

Sub. On Substance Abuse Hearing: the New Freedom Comm. Report

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Witness:

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Carson City, Nevada

Testimony:

Mr. Chairman and Members of the Subcommittee:

My name is Carlos Brandenburg, and I am the Administrator of the Division of Mental Health and Developmental Services in Nevada's Department of Human Resources. I would like to extend my thanks and appreciation to Chairman DeWine and the Subcommittee for inviting me to testify this morning regarding the State of Nevada's experience and efforts pertaining to the final report of the President's New Freedom Commission on Mental Health.

By describing the poor state of the nation's public mental health system, the President's New Freedom Commission on Mental Health provided an invaluable service not only for the millions of people in this country with mental illness and their family members, but also for those of us responsible for administering the programs that are in crisis. Indeed, the mental health system in Nevada, notwithstanding our successes, faces extraordinary difficulties. At the same time, there has never been a more hopeful time to take on this challenge, and I am profoundly grateful for the opportunity to serve as my State's lead on this issue and at this particular point in time.

Why am I so hopeful?

Much has already been said about the significance of the goals stated by the President's Commission itself, its recommendation that mental health be transformed, and its commitment to recovery. The value of the Commission's work cannot be overstated, but let me identify other critical factors.

First, we have in the Federal government a true partner. Administrator Curie worked hard within the Administration to help the President form the Commission, to ensure that it was composed of extraordinary people, and to establish for it an ambitious but achievable mission.

Second, as you are hearing today, the advocates who stand up for the mental health community in Washington, D.C., are organized and prepared to work together like never before. The Campaign for Mental Health Reform – today being represented by Mike Faenza of the National Mental Health Association – can help policy-makers make the Commission's vision a reality and see to it that the light shone on this issue is not dimmed.

Third, we are witnessing unprecedented interest on the part of Congress, as evidenced by this hearing and the creation of this Subcommittee.

And, fourth, is the good fortune of the State of Nevada itself. Nevada was honored that President Bush appointed Nevada State Senator Randolph J. Townsend to serve on the President's Mental Health Commission. The Commission's only elected official, Senator Townsend has long been a proponent of mental health care. His recent work with the Commission has served as a great catalyst for Nevada's current efforts to transform

mental health in our state.

In order to assist Senator Townsend in carrying out his duties and responsibilities as a commissioner, we held numerous town hall and focus group meetings to explore the range of problems and gaps in mental health care for Nevadans. This enabled him to bring to the Commission concrete recommendations for improvement that could apply both locally and nationally. Further, these meetings and focus groups allowed us to quantify the degree of unmet need in Nevada and identify the barriers that impede care for people with mental illness and prepare us for our work ahead – after the work of the Commission was done.

During the 2003 state legislative session, Senator Townsend had the foresight to introduce Nevada State Senate Bill 301, a copy of which I am submitting along with my testimony. This state law created the Nevada Mental Health Plan Implementation Commission. The commission is charged explicitly with developing an action plan for implementing the recommendations and goals of the final report of the President's New Freedom Commission on Mental Health in Nevada. The Nevada Commission must submit a report setting forth the action plan to Nevada's Interim Finance Committee, its Legislative Committee on Health Care, and to Governor Guinn on or before January 1, 2005.

The Nevada Commission members elected Senator Townsend to serve as its Chair. Other members include six state legislators, four state agency heads (including myself). The Commission also provides for extensive public involvement, including participation by consumers, family members, and providers. Our fourth meeting is being held as we speak. Needless to say, my colleagues gave me leave to speak with you all today. Each meeting is focused on one of the six goals of the final report of the presidential commission. Today's meeting is focused on ensuring early assessment and treatment of mental disorders, improving school-based mental health programs, and the need to provide integrated treatment for those with co-occurring mental health and substance abuse disorders. In all our deliberations, we focus on specific recommendations, both policy and budgetary, that will turn the President's Commission's national goals into concrete forward steps in Nevada.

The Nevada Commission, in addition to providing an organized mechanism to facilitate comprehensive state mental health planning and policy development, has also been an effective means of keeping the subject of mental health in the media across the state and helping to raise awareness and hopefully reduce stigma. During the course of our meetings, we have been struck by the fact that too many Nevadans do not know that mental illness can be treated and that recovery is possible. We have learned about the large barriers encountered by individuals with mental illness who are chronically homeless. We have heard compelling testimony about the need for consumer involvement in care and the success of various consumer model programs around the country, and we have learned some strategies used by other states and locales in improving the nearly nonexistent mental health care in rural areas of the nation – of course, an issue of particular concern in Nevada.

The Nevada Commission's efforts have been greatly enhanced by generous technical support provided by the National Association of State Mental Health Program Directors (NASMHPD) in conjunction with a contract with the federal Substance Abuse and

Mental Health Services Administration (SAMHSA). NASMHPD is enabling us to bring national experts, including members of the President's Commission, to our meetings. They who are providing us with recommendations of best practices and programs in other areas of the country that can be implemented in Nevada. This assistance has been invaluable.

Ultimately our Commission will show Nevada how to change the fragmented nature of our mental health delivery system. There are some preliminary findings that I can report here today. For example, enhanced education about mental illness would greatly improve the general public perception of mental illness and also increase the understanding that mental illness impacts overall health and that mental illness is treatable and recovery is possible. Nevada will also focus on implementing a state strategy for suicide prevention. But here is the last point I would like to leave with the Subcommittee. The ultimate goal of the President's Commission and, in turn, the Nevada Commission, is ambitious – attainable, but ambitious. Indeed, it is calling for system transformation. The report of the New Freedom Commission on Mental Health identifies the fragmentation of services and financing as central barriers to the effective delivery of comprehensive mental health services and has called on all levels of government to correct this problem by ultimately establishing in each “an extensive and coordinated State system of services and supports that work to foster consumer independence and their ability to live, work, learn, and participate fully in their communities.” (Recommendation 2.4). You have heard about Nevada's commitment in making this happen. But neither Nevada nor any other state can do this without significant assistance on the part of the federal government. Specifically, we require federal assistance to both engage in the type of planning envisioned by the Commission and to implement those plans, enabling us to fill the enormous gaps in care for people with mental illnesses. Even in Nevada, where we have been uniquely fortunate to begin the transformation process, we will not be able to do it without federal funding. We hope that the Subcommittee, presumably as it begins its effort to reauthorize SAMHSA and its programs, will work closely with the states and the Campaign for Mental Health Reform to devise a bold program that will provide the support needed to ensure that the vision of transformation is realized. Thank you again for inviting me to speak today. I am happy to entertain any questions at this time.