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Montana's Peer Network

Wake Up to the Real Danger of the Murphy Bill

By Daniel Fisher, President National Coalition for Mental Health Recovery and Sally Zinman, ED, CAMHPRO



Wake up advocates before it is too late. Representatives Murphy/Johnson's bill, **Helping Families in Mental Health Crisis Act** (H.R. 2646) is a much greater threat than you realize. This bill is a direct attack on the core values of our mental health recovery movement of empowerment and community integration by its emphasis on coercion and institutionalization. It is an attack on all the work we advocates have done over 40 years as far as recovery, deinstitutionalization, and rights for persons labeled with mental illness. Its intent is to extinguish our vision of recovery.

This proposed legislation robs people of hope because it is based on a false belief that people never recover, and must be controlled and maintained in the same psychiatric institutions from which people have gradually been freed. This is not evidence-based legislation. It is a denial of the evidence that when provided voluntary community supports, people recover from even the most severe conditions. Every element of the legislation is disempowering and attacks our values of recovery by: its intent to expand outpatient and inpatient commitment, its loosening of confidentiality, its expansion of payments for institutional care at the expense of community care, its call to dismantle SAMHSA, the agency that has carried out the New Freedom Commission (NFC) for Mental Health's call for recovery-oriented systems, and its curtailing of the capacity of the Protection and Advocacy organizations' capacity to promote system change, while providing no new money for mental health services.



Some supporters of the bill are saying we have to rebuild asylums to prevent incarceration in jails and prisons. But we cannot financially, legally, or morally afford to rebuild asylums. The Supreme Court's Olmstead Decision and the ADA upon which it is based have stated that people should not be institutionalized if they are capable of living in the community. But we need legislation that creatively expands the opportunities, and funding for voluntary, community-based alternatives to coercive institutions such as:

Reforming of Medicaid and Medicare, so they can fund recovery and community integration rather than simply medication & symptom reduction

MPN Signature programs

Peer Support 101 Training - Healthy Minds Healthy Bodies—
Recovery Talks - Advance Psychiatric Directives

Bring MPN to your community.

Visit our website or call



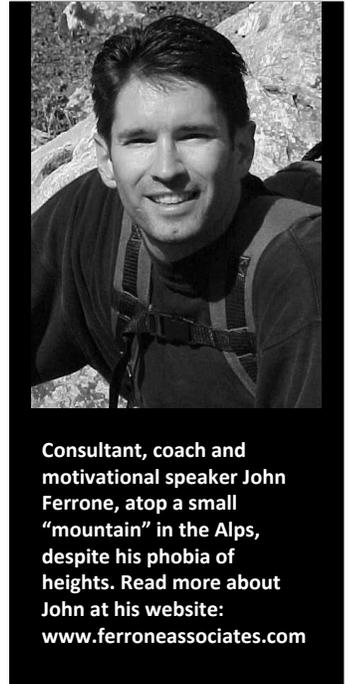
Every month I will follow Jim Hajny on his journey's around our fine state of Montana. This guy never slows down, sharing the vision of **Montana's Peer Network!!!** Check him out!

This month I am changing it up. We have been hard at work with a consultant on long term strategic planning so I decided to interview John Ferrone, the consultant of Ferrone Associates jferro-
ne@ferroneassociates.com, who contracts with Café TA to provide technical assistance to re-

covery organizations like MPN. **Let's talk!!**

ME: John, why did MPN ask you to come to Livingston MT?

Montana's Peer Network is extremely motivated to provide best possible and services to its members. will require MPN to get better and better. To do that, is making use of a free service from a samsa grant that allows them to engage john Ferrone business and organizational consultant. John special in building capacity in organizations...its the capacity he will help us build and will position MPN to fulfill its mission to serve its membership.



Consultant, coach and motivational speaker John Ferrone, atop a small "mountain" in the Alps, despite his phobia of heights. Read more about John at his website: www.ferroneassociates.com

ME: What are your biggest concerns challenges for Montana particularly, and preparing a strategic plan?

My biggest concern is the challenge of finding committed and passionate people in each of the regions to participate in the creation of the affiliate program. The affiliate program is envisioned by MPN to be a way for local and regional peers to connect with and network with each other on their own turf, with the support of a centralized MPN office.

ME: What views or concepts about recovery will you bring home, and are you satisfied with your deeper understanding of the vision of MPN.

I will take back with me the notion that recovery has a unique and distinctive definition, being that people can have hope that they can successfully manage their challenge over their lifetime and journey. Recovery is about hope. Recovery is about confidence in oneself. Recovery is about making use of available resources and have the courage to seek new ones (and first acknowledge that sometimes we don't know what we don't know) so that we can support ourselves along our journey. I am very confident in MPN and its vision, and I am honored to have the opportunity to serve in a role that can help them pursue it.

Me: "Thank you so much for giving our readers a glance at your work with MPN, and for sharing your insight and experience with us as well"! Members I will see you next month!!!

Melissa Meyer, Outreach Coordinator

We welcome submissions to our newsletter contact. Deadline is the 10th of month.
melissa@mtpeernetwork.org
 406-551-1058
mtpeernetwork.org

MONTANA'S PEER NETWORK
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2nd annual

Big Sky Recovery Conference

Saturday September 17, 2016

Helena Montana, Radisson Colonial Inn 10am

Presenters, workshops, giveaways, resources, awards ceremony and fun!

Con't. from cover page— [Wake Up to the Real Danger of the Murphy Bill](#)

Enabling Medicaid funding of economical peer-run respite care, crisis stabilization, and cooperative apartments rather than nursing homes and hospitals

Expanding of housing first programs and new housing subsidies to alleviate the dead end of homelessness.

Expanding of cost-effective, consumer-run recovery centers and technical assistance centers to support them

Expanding training and hiring of peers into all organizational levels of the system

Expanding training and support for persons with lived experience to be meaningfully involved in policy and evaluation

Developing promising clinical approaches, such as Open Dialogue, that reduce over dependence on medication

Strengthening the P and A's so they can ensure that the potential of the Olmstead Decision is fulfilled

The most ominous aspect of this Murphy legislation is its intent to silence the voice of persons with lived experience in the formation of its provisions and in future policy development. The disability world in general and mental health world in particular has had a long history of highlighting the centrality of the voice of consumers in policy formation. This principle is formalized in the regulations concerning the expenditure of Mental Health Block grant funds. In addition, the NFC report concluded that the transformation of the mental health system should be consumer- and family-driven. In contrast, the Murphy bill calls for the new advisory body to the Assistant Secretary of MH and SUD to consist of mainly of clinicians with a lone spot for a person with lived experience, but he/she had to have received mental health services in the last two years. Rather than further amending this fatally flawed proposed legislation, we recommend it be stopped and the drafting begin anew with the 115th Congress. Congress could use the example of the disability community in its drafting of the ADA. There was true involvement of leaders with disabilities and it was bipartisan. We need to pressure Congress to accept the theme of our movement and every civil rights movement: "Nothing about us without us." Congress needs to realize that the only truly evidence-based system is one that is based on our voice and experience, because "We are the evidence that people recover." Wake up and contact your member of the House of Representatives, and let them know that Rep. Tim Murphy's Bill, HR 2646, is dangerous to recovery and should not progress any further. As Justin Dart said, "Fight as if your life depends upon it because it does."

Contact info: NCMHR: 877-246-9058; www.ncmhr.org; daniefisher@gmail.com

Peer Support Groups in Montana

Butte

Thursday at 630pm Library uptown location
406-498-0703 for information

Helena

Lewis and Clark Library
Thursday 5-6pm 422-7521 for more info

Kalispell

Thursday 1pm @Wheat Montana

Livingston

Wednesday 7pm @ 109 East Lewis Street

Missoula

Recovery International
Saturday 1- 2:30pm Missoula Public Library
825-3063 for more information

Billings Affiliate

April 2 library 1030 am
406-690-3365 for more information

Visit our website for more information

www.mtpeernetwork.org

MPN podcast!



Listen in to lively discussion about recovery, current topics, wellness, whole health, and positive happenings in the recovery movement across Montana and nationally.

<http://mtpeernetwork.org/media/podcast>

Board of Directors has two openings

Youth and Native American positions are now available

Visit our website for an application

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Livingston, MT 59047

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