Sub. On Substance Abuse Hearing: the New Freedom Comm. Report
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Witness:
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Testimony:
Mr. Chairman and Members of the Subcommittee, I am honored to present on the President's New Freedom Commission on Mental Health and the Administration's activities to achieve the goals contained in the Commission's final report. First, I want to thank my friend and colleague Steve Mayberg for his kind words and his contributions to the Commission's work. I also want to recognize the leadership demonstrated by Michael Hogan as the Chair of the President's Commission. Mike's is steadfast commitment to do what is right for people with mental illness steered the commission through many tough decisions and ultimately led to the final report which we are here today to discuss.
An important context for our work in the Bush Administration and the recommendations developed by the commission is the words of people in our service delivery systems working to obtain and sustain recovery. In particular, the first position I held, as a new MSW graduate, was working as a therapist to help mental health service consumers make the transition from in-patient care in State hospitals back into the community.
This aftercare group included consumers that had spent over a decade in the hospital. I asked them what they needed to make their transition successful. They didn't say they needed a psychiatrist. They didn't say they needed a psychologist. They didn't even say they needed a social worker. They didn't say they needed a comprehensive service delivery system or evidenced-based practices. They said they need a job, a home and meaningful personal relationships or to use a direct quote…"I need a life – a real life...I need a job, a home and a date on the weekends."
People seeking or in recovery from mental illness need most to feel connected. They want a life, a real life with all of its rewards. This is the very essence of the recommendations contained in the final report of the President's New Freedom Commission on Mental Health.
It is a privilege to serve President Bush and work for Tommy Thompson, our Secretary of the U.S. Department of Health and Human Services. This is an Administration that knows treatment works and recovery is real!
In the words of our President, "Political leaders, health care professionals, and all Americans must understand and send this message: mental disability is not a scandal-- it is an illness. And like physical illness, it is treatable, especially when the treatment comes early." As you have heard the President charged the Commission to study the problems and gaps in our current system of treatment, and to make concrete recommendations for immediate improvements that will be implemented … by the federal government, the state government, local agencies, as well as public and private health care providers.
I will not spend a lot of time on the details of the report because you have already heard from Steve Mayberg. Instead, I will share a little of the "why" and the "what now" perspectives with you. Currently, numerous Federal, State and local government entities

oversee mental health programs. In fact, the Commission identified over 40 Federal programs alone.

One of the largest Federal programs that supports people with mental illnesses is not even a health services program. The Social Security Administration's (SSA) Supplemental Security Income (SSI) and Social Security Disability Income (SSDI) programs paid approximately $27 billion in disability payments in 2002 to beneficiaries with mental impairments (excluding mental retardation). Persons with mental illness represent the fast growing group of persons determined to be disabled by SSA.

At the same time employment is an essential tool for persons with mental illnesses to fully participate in their communities. The majority of adults with serious mental illness want to work and many can work with help. However, many seek disability status to get health coverage and to do so, the must either end or limit their employment. As a result, many consumers with serious mental illness continue to rely on Federal assistance payments in order to have health care coverage, even when they have a strong desire to be employed.

Few mental health planning or Medicaid planning requirements ensure States work across State agencies or with mental health constituencies to form a single comprehensive mental health plan for the State. Consequently, the goals and desired outcomes, the service definitions and provider qualifications, and the payment mechanisms and organization of mental health care can be very different, depending on whether Medicaid, general fund appropriations, or other sources, such as schools, Temporary Assistance for Needy Families, local public mental health authorities, or juvenile justice systems are the payers of services.

Clearly, more efficient organization and better coordination of services and funding streams will assist providers in making sure effective treatment is received and that recovery can be realized. And, Federal funding sources should be aligned and provide consistent direction to States in their planning efforts, taking into account the multiple missions of the various funding streams and programs.

When the President announced the Commission and defined the scope of responsibility, he spoke frankly about the poor quality of mental health care in this country in terms of its fragmented delivery system. He talked about the many points of contact we have with people with mental illnesses - all too often this being homeless shelters, criminal justice system or welfare system. He talked about missed opportunities to diagnosis and treat individuals suffering from mental disorders. And, he also acknowledged the difficulty of achieving a diagnosis and providing the state of the art care we know can be delivered. He spoke of the many Americans who fall through the cracks of our current service delivery system and equated that failure with years of lost living and of lives entirely lost before help is given - if it is ever, in fact, even offered.

President Bush drew upon the all too often common example of a 14-year old boy who suffered from severe depression and began experimenting with drugs to self-medicate and alleviate his symptoms. You are all well too familiar with the shameful scenario of the honor student turned drug addict. This young man, like many Americans of all ages, slipped through the cracks. And just like him, he wasn’t diagnosed until age 30 with a bipolar disorder, they wait half their lifetime for someone to notice that their behavior wasn’t simply a matter of poor choices.

As you may know, SAMHSA has been given the lead role to conduct a thorough review and assessment of the final report of the President's New Freedom Commission on Mental Health with the goal of implementing appropriate steps to strengthen our mental health system. In short, President Bush asked the Commission to give the mental health system a physical…they did. The diagnosis is "fragmentation and disarray." The Commission report found the nation's mental health care system to be well beyond simple repair. It recommends a wholesale transformation that involves consumers and providers, policymakers at all levels of government, and both the public and private sectors.

The "Mental Health System Recovery Plan" if you will, will require the implementation of the "To Do List" currently being developed by SAMHSA on behalf of the Bush Administration. The "To Do List" will form an action agenda to achieve transformation of mental health care in America. My lead staff person for developing this action agenda is Kathryn Power. Kathryn recently joined SAMHSA as the Director of our Center for Mental Health Services. She is working to develop an agenda for transformation that is built around the 6 goals and 19 recommendations contained in the Commission's Report. This transformation will require a shift in the beliefs of most Americans and will require the nation to expand its paradigm of public and personal health care. Everyone from public policymakers to consumers and family members must come to understand that mental health is a vital an integral part of overall health. Along with this new way of thinking, Americans must learn to address mental health disorders with the same urgency as other medical problems.

The report also challenges us to close the 15-20 year lag time it takes for new research findings to become part of day-to-day services for people with mental illnesses. Waiting for the research to make its journey down an already clogged pipeline equates to generations lost in the process. Too many Americans are already under-served and many more are done a disservice when their quality of life remains poor while they wait for the latest research to crawl into their communities.

The report challenges us to harness the power of health information technology to improve the quality of care for people with mental illnesses, to improve access to services, and to promote sound decision-making by consumers, families, providers, administrators and policymakers. And it challenge us to identify better ways to work together at the federal, state and local levels to leverage our human and economic resources and put them to their best use for children and adults living with – or at risk for – mental illnesses. Most of all, the report reminds us that mental illness is a treatable illness and that recovery is the expectation. As a compassionate nation, we cannot afford to lose the opportunity to offer hope to those people fighting for their lives to obtain and sustain recovery.

To lead the effort I have assembled a transformation taskforce. We are already working with relevant Federal agencies - to determine ways - to provide States the flexibility needed and the incentive - to bring to bear the full force of the resources available to meet the needs of people with mental illnesses. I am counting on the relationship that SAMHSA and other Federal Agencies have with our State partners. As we move forward, we will work with States to develop an Action Agenda of their own. A few states have already begun – Texas, Nevada, Nebraska – to name a few.

The new state agendas must be consumer and family driven - not bureaucratically bogged-down. Consumers of mental health services and their family members must stand at the center of the system of care. Consumer and family needs must drive the care and services that are provided. The result will be more of our family members, co-workers, neighbors and friends living that rewarding life in their communities that I talked about in the beginning of my remarks.

In closing, we all need to recognize the changes that need to be made will not happen over night. Developing and implementing the Action Agenda for Transformation will be an ongoing process. Clearly, our success will depend on our ability to span all levels of government and the private sector to align and bring to bear the full force of resources available. The strategy will be to keep our focus on the needs of adults with serious mental illnesses, children with serious emotional disturbances and their family members. The goal is to make recovery a reality for everyone.

Thank you for your time and interest is our work. I would be pleased to answer any questions you may have at this time.