where other treatment and community support options could achieve a better, long-term result.

S. 2680 took the right approach in not including any grant programs that would expand the use of AOT. There is no barrier at present for states and localities to consider AOT among their options and the provision of large sums of federal resources, as is proposed in H.R. 2646, serves only to sway states and localities to adopt, favor, or expand AOT simply because funding is available, and not necessarily because it is the right choice.

If Congress is determined to provide additional funding for AOT, we ask Congress to amend relevant legislation to expand the utility of such programs beyond AOT. Allow states and localities the option to design a comprehensive approach to mental health services that includes community-based programs, assertive outreach efforts, and, where chosen, AOT, rather than require that all funds be used exclusively for AOT programs.

In the alternative, should Congress proceed with funding such a program exclusively for AOT, then we believe the funding should be cut in half with only half of authorized fund supporting AOT programs and the other half of authorized funds utilized for grants that would fund community-based treatment, assertive outreach, and other, voluntary approaches to care.

Furthermore, PRA finds that the evidence to support the credibility of AOT is extremely limited and represented far more by anecdote than data. We ask the Senate to include in legislation that comes to the Senate floor, funding for comprehensive, unbiased, research under the auspices of the National Institute of Mental Health that would fully examine the comparative effectiveness of involuntary and voluntary treatment programs in the real world. We are confident that the results will confirm what we know to be true in our daily practice: voluntary, comprehensive, treatment has a far greater positive impact on the lives of individuals, families, and communities than coercive methods.

Congress has endeavored to move our healthcare system towards patient-centered models that innovatively integrate care to reduce costs and improve outcomes. These 21st century policy goals are fundamentally at odds with a 19th century program to coercively "treat" individuals with mental health issues against their will. We can do better. We must do better.

(2) Remedy the Exclusion of Non-Physician Providers, Consumers, and Families from Authority and Programs

PRA is concerned that throughout the legislative proposals, Congress has either purposefully or, perhaps inadvertently, prioritized and promoted physician involvement in councils, advisory groups and peer review groups over that of other

providers of mental health services and failed to include consumers and families where there is a strong history of doing so with important success.

We are concerned that where the House and Senate bills create various advisory committees, councils and peer review boards to better inform the work of the Assistant Secretary, they have included psychiatrists and psychologists and other licensed mental health and substance abuse professionals, but failed to include representatives of the psychiatric rehabilitation workforce as well as consumer and family communities. Such inclusion has long been an important hallmark of SAMHSA's quality work and we urge the Senate to rectify this oversight by requiring that advisory committees, councils and peer review committees include psychiatric rehabilitation practitioners as well as meaningful consumer and family representation.

(3) Curtail Far-Reaching Sense of Congress Regarding Clinical Implications of Serious Mental Illness

Section 401 of H.R. 2646 includes a Sense of the Congress that finds:

> *(2) Persons with serious mental illness (in this section referred to as ''SMI''), including schizophrenia spectrum, bipolar disorders, and major depressive disorder, may be significantly impaired in their ability to understand or make sound decisions for their care and needs. By nature of their illness, cognitive impairments in reasoning and judgment, as well as the presence of hallucinations, delusions, and severe emotional distortions, they may lack the awareness they even have a mental illness (a condition known as anosognosia), and thus may be unable to make sound decisions regarding their care, nor follow through consistently and effectively on their care needs.*[1]

PRA urges the Senate to reject legislation that contains such broad and over-reaching language. The three diagnoses mentioned above: schizophrenia, bipolar disorders, and major depressive disorder affect millions of Americans. The National Institute of Mental Health (NIMH) reports that in 2014, "an estimated 15.7 million adults… had at least one major depressive episode in the past year. This number represented 6.7% of all U.S. adults."[2] NIMH reports that 2.6 percent and 1.1 percent of adults in the U.S. are diagnosed with bipolar disorder[3] and schizophrenia,[4] respectively. Cumulatively, these three conditions affect approximately 10.4 percent of all Americans. The specific text of this paragraph and Section 401, in general, asserts that more than 10 percent of adults in the U.S. may be significantly impaired, may have "anosognosia" whereby they are unaware of their mental illness, and may be unable to effectively participate in their treatment and recovery. Congress is further suggesting that more than 10 percent of adults may be legally incapacitated to make decisions about their own life and course of treatment. This is dangerous, overly broad language that casts too far a net into the American population without any evidence that such a significant percentage of Americans lack such capacity. Congress should not adopt any law that contains this, or similar, language.

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[1] H.R. 2646. Title IV. Sec 401(a)(2). Received in the U.S. Senate July 7, 2016, 114th Congress, Second Session.
[2] "Major Depression Among Adults." National Institutes of Mental Health. Accessed August 24, 2016. Available at: http://www.nimh.nih.gov/health/statistics/prevalence/major-depression-among-adults.shtml.
[3] "Bipolar Disorder Among Adults." National Institutes of Mental Health. Accessed August 24, 2016. Available at: http://www.nimh.nih.gov/health/statistics/prevalence/bipolar-disorder-among-adults.shtml. Accessed August 24, 2016.
[4] "Schizophrenia." National Institutes of Mental Health. Accessed August 24, 2016. Available at: http://www.nimh.nih.gov/health/statistics/prevalence/schizophrenia.shtml.

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The Sense of the Congress further finds:

> *(5) Episodes of psychiatric crises among those with SMI can result in neurological harm to the individual's brain.*[5]

PRA urges the Senate to reject legislation that contains this or similar language. We find no independent, valid, clinical evidence that serious mental illness *causes* or *results* in neurological harm to the brain. The nexus between brain injury and mental health is an important area that needs more research, however Congress is premature to include in legislation a definitive declaration of clinical causation where the scientific, medical, and mental health community has not arrived at an evidence-based conclusion or consensus. PRA recommends this "finding" be struck from the legislation.

(4) Protect the Important Work of SAMHSA

Both H.R. 2646 and S. 2680 propose to reorganize SAMHSA under the authority of a new Assistant Secretary. While we understand that government may find it optimal to reorganize within the administration, many in the mental health community are concerned that the proposed reorganization could diminish the effectiveness of mental health and substance abuse programs within the U.S. Department of Health and Human Services (HHS). We have heard that this is not the intent of the legislation, and quite to the contrary, that the intent is to elevate the importance of mental health and substance abuse treatment programs within HHS. Assuming that is the case, we urge the Senate to clarify such intent in any legislation that moves forward to the Senate floor to allay the concerns of those who rely upon the many valuable programs operated by SAMHSA.

Conclusion

PRA members are dedicated to providing psychiatric rehabilitation services to individuals with the greatest need. We ask that you protect and guard infrastructure that provides essential care to so many Americans and seek to improve and expand the reach and availability of much-needed care and interventions. We ask you to acknowledge, with us, that it is possible for individuals to live in recovery from serious mental health challenges.

Once again, we thank you for your leadership on these important issues. We would be pleased to speak with you or your staff about these and any related issues at any time.

Regards,

Colleen Delaney Eubanks

Colleen Delaney Eubanks, CAE
Chief Executive Officer

[5] H.R. 2646. Title IV. Sec 401(a)(5). Received in the U.S. Senate July 7, 2016, 114th Congress, Second Session.

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