

Statement by Aaron Spencer to the Medicaid Commission
May 18, 2006

Distinguished members of the Medicaid Commission, thank you for the opportunity to share comments with you today on the importance of Medicaid in serving people with mental illness. My name is Aaron Spencer and I live in Houston, Texas. I have relied upon services from Medicaid for over twenty years. I am here today because I want to make a difference. As a person living with serious mental illness, I know the darkness and feeling of hopelessness that results when I cannot get the services I need. I have also experienced the celebration of recovery as I've come a long way since being diagnosed. As a Commission, you can assure hope is available to myself and peers with mental illness by remembering our needs when developing your recommendations for Medicaid.

I have lived with schizo-affective disorder since high school, some 20 years ago. Before getting sick, I was a successful student and performer. My future was bright and then I began this difficult battle with mental illness. My story is very similar to others who have mental illness: in-and-out of hospitals, struggles to find the right medication, challenges with substance abuse and difficulty finding housing.

Today, I want to share with you how important Medicaid is to me. Most important to my recovery has been receiving the medications that worked for me. Over the past twenty years, I have had to try over 20 different medications for my mental illness. The majority

were tried in the first 10 years of my battle with schizo-affective illness. It was hard going through this process because so many of the medications caused bad side effects or did not address my symptoms. For the last nine years, I have been treated with two medicines – Risperidal and Wellbutrin. From personal experience, I want to stress how important it was for me to get the right medications.. Side effects from these medications can be horrible. For the last nine years, I have been fortunate that Medicaid has always provided these medications without ordering changes or forcing me to try other meds because of cost. I hear a lot about restrictions placed on these medications but I believe such restrictions are wrong. Medications that might work for a friend with a similar illness may not work for me. I believe my doctor and I should be able to choose the medication that makes sense based upon my symptoms and risk of developing side effects. As someone who has done a lot of peer support, I talk regularly with others fighting similar battles and the medication that works best is often different from person to person. My doctor, and the doctors of others with mental illness, must have choices when picking a medication.

Another important part of my recovery has been peer supports. Group sessions offered through organizations such as NAMI or DBSA are examples of strong peer programs. I am trained in Team Solutions, a peer program focused on wellness that we want to use statewide in Texas. Not all Medicaid programs allow for reimbursement of peer provided services, such as Clubhouses, peer counseling, support groups or Team

Solutions. These services work and they should be supported. In my own recovery, having peers hold me accountable to certain actions and challenging me to do better has made a difference. We learn more when working with someone who has been in our own shoes.

Two other areas that are important to me are the Ticket to Work Initiative and increased cultural competency in Medicaid. I am excited about the Ticket to Work initiative and am currently working to find the right job for me through this program. Keeping Medicaid once I get a job is critical for me. Most jobs I have applied for would not qualify for insurance provided by my employer. However, without Ticket to Work and Medicaid, it would be very hard for me to stay healthy and keep my job. Ticket to Work allows me to continue my recovery without having to choose between earning money and staying well.

As an African-American, I regularly experience the lack of diversity in the provider community. By nature, my culture is afraid to visit doctors of other cultural backgrounds because we have found that they don't understand what we want from our doctors. Because of the lack of African-American physicians or people who understand what I need from a doctor, I have had to change doctors too often. This commission has an opportunity to stress the importance of cultural competency in its recommendations.

In closing, thank you for your time this afternoon. My recovery is ongoing and will continue. Because of things I get from Medicaid, I have not been hospitalized for my mental illness in the last 9 years. I am looking for a job and working with others to provide hope. Medicaid has been an important resource for me and I encourage the Commission to recognize the importance of this program in the treatment of mental illness.

Submitted by:

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