

March, 2013

Protection and Advocacy for Individuals with Mental Illness (PAIMI)
Fiscal Year 2014 Appropriations Recommendation - \$42 million

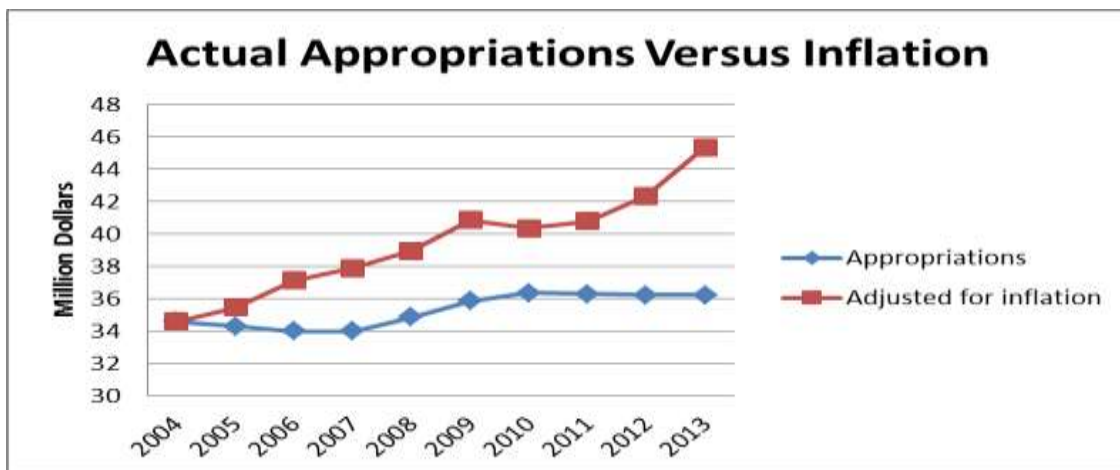
Background/ Funding History

In 1986, Congress authorized the Protection and Advocacy for Individuals with Mental Illness (PAIMI) program in the Protection and Advocacy for Individuals with Mental Illness Act. The PAIMI program is funded through the United States Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA). The PAIMI program was originally established to provide protection and advocacy services to individuals with significant mental illness or emotional impairment who were or had recently resided in institutional settings.

In 2000, Congress expanded the PAIMI program to individuals living in both institutional and community settings, including their own homes, which complements the intent of the United States Supreme Court ruling in the *Olmstead v. L.C.* (527 U.S. 581).

Unfortunately, while the people who can be served by the PAIMI program has expanded, funding for the program has remained fairly level. In FY 2004, PAIMI was funded at \$35 million, and after years of struggle and small cuts to the program, funding has only increased slightly to \$36 million in FY 2012. When inflation is taken into consideration, this cannot be called an increase. The lack of adequate funding for the PAIMI program inhibits the ability of people with mental illness to live successfully in the community and endangers the lives of children with mental illness in schools and other settings.

NDRN recommends a funding level of \$42 million for Fiscal Year 2014.



Current Program Responsibilities

Under the PAIMI program, P&As are authorized to investigate abuse and neglect in all public and private facilities and community settings, including hospitals, nursing facilities and group homes – and to oversee the effectiveness of state agencies that license and regulate these programs. PAIMI program staff also play a critical role in implementing SAMSHA’s Strategic Initiatives including an important role in ensuring that people with mental illness have access to education, housing, employment and other necessary supports and services in the community so they can remain in their communities and be economically self-sufficient. In addition, program staff work to reduce discrimination in employment, and housing. Additionally, PAIMI program staff play an increasingly critical role in juvenile justice and adult correctional facilities where people with mental illness, who are not receiving the supports and services they need in the community, often end up incarcerated.

The United States Department of Health and Human Services has mandated that the P&A System receive investigation reports of deaths and serious injuries related to restraint and seclusion practices in hospitals and psychiatric facilities. Additionally, in 2002 and 2003, Congress affirmed that the P&A System has a significant role in addressing the community integration needs of individuals with mental illness. The requirements placed on the PAIMI program continue to expand while the funding remains stagnant.

According to SAMHSA (2011), approximately 18.5 percent of service members returning from either Iraq or Afghanistan have depression or post-traumatic stress disorder (PTSD). Furthermore, a January 2011 report, titled, “Strengthening Our Military Families: Meeting Americans Commitment” found that multiple deployments of either spouses or parents leads to an “11 percent increase in outpatient visits for behavioral health issues among a group of 3- to 8-year-old children of military parents and an increase of 18 percent in behavioral disorders and 19 percent in stress disorders when a parent was deployed.” These findings clearly indicate the demand for mental health supports and services is only going to continue to increase.

Despite numerical and anecdotal evidence of the PAIMI program’s success, there are tens of thousands of children and adults with mental illness who cannot access the services of the PAIMI program because of inadequate funding. An estimated one-in-five adults in the United States will receive treatment for a mental health condition during their lives. Congressional and administrative directives to the PAIMI program are welcome because they demonstrate Congressional trust in the Protection and Advocacy (P&A) System, and specifically the PAIMI program, but without adequate funding it is difficult to achieve those objectives.

The PAIMI program has been highly successful but due to monetary limitations cannot serve every individual looking for help from the PAIMI program. In order to meet the requirements of its directives and serve children and adults with mental illnesses, additional funding is critical.

For more information, contact Eric Buehlmann or Cindy Smith at 202-408-9514, eric.buehlmann@ndrn.org or cindy.smith@ndrn.org