



May 8, 2014

The Honorable Ron Barber  
U.S. House of Representatives  
1029 Longworth House Office Building  
Washington, DC 20515

The Honorable Doris Matsui  
U.S. House of Representatives  
2434 Rayburn House Office Building  
Washington, DC 20515

The Honorable Diana DeGette  
U.S. House of Representatives  
2368 Rayburn House Office Building  
Washington, DC 20515

The Honorable Grace Napolitano  
U.S. House of Representatives  
1610 Longworth House Office Building  
Washington, DC 20515

The Honorable Paul Tonko  
U.S. House of Representatives  
2463 Rayburn House Office Building  
Washington, DC 20515

Dear Representatives Barber, DeGette, Napolitano, Matsui and Tonko:

On behalf of the partnership of tens of thousands of people with psychiatric disabilities and community behavioral health providers that NYAPRS represents, I am writing to express our support for the "Strengthening Mental Health in Our Communities Act."

It is critical that federal initiatives focus on expanding support for the recovery and community inclusion of Americans with psychiatric disabilities, especially for those with the most serious conditions who are at risk for or currently in the midst of relapse, homelessness and incarceration. We believe that this bill contains a number of very timely proposals that we believe will increase system responsiveness, coordination, accessibility, integration and accountability.

We support the proposal to create a White House Office of Mental Health Policy, which can work at the level necessary to coordinate all federal agency activities and policies to address our broken systems of care, and that can oversee and regularly submit to Congress the results of a National Strategy for Mental Health that sets and reviews high, measurable standards for comprehensive system improvement.

We especially appreciate the Strategy's emphasis on finding ways to extend funding to promote and incentivize the availability of evidence based and emerging best practices that should include Housing First, mobile crisis, family and peer recovery and crisis support, supported housing and employment, assertive community treatment, consumer operated service programs, advance directives and crisis intervention teams. These represent state-of-the-art reforms that, when presented in engaging ways that assure voluntary participation, will greatly improve the lives of people with psychiatric disabilities, their families and communities.

We strongly support the re-authorization of SAMHSA's programs, with the inclusion of new oversight and reporting requirements that carefully looks at their appropriateness, efficiency and outcomes.

We fully support the full re-authorization of our Protection and Advocacy for Individuals with Mental Illness (PAIMI) program. Litigation brought by a New York based P&As, Disability Advocates, Inc, has been critical to ensuring that people with psychiatric disabilities who have long languished in inappropriate and costly adult and nursing home settings will now experience the dignity and fulfillment that comes with living in their communities with individualized supports. Thanks to another DAI settlement, New York state prisoners with mental illnesses no longer spend the entirety of their days in horrific solitary confinements and are now afforded the mental health treatment they need and deserve.

We are enthused about a number of other broad ranging reforms that the proposal offers, including:

- demonstration grants to improve care for 'high utilizers" of emergency, housing, judicial, corrections, and law enforcement services
- a web based registry that identifies the availability of acute care psychiatric beds
- improved collaboration between the VA and Department of Defense and the proposed increase in the number of mental health professionals in the VA
- increased research on prevention and first episode care
- national media and public awareness campaigns
- funding for collaborative and integrated behavioral and medical health services
- a study to monitor enforcements in implementing the federal parity act
- increased funding for comprehensive mental health training in our schools and the elimination of the 190 day Medicare mental health treatment cap
- enhanced use of prevention and treatment of geriatric mental health and elimination of the current 190 day lifetime Medicare inpatient services cap
- scholarships and loan repayment funding to develop the behavioral health workforce

Finally, we greatly appreciate the bill's numerous references to the critical importance of advancing cultural and linguistic competence.

I feel it important to mention that our NYAPRS community has long advocated for a broad array of informed choices, including medications. I personally include psychiatric medication as one part of my own personal health regime. We are not anti-psychiatry but we are anti-coercion, based both on firm conviction, experience and the lack of evidence that court orders are responsible for producing good consumer and community outcomes.

***We greatly appreciate Congressman Murphy's dedicated leadership that has brought our issues to the forefront. We sincerely believe that all House leaders and members are dedicated to advancing the mental and overall health and safety of Americans with psychiatric disabilities, their families and their communities and pledge to work tirelessly with all parties to advance those causes.***

Sincerely,



Harvey Rosenthal Executive Director  
New York Association of Psychiatric Rehabilitation Services  
[www.nyaprs.org](http://www.nyaprs.org).