

GOOD PEOPLE . . .
GOOD PRACTICES . . .
NO SYSTEM

a discussion paper

by the Alberta Alliance on Mental Illness and Mental Health

"The Mental Health system in Alberta is not really a system at all. There are many government organizations responsible for delivery services to those suffering from a mental illness, with a range of overlapping and sometimes contradictory mandates."

(Provincial Health Council of Alberta, December 1998)

February 2000

AAMIMH

TABLE OF CONTENTS

The Current Situation	Page 1
Historical Context	Page 2
What the Stakeholders Say	Page 4
Five Urgent Issues	Page 4
Vision and Strategic Plan	Page 4
Adequate Funding	Page 5
Regional Psychiatric Beds/Acute Care	Page 6
Community Services	Page 6
Children’s Mental Health	Page 7
Other Significant Issues	Page 7
Separate Psychiatric Hospitals	Page 7
Research	Page 7
Housing	Page 7
Human Resources	Page 7
Voluntary Associations	Page 7
Central Data Source	Page 7
A Contemporary Vision	Page 8
Alliance Recommendations on Mental Illness and Mental Health Services	Page 9
References	Page 10
Appendix 1	Page 12
Best Practices in Mental Health Reform Federal/Provincial/Territorial Advisory Network on Mental Health Table 1A: Checklist of key elements of a reformed system of care: Core Programs (Page 12); Table 1B: Checklist of key elements of a reformed system of care: System strategies (Page 13)	
Appendix 2	Page 14
Founding Alliance Members New Members	

The Current Situation

In recent years Alberta has seen many welcome examples of good, and even “best practice” programs for mental health care. Community-based crisis services, various forms of assertive community treatment, clubhouses, and a few consumer and self-help initiatives, are examples. The province has at times been an innovator, for example, in telehealth.

1999 was, in some ways, a good year for Alberta’s mental health care services. The Alberta Mental Health Board (AMHB) launched a well funded anti-stigma program that has an unprecedented three-year commitment. The Alberta Government also provided \$5 million to the AMHB for a Children’s Mental Health Initiative. This followed the \$25.6 million commitment to the Student Health Initiative, which featured inter-ministerial collaboration as a required element.

Alberta’s mental health programs are also fortunate to have the services of many dedicated professional staff, and volunteers from all walks of life, who strive to provide the best care possible. So why are so many consumers and family members, service providers, professional health care staff, community organizations, indeed many who are involved with the mental health system, so dissatisfied and frustrated?

In December 1998, as one of its last official acts, the Provincial Health Council of Alberta issued a special report on the mental health system. The Council, a group of volunteers, selected by the provincial government, and aided by a committee of professional health care providers, said that “fragmentation has led to less effective services to Albertans with a mental disorder and serious inefficiencies throughout the mental health system, particularly since there is no overall plan, shared vision or clear linkage between the services provided . . .” The Health Council recommended a moratorium on psychiatric facility rebuilding until clarity is achieved on “system vision, direction and roles and responsibilities.” As for children, every report since 1921 has described an urgent need for improved services. The Health Council said, “there are insufficient resources to establish what might be considered as a complete system. Funding is minimally sufficient to cover treatment of crisis situations only.”

Alberta spends millions on mental health services, but can’t even provide a simple head count of the number of people served. Despite some welcome innovations and increases in funding, people with mental illness have not experienced better outcomes. In the summer and fall of this year the presidents, chairs or designates of organizations with an interest in mental health care gathered together to talk about these concerns.

Despite their many differences in approach, and some policy divergence, the clear finding of the first meeting was everyone’s grave concern about the lack of a clear vision and strategic plan of action for Alberta’s mental health system. This is in spite of a decade of intense ‘vision building’ and strategic planning exercises, both at the provincial and regional levels. It was also clear that there is a great deal of frustration that previous visions and strategic plans were abandoned despite community ‘buy in.’ Many regions possess well thought out plans that have died on the shelf. Organizations

did not want to go through more ‘visioning and planning exercises.’ There was a consensus among the Alberta Alliance on Mental Illness and Mental Health members that most of the people involved in mental health care want to get on with implementing a comprehensive system of care for children, youth, adults and seniors.

There is a fear that the recent activity in the mental health area may convince legislators and the public that mental health has now been ‘dealt with’ and public attention can now move on to other matters. The reality is that some positive ‘add ons’ have been grafted to our ‘non-system’ of mental health care. Without a clear vision and strategic plan that is supported by stakeholders, without an explicitly laid out implementation plan with regular progress reviews, and perhaps most important, without leadership at the political and administrative level, recent improvements will not lead to the development of a comprehensive system of mental health care.

The stakeholders of the Alberta Alliance on Mental Illness and Mental Health have come to a consensus on what needs to be done to build a better mental health system. This discussion paper presents a brief history of mental health care in Alberta, summarizes the concerns expressed by Albertans over the years, suggests a consensus based vision and strategic plan, and advocates for an implementation and progress review process. It concludes with recommendations for immediate action by the Alberta government, and the Alberta Mental Health Board.

Historical Context

In 1907, the Alberta government passed the “Insanity Act”, and in 1911, 164 Albertans were transferred from the Brandon Insane Asylum (Manitoba) to the newly built Ponoka Hospital for the Insane. This was the beginning of Alberta’s formal mental health system. During the next few years additional institutions and care centres were opened in Edmonton (1923), Claresholm (1933), Raymond (1939) and Camrose (1947).

These institutions were established under the philosophy of the day which called for large asylums. But as early as 1908, American reformer Clifford Beers and then in 1918, Canadian Clare Hincks began calling for change. In 1928, the Alberta government commissioned Hincks and the Canadian National Committee for Mental Hygiene to survey Alberta’s mental health system. The report noted “in the old days the asylum was placed in outlying districts . . . not necessarily in the interests of the afflicted to be cared for, but rather for the assumed advantage of the community at large. The policy which now finds acceptance is just the opposite.” This report established a trend for external and internal reviews of Alberta’s mental health system. A comprehensive review is conducted, recommendations aimed at modernizing the system are presented, and little happens.

In 1931 Alberta’s first ‘psychopathic ward’ in a general hospital opened. Others gradually followed in the 1950s, and every decade following until 1988, when most larger Alberta centres had access to a general hospital psychiatric unit. Alberta followed a national trend of decreasing use of separate psychiatric hospitals and a corresponding increased use of general hospital psychiatric programs.

In 1929, Alberta's mental health clinics were established. At the time they were the only clinics in Canada, outside of Toronto. The clinics emphasized the prevention of mental disorder and in the 1960's and 1970's had a strong focus on children. This diminished in the next two decades, however, recently children's services in mental health clinics have seen a revival.

In the late 1960's a wider range of community services were developed. Community agencies began to provide additional supports and services such as housing programs, recreational drop in centres and outreach services.

From that time to the present day, the Alberta mental health system has been repeatedly examined with a view to promoting reform. In 1969, the government commissioned the Blair Report, which made 189 recommendations for service improvement. These included reducing the numbers of patients in mental hospitals as community facilities are developed, recruiting more professional staff, and expanding general, auxiliary and extended care hospitals.

A 1976 confidential government report from the Rockliff Partners recommended that Alberta Hospital Edmonton be scaled down to a "maximum 150 forensic and 100 rehabilitation beds," and that the "perpetuation" of the Ponoka hospital would be a "service liability." They called for the transfer of hospital programs to community settings.

The 1980 McKinsey Report for northern Alberta and the 1982 Clarke Report in the south, made similar recommendations. "De-emphasize" mental hospitals, develop "community based" services and "co-ordinate programs regionally."

In 1992 the Alberta government released a policy paper called *Future Directions*, followed in 1993 with *Working in Partnership*. They detailed a plan to regionalize and balance the mental health system with a greater emphasis on community based services. The Provincial Mental Health Board's 1995 strategic plan, *Building a Better Future*, attempted to build on government policy.

But that Board's life was short. Concurrent with its termination in 1997, a joint Federal/ Provincial Report, *Best Practices in Mental Health Reform*, advocated for core services in a comprehensive system as well as reform strategies aimed at "correcting the historic imbalances between institutional and community programs," "offering comprehensive services" and providing "governance at the regional level." Alberta was moving in a different direction.

In December 1998, the Alberta Provincial Health Council recommended no new capital expenditures to rebuild psychiatric hospitals, and criticized the fragmentation, the lack of a "whole life" focus, the confusion of roles, the lack of integration and the insufficient funding of the mental health system.

In 1999 the Children's Mental Health Initiative report recommended the adoption of core values, the development of an overall provincial framework including all relevant ministries, identification of best practices, increased training for service providers and

action on “pressing areas” such as basic and specialized services and early intervention services.

The November, 1999 report of the Long Term Care Review Policy Advisory Committee notes, “[a]round the world, there is an increasing focus on people remaining in their homes as long as possible. Combined with that, there is a corresponding decline in the number of people living in long term care centres or other forms of institutions.”

What the Stakeholders Say

The Presidents, Chairs or designated representatives of organizations (founding members) interested in mental health issues met to discuss current issues of concern and the possibility of developing a consensus position. Additional stakeholders (new members) later joined the Alliance or provided letters of endorsement. The current members of the Alliance are identified in Appendix 2.

There was a high degree of interest in the process, and a strong awareness that any changes in the current mental health system would require a strong united effort from all those who were concerned about mental health care in Alberta. The following issues were identified by the participants:

- M Vision and strategic plan for mental health
- M Adequate funding
- M Regional psychiatric beds/acute care
- M Children’s mental health
- M Community services
- M Research
- M Separate psychiatric hospitals
- M Housing
- M Human resources plan
- M Voluntary associations/contracting duties
- M Central data source

Five Urgent Issues

Although all eleven issues were considered important, the Alliance members initially agreed to focus on five issues for immediate action. It was also recognized that the first priority, a vision and strategic plan for mental health, would encompass many of the other issues.

M Vision and Strategic Plan

Alliance members were very reluctant to become involved, yet again, in a long drawn out process of determining a government vision and direction. They felt that there is, in the mental health community, sufficient knowledge of what an ideal mental health system should look like, but that stakeholders had been very disappointed by the lack of implementation and follow through in previous mental

health reform efforts. The group noted that the lack of continuity of leadership at the senior government level was a contributing factor. In 2000, the incoming CEO for the Alberta Mental Health Board will be the fifth in a five-year span.

The group felt strongly that the Alberta government's strategic plan should contain a firm commitment to evaluation, performance indicators and measuring outcomes at the system, program and individual level. It was noted that the addition of the Assertive Outreach Program provided for a more complete continuum of care in the Palliser Health Region. A range of types and intensity of supports are now available to meet each individual's unique needs. The partnerships between these supports, including inpatient and outpatient mental health care, housing, income, social and recreational programs are resulting in decreased hospitalization of people with severe and persistent mental illness. These excellent results need to be pursued at the system level, such that the entire mental health system is working towards providing Albertans with serious mental illness the support needed to live successfully in their communities.

In October 1999, the Alberta Mental Health Board released its 1999 - 2002 business plan. It presents a philosophy of care that is contemporary and contains a mission statement that aims towards the development of a "continuum of integrated mental health services." However, the community philosophy is not supported by a plan to increase community services. The plan calls for the complete rebuilding of Alberta Hospitals at Edmonton and Ponoka, without reference to their role in a community-based system of mental health care. The budget section forecasts a reduction in funding (from \$57.2 M to \$55.8 M) for "community and home-based services" in the 2000/2001 fiscal year. The AMHB also plans to enter into agreements with eight RHAs to receive a transfer of the AMHB's community mental health services, with no evidence that standards and a consistent model of community based programs will be maintained and improved across the province. There is also little mention of the considerable role of provincially funded and governed services which remain outside the transfer process. In short, the goal of a "continuum of integrated mental health services" is far away, with little indication of how to get there.

M Adequate Funding

Alliance members concurred that the issue of adequate funding should be considered after a strategic plan is developed. Although it was clear that there were many gaps in the current system that would require additional funding, it would not be clear what level of funding was required, or whether current funding should be redistributed, until a strategic plan, with an implementation timetable, was developed and supported by stakeholders and the government.

M Regional Psychiatric Beds/Acute Care

Another priority issue concerned regional psychiatric beds and acute care. It was noted that it is impossible to separate this from the issue of separate psychiatric facilities and concerns about inadequate community services. Alliance members acknowledge that the issue of psychiatric bed resources had been a key area where consensus has not been achieved. However, there is a strong consensus on serious problems of access to acute care beds, and that this access problem varied greatly in different health regions.

M Community Services

It was also agreed that the problem of access to acute care psychiatric beds is exacerbated by the lack of community services, in particular, culturally relevant services. This was another priority chosen through the group's process. Outreach services, housing programs, psychiatric and clinical services have extensive wait lists. Many Alliance members noted that they knew of patients who were stuck in psychiatric facilities for the lack of appropriate community placements and support.

The Alliance members' consensus opinion is that there is, for the reasons listed above, a current lack of psychiatric beds in Alberta. The issue of what kinds of beds are needed is complicated by questions of mental health philosophy, economics, politics, and governance. In an ideal mental health system, psychiatric beds would be, in the main, located in general hospital settings, and would be in most major centres in Alberta. Certain specialized services, with forensic services an example, would be located only in large urban centres, due to the high degree of specialization required.

As noted, however, Alberta does not have an ideal system. The two largest psychiatric facilities in Alberta are old, and the AMHB has requested funding to completely rebuild both of them. The plans for Alberta Hospital Ponoka are at the top of the government's capital priority spending list (Alberta Hospital Edmonton is 16th) and the suggested price tag for both will be about \$150 million. Alliance members are concerned that there is only so much 'money in the pot' and the rebuilding of these psychiatric facilities will result in very little extra funding being made available for needed community services, including regionally based acute care beds. On the other hand, no one wants to see patients housed in grossly inadequate settings, and Alliance members do not want to see any beds closed in the current environment.

While it is clear that some refurbishing of Alberta Hospitals Ponoka and Edmonton is required to bring certain patient areas up to Alberta Health standards, this should be carried out in the context of an overall plan, which includes increased support for general hospital psychiatric beds and community-based care.

M Children's Mental Health

The Alliance is pleased to see that work is proceeding on the Children's Mental Health Initiative, but is concerned that this too should be placed in the context of a vision and strategic plan, along with an implementation timetable. The Alliance concurs with the observations of Dr. Steinhauer, a Toronto psychiatrist who was contracted by AMHB to review children's mental health services in Edmonton and Calgary. He suggests that the system has been "chronically starved for funds" and recommends no further bed closures, a reopening of some closed beds, and a significant increase in community support services.

Other Significant Issues

- M **Separate Psychiatric Hospitals.** This issue was considered interrelated with the issue of regional psychiatric beds and acute care, which is discussed above.
- M **Research** into the causes, potential cures and treatments and research on mental health services was regarded as a high priority.
- M **Housing.** Although not under the direct jurisdiction of the mental health system, this is regarded as a key problem. The lack of adequate and affordable housing contributes to the backlog of people who are ready to leave long-term institutional care, but who have no place to go.
- M **Human Resources.** This issue should be considered in the context of a strategic plan. The plan should address current and future needs for professional staff, as well as ongoing recruitment, retention and training issues.
- M **Voluntary Associations.** Alliance members wish to see a full range of mental health services, with choices for consumers. This issue includes the need for support for consumer-based (self-help) organizations.
- M **Central Data Source.** Many stakeholders feel frustrated at the lack of information in the current mental health system.

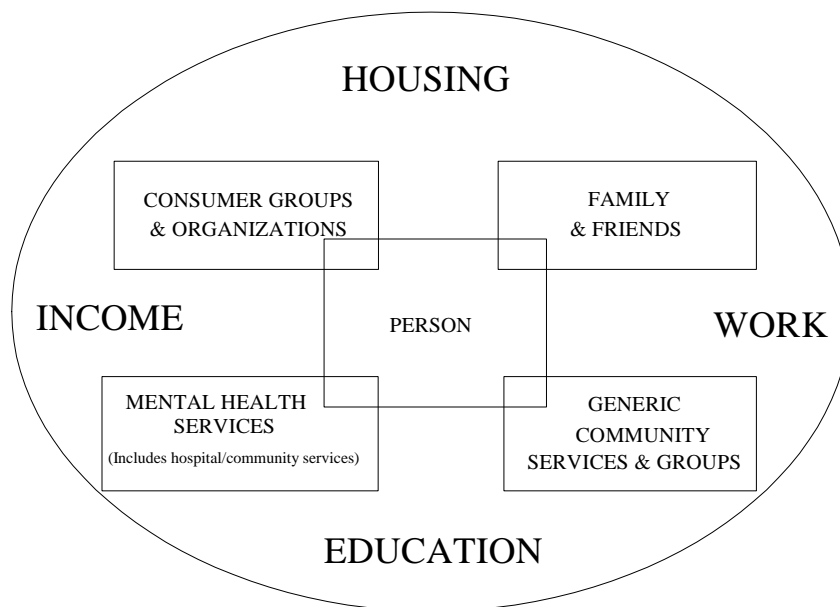
A Contemporary Vision

A modern mental health system places the consumers of mental health services central to all efforts and includes a wide range of factors which influence their lives. While recognizing the importance of traditional mental health services, the approach also includes the role of family and friends, generic services and supports, and consumers working together on their own behalf. It acknowledges some fundamental elements to which every citizen should have access: housing, education, income and work. Taken together, the components comprise the various elements that individuals need in order to live a full life in the community.

The approach implies that services need to comprise a **system**. Service system reform involves¹:

- M fully involving consumers and their families in service design and delivery
- M rebalancing mental health funding and an increased proportion of mental health funds spent on co-ordinated and effective community services
- M developing services which build access to the basic elements of citizenship such as work, housing, education and income, and
- M making generic community services and supports, such as social assistance and public housing, accessible and a part of co-ordinated service delivery.

COMMUNITY RESOURCE BASE



○ = The foundation of the Community Resource Base - housing, work, education, income, and other basic elements of citizenship

¹ For a full description of the key elements of a reformed system, see Appendix 1, *Best Practices in Mental Health Reform*, Federal/Provincial/Territorial Advisory Network on Mental Health.

Alliance Recommendations on Mental Illness and Mental Health Services

The Alliance believes that there needs to be a reasonable balance between facility-based and community-based mental health services. Alberta risks inadvertently committing to an over-reliance on an institutional model, if it rebuilds Alberta Hospitals Edmonton and Ponoka without a corresponding plan to build a contemporary community-based mental health system. A lengthy history of reports back to 1928, including two recent reports received by the government (Steinhauer and the Long-Term Care Review) emphasize a strong commitment to community-based services in order to reduce the strain on hospital resources. No Alliance member approves of patients of Alberta Hospitals Ponoka and Edmonton being housed in inadequate settings, nor could they support any closure of beds in the current environment. Indeed, more may be required. However, the only way to reduce the current strain on hospital beds, and deal with pent-up and future demand, is to commit significant financial and human resources to building a true system of community mental health care in accordance with Canadian and international trends and best practices.

1. That the government of Alberta declare its support of a contemporary plan for a community-based mental health system which is:
 - M consumer focused
 - M decentralized
 - M regionalized
 - M integrated, and
 - M provides a comprehensive range of psycho-social supports as defined within the “community resource base”; and that the plan be accompanied by a bold and aggressive implementation strategy.
2. That adequate funding should be designated in the 2000 - 2002 Alberta government budgets in order to alleviate the unacceptable chronic lack of access to psychiatric acute care beds (in RHA general hospitals) and within community-based services (such as outreach services) in all Alberta health regions.
3. That the Alberta Mental Health Hospitals Ponoka and Edmonton not be rebuilt without a clear definition of their role within a contemporary system of mental health care.
4. That any funds spent to rebuild or refurbish Alberta Hospitals Ponoka and Edmonton should be matched on a 2 to 1 ratio with funding for enhanced and new community services (e.g. if \$1 million is added to the capital budget for refurbishing, \$2 million should be added to community services.)
5. That the Alberta Mental Health Board should continue to demonstrate a policy and funding commitment to enhancing the long neglected area of children’s mental health.

References

M Page 1

Provincial Health Council of Alberta, *Mental Health In Alberta: Issues and Recommendations*, December 1998, Pages 4, 7, 10

M Page 2

Canadian National Committee for Mental Hygiene, *Mental Hygiene Survey of the Province of Alberta*, 1921, Page 5

M Page 3

Dr. W.R.N. Blair, *Mental Health In Alberta: A Report on the Alberta Mental Health Study*, Volumes 1 and 2, Government of Alberta, 1969, Page 321

Rockliff Partners, *Decisions for Mental Health*, 1976, Pages 8, 10

McKinsey and Co., *The Challenge for Psychiatric Care in Northern Alberta*, 1980, Page 14-3

Clarke Institute, *Southern Alberta Study of Psychiatric Needs and Provisions*, 1983, Page IV-1

Alberta Health, *Future Directions for Mental Health Services in Alberta*, February 1992

Mental Health Strategic Planning Advisory Committee, Final Report, *Working in Partnership: Building a Better Future for Mental Health*, Alberta Health, August 1993

Provincial Mental Health Board, *Building a Better Future: A Community Approach to Mental Health*, March 1995

Best Practices in Mental Health Reform - Federal/Provincial/Territorial Advisory Network on Mental Health, Page 1

M Page 4

Provincial Health Council of Alberta, *Mental Health In Alberta: Issues and Recommendations*, December 1998, Page 1

Children's Mental Health Design Committee, *The Alberta Children's Initiative: Report for Children's Mental Health Initiative*, April 15, 1999 [released August 1999], Page 9

Long Term Care Review, Final Report of the Policy Advisory Committee, *Health Aging: New Directions for Care*

M **Page 5**

Decreased hospitalization trend reported at the April & November 1999 Palliser RMHAC meetings

Alberta Mental Health Board, *Business Plan: 1999 - 2002*, 1999, Page 9

M **Page 8**

Dr. Paul Steinhauer, *Review of the Organization and Delivery of Children's Mental Health Services in Edmonton and Calgary*, October 1999, Page 9

M **Pages 9, 10 — A Contemporary Vision**

John Trainer, Ed Pomeroy, Bonnie Pape, *Building a Framework for Support: A Community Development Approach to Mental Health Policy*, Canadian Mental Health Association, 1999, Page 298

M **Appendix 1**

Federal/Provincial/Territorial Advisory Network on Mental Health, *Best Practices in Mental Health Reform: Discussion Paper*, Clarke Institute of Psychiatry, Health System Research Unit, 1997, Pages 11, 12

Best Practices in Mental Health Reform

Federal/Provincial/Territorial Advisory Network on Mental Health

Table 1A: Checklist of key elements of a reformed system of care:
Core Programs

Best Practice Area	Checklist Criteria
Case Management/ACT	<p>An array of clinical case management programs are in place that follow rehabilitation, personal strengths and Assertive Community Treatment (ACT) models.</p> <p>There is an emphasis on ACT models for those who need intensive support, including special needs groups such as the homeless and persons with dual disorders.</p>
Crisis Response/ Emergency Services	<p>A continuum of crisis programs are in place to help people resolve crises using minimally intrusive options.</p>
Housing	<p>There is a variety of housing alternatives available, ranging from supervised community residences to supported housing, with emphasis on supported housing.</p> <p>Housing needs of the homeless mentally ill are addressed.</p>
Inpatient/outpatient care	<p>Inpatient stays are kept as short as possible without harming patient outcomes.</p> <p>An array of treatment alternatives to inpatient hospitalization are available, including day hospitalization and home treatment.</p> <p>Long stay patients in provincial psychiatric hospitals are moved into alternative care models in the community.</p> <p>Service delivery models link family physicians with mental health specialists.</p>
Consumer initiatives	<p>Consumer initiatives are in place that have diverse purposes such as mutual aid, skills training and economic development.</p> <p>Consumer initiatives are supported through funding, consumer leadership training, education of professionals and the public about consumer initiatives, and evaluation using appropriate methods.</p>
Family self-help	<p>Funding is provided to family groups who also participate in planning and evaluation of care delivery.</p>
Vocational/educational supports	<p>There are supported employment programs in place, and plans for implementing and evaluating pilot programs in supported education and social recreation.</p>

Table 1B: Checklist of key elements of a reformed system of care:
System strategies

Best Practice Area	Checklist Criteria
Policy	<p>There is a free standing mental health reform policy based on an explicit vision that is shared among various stakeholders, including consumers and families.</p> <p>There is a planned strategy for implementing policy.</p> <p>Policy preserves the mental health envelope, prevents losses due to downsizing institutions, and increases the proportion of funds spent on community care.</p> <p>Policy defines concrete, measurable targets for reform.</p>
Monitoring and Evaluation	<p>Regular monitoring of all services and supports is the basis for program and system accountability, and for continuous quality improvement.</p> <p>Preset goals, performance measures and time lines are established.</p> <p>An information system has common elements for system evaluation (provincial) and local elements for program evaluation (agency level).</p> <p>There is a sufficient, protected evaluation budget.</p>
Governance and funding	<p>At the regional/local level one organizational entity or mental health authority is responsible for mental health care, and is a clear point of accountability for system performance.</p> <p>The authority uses clinical, administrative and fiscal mechanisms to promote cost containment, transfer resources from institutional to community care, implement best practices and increase accountability.</p> <p>Diverse funding sources are consolidated into a single funding envelope that can be used flexibly.</p> <p>Funding allocations to a region or local area are linked with unique characteristics and needs of residents.</p> <p>A consumer-centred information system supports decision making in planning, funding and managing the system.</p> <p>Administration of mental health care is connected with the broader health system and with generic services.</p>
Human resources	<p>A detailed labour strategy is in place to facilitate redeployment of staff.</p> <p>Strategies enhance consumer involvement as providers and educators.</p>

Founding Members

- M Alberta Association of Registered Occupational Therapists
- M Alberta Mental Health Self Help Network
- M Alberta Psychiatric Association
- M Canadian Mental Health Association
- M Depression and Manic Depression Association of Alberta
- M Psychologists' Association of Alberta
- M Registered Psychiatric Nurses' Association of Alberta
- M Schizophrenia Society of Alberta

New Members

- M Alberta Association for Community Living
- M Alberta College of Social Workers
- M Boyle Street Co-op
- M Edmonton City Centre Church Corporation

The AAMIMH acknowledges the ongoing participation of the **Premier's Council on the Status of Persons with Disabilities** recognizing its mandate as an objective liaison between community and government stakeholders.

Endorsements

- M Alberta Committee of Citizens with Disabilities
- M Alberta Disabilities Forum — a “united voice” of 31 disability groups