



National Coalition for Mental Health Recovery

Annual Capitol Hill Advocacy Day

July 9, 2019

The National Coalition for Mental Health Recovery (NCMHR) brings together organizations and individuals who are dedicated to ensuring that people who are recovering or have recovered from a mental health condition have a major voice in the development and implementation of health care, mental health, and social policies at the state and national levels. Contact us at info@ncmhr.org. Learn more about us at www.ncmhr.org.



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Address Basic Human Needs: Advance Housing, Employment, Income Support and Medicaid/Medicare Incentives

Background: Health, recovery, and the dignity of a full and meaningful life in the community require that public policies and programs support people to meet their basic needs, address the social determinants of health, and comply with the Americans with Disabilities Act requirements that people with disabilities must be afforded every opportunity to live in the most integrated community settings.

Actions:

- **Housing**
 - The Department of Housing and Urban Development (HUD) should increase funding for safe and affordable housing through an **expansion of Section 8 vouchers**.
 - **Publicly funded housing must be freestanding, without mandated treatment requirements**, given the great success of programs that are focused on reducing harm and homelessness without conditions, like “Housing First” models.
- **Income Support**
 - **Increase SSI and SSDI payments** to be aligned with the cost of living, with more gradual withdrawal when people return to work.
- **Employment**
 - **Increase funding for proven supported employment models**, such as Individual Placement and Support (IPS).¹
 - Support passage of the **Transformation to Competitive Employment Act (H.R. 873, S. 260)**, which would end the subminimum wage for workers, especially in sheltered workshops.
- **Medicaid and Medicare**
 - Ensure that peer support, supported housing, and supported employment are **approved benefits within “Medicare for All” bills**.²
 - **Oppose Medicaid demonstration waivers that impose work requirements, Medicaid “lockouts” or time limits, and Medicaid block grants**.
 - The Centers for Medicaid and Medicare should **encourage states to apply for demonstration waivers that allow Medicaid reimbursement for supported housing/rent subsidies**.
 - Pass the **Disability Integration Act (H.R. 555/S.1117)**, assuring that states and other LTSS (Long-Term Services and Supports) funders provide services and supports that allow individuals with disabilities to live in the most integrated settings (including their own homes), have maximum control over their services and supports, and lead independent lives.

¹ IPS supported employment helps people living with behavioral health conditions work at **regular jobs** of their choosing. Although variations of supported employment exist, IPS refers to the evidence-based practice of supported employment. **Mainstream education** and technical training are included as ways to advance career paths.

²“Medicare for All” would require the government to establish a health plan that pays for all forms of medical care for all citizens. Individuals would not be responsible for any cost-sharing of medical expenses. The government coverage would include hospitals, doctors, preventive care, prescription medications, and dental and vision care. Private insurers would not be allowed to sell plans that compete with the government program.



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Protect and Promote the Human Rights of Americans Diagnosed with Mental Health Related Conditions

Background: Americans who are diagnosed with mental health-related conditions must be fully afforded all the rights of all Americans, without prejudice, discrimination, coercion, or other policies that could jeopardize our recovery, rights, health, and dignity.

Actions:

- Expand funding of the **Protection and Advocacy for Individuals with Mental Illness (PAIMI) program**, supported by the National Disability Rights Network (NDRN), to ensure due process and other protections under the Constitution.
- Work with the Bazelon Center for Mental Health Law to **end involuntary treatment and coercive treatments**, such as physical and chemical restraints, in all institutional settings, such as hospitals, nursing homes, and schools.
- Strongly advocate that the U.S. Congress ensure that the Justice Department **enforce the protections guaranteed under the Americans with Disabilities Act (ADA)** and the *Olmstead* decision.
- **Oppose any actions by the Department of Health and Human Services (HHS), Office of Civil Rights (OCR), to modify the existing HIPAA (Health Insurance Portability and Accountability Act) patient privacy rules** in ways that would weaken essential privacy protections.
- **Oppose any actions by the Justice Department to rescind protection of persons with pre-existing conditions as provided in the Affordable Care Act.**
- Work for **Senate ratification of the U.N. Convention on the Rights of Persons with Disabilities (CRPD).**
- **Oppose H.R. 838, the Threat Assessment, Prevention, and Safety Act of 2019**, that may potentially further stigmatize individuals with mental health-related conditions.
- **Support the Keeping All Students Safe Act of 2019**, which is seeking to ban the practice of isolating students in special rooms, or otherwise secluding them, in schools that receive federal funds, as well as seeking to limit when students can be physically restrained.

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Ensure Meaningful and Measurable Peer Participation in the Development of National and State Mental Health Policies

Background: When decisions are made on policy and practices at the federal and state levels, it is essential to include the voices of individuals who have firsthand experience of mental health- and/or substance use-related conditions, treatment programs, and related services, because these decisions directly impact our recovery, dignity, and fundamental human rights.

Actions:

- The Substance Abuse and Mental Health Services Administration (SAMHSA) should empanel a **committee of persons with lived experience** of mental health- and/or substance use-related conditions (also known as consumers, survivors, or peers) that would play a fundamental role in the creation and review of all SAMHSA initiatives. The committee members would initially be selected by the Administration and both houses of Congress, and would thereafter be responsible for all appointments to the committee.
- **Ensure that a majority of the members of all State Mental Health Planning Councils be persons with lived experience** of mental health- and/or substance use-related conditions, and that they meaningfully participate in the allocation of state Mental Health and Substance Abuse Block Grant funds.
- Revise the Code of Federal Regulations 42, Section 431.12, to establish a **medical care advisory committee** “to advise the Medicaid agency” that ensures that at least 51% of committee members be persons with a disability and/or a mental health- or substance use-related condition.
- **Expand federal funding for the national peer-run technical assistance centers** to cover five regional centers, each responsible for community organizing and advocacy in a region of the country. The major responsibility of these technical assistance centers would be the nurturing and continued support of statewide peer-run advocacy organizations.
- **Expand federal funding of statewide peer-run advocacy organizations** to ensure the presence of one such organization per state, ensuring that each state include consumer/survivor/peer voices in the development of state policies.

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Increase Funding for Peer-Run Services as Alternatives to Involuntary Treatment and Increase Funding to Support the Advancement of the Peer Workforce

Background: There is now significant evidence of the unique appeal and effectiveness of “peer-run or peer-delivered services”: services that are operated by people with mental health- and substance use-related conditions, and provided by them to their peers. Studies clearly demonstrate that peers are especially successful in engaging and supporting persons with lived experience of the mental health system, and they often do so more effectively than those without such lived experience. Involuntary treatment is often traumatic, and even voluntary treatment provided by professionals is characterized by a power imbalance, while voluntary, peer-run alternatives promote recovery.

Despite the recent expansion of the peer workforce and its powerful impact on helping people with the most extensive and complex needs, peer supporters report numerous barriers to workforce participation, including limits on the role/value of peers, on opportunities for advancement and professional development, and/or discriminatory lower wages than those with the same level of responsibility.

Also, funding cost-efficient and effective drop-in centers, clubhouses, peer-owned agencies, and warm lines is essential to the inclusion of peers at all stages of recovery.

Actions:

- Congress should **expand funding for peer-run innovations and pilots, and provide funding for research to evaluate their effectiveness.**
- SAMHA should set aside **20% of Mental Health Block Grant funding for state-funded peer-run crisis respites.**

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Educate the General Public, Mental Health Service Providers, and Policymakers about the Lives, Needs and Goals of Individuals with Mental Health-Related Conditions and the Vital Value of Peer Support Services

Background:

Transforming all levels of mental health care will require decision makers, service providers, and the general public to understand the importance of recovery values.

Peer supporters often feel devalued when they are hired to work in the mental health system. But, by educating mental and physical health care professionals about recovery values and their powerful impact and outcomes, we can help transform the health care system.

In doing so, we can provide uniquely powerful support to help people move from illness to wellness, from patienthood to personhood, and from the margins to the mainstream of their communities.

Actions:

- **Support the creation of public education programs** that focus on our commonalities, our shared dignity, and our potential, and that labor to de-link the false connection between violence and mental health-related conditions.
- **Infuse recovery- and rights-focused materials** in public education curricula and in training and technical assistance programs for community health care providers.
- **Create a peer-driven evaluation of the progress toward a recovery-based behavioral health system.** Transforming the behavioral health system depends on quality improvement initiatives inspired, created, and implemented by peers at all levels.

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MEMO OF SUPPORT

The Medicaid Reentry Act H.R. 1329, Rep. Paul Tonko (D-NY) & Rep. Michael Turner (R-OH)

Background:

Access to Medicaid-funded services prior to release from incarceration has been essential to assure people get the necessary supports to make a successful adjustment back into the community.

However, many individuals have been forced to reapply for benefits upon leaving prison or jail, all too often resulting in avoidable tragedies.

For example, studies have shown that individuals who are released back into the community post-incarceration are roughly 40 times more likely to die of an opioid overdose in the first two weeks post-release compared to the general population.

The Medicaid Reentry Act would grant states new flexibility to restart benefits for Medicaid-eligible incarcerated individuals 30 days prior to release, allowing for smoother transitions to community care and reducing the risk of overdose deaths post-release.

Further, it would allow states to authorize a resumption of Medicaid benefits in the 30-day pre-release period **by right**, rather than by having to go through a waiver process.

The bill has been referred to the House Committee on Energy and Commerce, which oversees issues relative to health care, including mental health and substance abuse, and health insurance, including Medicare and Medicaid.

Action: Pass H.R. 1329.

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MEMO OF SUPPORT

Resilience Investment, Support, and Expansion (RISE) from Trauma Act S.1770 (Sens. Durbin, Capito, Duckworth, Murkowski; Reps. Davis and Gallagher)

Designed to increase support for children who have been exposed to Adverse Childhood Experiences (ACEs) and trauma, such as witnessing violence, parental addiction, or abuse, the *Resilience Investment, Support, and Expansion (RISE) from Trauma Act* would help to build a trauma-informed workforce and increase resources for communities to support children who have experienced trauma.

Background: Nationwide, nearly 35 million children have had at least one traumatic experience, and more than two-thirds of children have been exposed to violence. Far too many children carry the emotional weight of community violence and other traumatic experiences, such as the daily stress of abuse or neglect at home, a parent battling addiction, or an incarceration or a deportation of a loved one.

Trauma can create stress on the developing brain and force children into constant “survival mode.” Decades of research have established the link between a child’s exposure to trauma and its effect on neurological and behavioral development. Left unaddressed, childhood trauma can impact mental and physical well-being.

The *RISE from Trauma Act* would expand and support the trauma-informed workforce in schools, health care settings, social services, first responders, and the justice system, and increase resources for communities to address the impact of trauma.

Specifically, the bill:

- Enhances federal training programs at the U.S. Department of Health and Human Services (HHS), the U.S. Department of Justice, and the U.S. Department of Education to provide more tools for early childhood clinicians, teachers, school leaders, first responders, and certain community leaders;
- Creates a new HHS grant program to support hospital-based trauma interventions, such as for patients who suffer violent injuries, in order to address mental health needs, prevent re-injury, and improve long-term outcomes;
- Creates a new HHS grant program to fund community-based coalitions that coordinate stakeholders to address trauma.

Action: Pass S.1770.

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