EVENT SHEET

Who: New England Summer School
What: Closing address
Why: To offer a national perspective on behavioral health; highlight recovery, integration, and “stigma”; and send graduates out to continue their good work.
Where: Worcester State University
          Worcester, MA
Contact: Denise Adams, 207-621-2549 (office); 207-632-4721 (cell)
When: 8:30 to 9:45 a.m., Thursday, June 8

Audience: Approximately 350 people. Attendees come from across the substance use disorder treatment, prevention, and recovery support continuum, as well as other social services, such as criminal justice, homeless/housing services, public health, etc. Although people come from a variety of experience levels, this event draws more people who are new to the field. Most people are from the New England area, with a small number traveling from beyond New England.

Other Speakers:

Other Activities:

Notes: Participants spend most of their days in intensive classes, choosing from about 20–25 offerings, and on most days gather together for a plenary presentation. Your address is the final plenary of the conference.
Moving Forward: The Direction of the Behavioral Health Field

Remarks by
A. Kathryn Power, Regional Administrator, Region 1
Substance Abuse and Mental Health Services Administration (SAMHSA)
U.S. Department of Health and Human Services

New England Summer School

June 8, 2017
Worcester, MA

Attached is the text prepared for delivery; however, some material may have been added or omitted at the time of delivery.
Good morning. I’m honored to be with you today. You have been hard at work the past several days, and you leave with the hardest job of all ahead of you. You leave knowing there are people who desperately need your help—people like Kelsey Grace Endicott of Haverhill.

When Kelsey died on April 2, 2016—at the age of 23—the obituary initially read that she “died unexpectedly.” But her mother wanted to tell the truth. She wanted to help other families living with the pain of addiction.

Kelsey’s obituary—published in the *Boston Globe*—didn’t sugarcoat the details. It said, in black and white, Kelsey died of an accidental overdose. She had been in and out of rehab fighting an addiction to heroin. She had been sober for 10 months when she died.

In Kelsey’s obituary, her mother wrote:
The disease of addiction is merciless. It is up to us to open our minds and hearts to those who are still sick and suffering.

Kelsey does not want us to cry for her. She wants us to fight for her…She wants us to use our voices to speak up about what is happening to her generation. She wants us to tell her story and never forget she was an amazing young woman with a bright future…not a statistic.

We are here today to fight for all the Kelseys we are called on to Support? Serve?

We are here today to fight for the more than 21 million Americans struggling with addiction—only 1 in 10 of whom receive help.

We are here today to fight for the 1 in 5 Americans with a mental illness—fewer than half of whom receive treatment.
That we are doing so in a health care system marked by structural inefficiencies, fragmented delivery, and unprecedented costs might make this seem like a daunting task.

That we are doing so when uncertainty about the future of Americans’ & [Affordable Care Act] seems to dominate discussions of the states’ health care systems, reform might make this seem like a thankless task.

But regardless of what Congress does, there has never been a time when providing evidence-based prevention, treatment, and recovery support services for people with substance use and mental disorders has been a more important task.

I’m here this morning to shine a light on the problem we find ourselves in—a problem that is, in part, of our own making. When we turn a blind eye to suffering and create systems of care that separate mind and body, we reap what we sow.
I’m here to tell you about some exciting new developments at the federal level that are designed to address these problems—what I like to call the 2016 health care “trifecta”: the Comprehensive Addiction and Recovery Act or CARA, the Surgeon General’s Report on Addiction, & the 21st Century Cures Act.

But as Donald Berwick, former director of the Centers for Medicare and Medicaid Services, once said, “Legislation only sets the table for change.”

So, I’m here today to give you the good news that now that the table is set—we can make the meal! We can effect change—in our cities and towns, in our states, and at the national level—by empowering individuals, activating communities, and modernizing the workforce.

This work requires leadership and commitment.
It demands that we never lose sight of the fact that health care is more than an occupation to us. It’s a calling rooted in empathy, science, and service to humanity. These values unite us and remain our greatest strength.

Most important, it forces us to understand that our work will never be done, because it is, quite simply, transformative.

Transformative leaders recognize that maintaining the status quo is actually moving things backward. They understand that when things are going well, it’s time to make them better.

We haven’t a moment to lose.

So what is The Problem we are facing?

Like Kelsey’s mother, I’m not one to mince words.
Our current behavioral health crisis is, in part, of our own making after centuries of neglect and discrimination.

Too many people fail to receive treatment for behavioral health disorders because we have chosen to neglect a set of health conditions and environmental factors that we didn’t want to see, acknowledge, or care about and, quite frankly, couldn’t wait to distance ourselves from.

Predictably, individuals with substance use and mental disorders suffered; they died prematurely; they ended up homeless; and, now – all of a sudden, they became visible.

Melinda Gates knows a thing or two about people we don’t want to see. Spending time with sex workers in India, she expected to talk to them about the risk of AIDS. But they wanted to talk to her about what they called “stigma.”
At SAMHSA, we don’t use the word “stigma” because it connotes shame.

It reinforces the concept of the “other”—that people with substance use and mental disorders are different from us.

But the most important reason we don’t use the word “stigma” to refer to the discrimination, prejudice, isolation, bias, and fear that people experience when they are thought of as “other” is because it doesn’t give us any way to address the problem. It contains no call to action—it leaves us stuck in semantic mud.

We need a language of action and commitment.

We need to offer hope.

“Optimism for me isn’t a passive expectation that things will get better,” Melinda Gates says. “It’s a conviction that we can make things better—that whatever suffering we see, no matter how bad
it is, we can help people if we don’t lose hope and we don’t look away.”

In the first ever Surgeon General’s report on addiction, former Surgeon General Vivek Murthy said the fact that we have looked away has resulted in “a lack of preventive care, diagnoses that are made too late or never, and poor access to treatment and recovery support services.” In turn, our neglect has “exacerbated health disparities and deprived countless individuals, families, and communities of healthy outcomes and quality of life.”

But as the Surgeon General’s report made clear, the science is on our side. Addiction is a Neurobiological Disorder that needs to be treated the same as other chronic conditions. Addiction is preventable and treatable, and people can and do recover.

That knowledge has fueled important legislation designed to address our nation’s escalating opioid epidemic.
91 Americans die every day from an opioid overdose, including prescription opioids and heroin & now fentanyl and carfentanyi.

In April, Health and Human Services Secretary Tom Price announced the award of $485 million in grants to states to support evidence-based addiction prevention and treatment activities.

These state-based grants are funded by the 21st Century Cures Act and distributed through SAMHSA. They complement grants to be made this year to state and local governments and community organizations under the Comprehensive Addiction and Recovery Act. CARA grants will increase the availability of medication-assisted treatment, develop alternatives to incarceration, and support recovery services.

CARA is the first major federal addiction legislation in 40 years. It calls for intensified research on pain and creates an interagency task force to develop best practices for pain management.
More than 100 million Americans are living with chronic pain. We must develop appropriate ways to help them that don’t end with them being enslaved to opioids or seeking their next heroin high?

Addiction often co-occurs with mental illnesses, and the 21st Century Cures Act focuses increased efforts on individuals with serious mental illnesses by reauthorizing SAMHSA and elevating the head of SAMHSA to Assistant Secretary for Mental Health and Substance Use.

The legislation creates a National Mental Health and Substance Use Policy Laboratory at SAMHSA and authorizes new innovation grants to expand or replicate evidence-based programs. The Cures Act also calls for SAMHSA to continue its collaborations with other agencies and stakeholders, with an emphasis on such groups as veterans, individuals who are homeless, and older adults.
Perhaps one of the most important aspects of the 21st Century Cures Act is its emphasis on promoting and providing integrated health and behavioral health services.

Our current fragmented system of behavioral health care stems from the gradual and well-meaning evolution of services that followed on new advances in science and new financing mechanisms. It developed when we perpetuated discrimination and bias, and when we failed to challenge discredited beliefs that view the “mind” as completely separate from the “body.”

As one of my former colleagues at SAMHSA was fond of saying, “We have to reconnect the head to the body.” When individuals have comorbid health and behavioral health problems, ignoring treatment for one complicates recovery from both.

The 21st Century Cures Act clarifies that Medicaid permits same-day billing for patients who receive both mental health and primary care services at the same facility on the same day. It
makes permanent in federal law the Center for Integrated Health Solutions, supported by SAMHSA and the Health Resources and Services Administration, and it shifts the focus of SAMHSA’s Primary and Behavioral Health Care Integration Grant program to statewide implementation.

So what is The Solution that will address the problem?

So, now that the table is set, what are the ingredients for a successful meal? How do we create better health and better lives for people with substance use and mental disorders?

**Empower Individuals**

In its 2017 report, *Vital Directions for Health and Health Care*, the National Academy of Sciences lists the ingredients that it believes will yield “greater prosperity, security, global leadership, and competitiveness” for our country. I want to highlight several of those this morning.
First and foremost, we must empower individuals to be fully informed and engaged in their health and health care choices. In fact, the National Academy believes we should add engaging and empowering individual to the so-called “triple aim” of improving the patient experience, improving population health, and reducing the per capita cost of health care.

To achieve this quadruple aim of health and health care, we must pursue treatment that works in the context of an individual’s life and goals.

That’s why SAMHSA supports shared decision making.

Shared decision making acknowledges that there are two experts in the room.

- The provider is the expert on clinical treatment and services.
• The individual is the expert on what has happened in their life and what gives their life meaning and value.

As part of our Bringing Recovery Supports to Scale Technical Assistance Center Strategy—or BRSS TACS—we are supporting development of shared decision making tools.

SAMHSA’s shared decision making tools include decision aids that individuals use to make informed choices—with their physicians—about the use of antipsychotic medications and about medication-assisted treatment for opioid addiction.

• We are currently developing tools for parents who are considering the use of medication for their children.

Shared decision making empowers individuals by putting them at the center of their treatment. We also empower individuals when we hold hope for their recovery.
“Hope is to the soul what oxygen is the body,” says Larry Fricks, deputy director of the Center for Integrated Health Solutions.

SAMHSA defines recovery as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Transforming behavioral health systems to embrace recovery is first and foremost an educational endeavor. We must raise the knowledge level of service practitioners, which SAMHSA is doing with its Recovery to Practice program.

For the past several years, we have been working with professional associations to create educational materials for psychiatrists, clinical psychologists, psychiatric nurses, social workers, addictions counselors, and peer specialists.

But changing attitudes about recovery is also a campaign of the heart.
We are changing deep-seated beliefs not only about the capacity and capability of the individuals we serve, but also about ourselves. Every single treatment encounter provides an opportunity to further an individual’s journey of recovery.

It is up to us to make clear that recovery is now the expected outcome of treatment and services for addictions and mental illnesses.

It is up to us to acknowledge that recovery is the most exciting, most demanding, most accurate, and most helpful way to think about dealing with substance use and mental disorders.

It is up to us to understand that recovery is not necessarily about recapturing who a person was before their diagnosis—it’s about discovering who they are now and where they want to go.

It is our privilege to walk alongside individuals as they make this challenging and rewarding journey.
As one young man in recovery stated, his life changed the day he shared his story in group therapy and a fellow group member looked him in the eyes with a big smile and said, “I’m glad you’re here.”

We all need to be told, “I’m glad you’re here,” because recovery doesn’t happen in isolation—it happens in communities.

**Activate Communities**

The second ingredient for creating better health and better lives for individuals with mental and substance use disorders is to activate communities.

As the National Academy of Sciences points out, “Health is rooted in communities”—where people live, work, learn, and play. A person’s zip code is more important than their genetic code for determining health outcomes and life expectancy.
And many of our communities are struggling. Increasing mortality rates among middle-aged white Americans—from drugs, alcohol, and suicide—have rightly been called “deaths of despair.”

Speaking last month at the National Rx Drug Abuse and Heroin Summit, HHS Secretary Price said, “The problem today isn’t simply that it’s too easy for people to access highly addictive drugs, though this is certainly true.

“The deeper problem is that, for many of our fellow citizens, it’s too difficult to access the relationships and institutions—like family, faith, community, and work—that make life worth living and the pursuit of happiness possible.

“Repairing these broken bonds is the key to recovery,” Dr. Price said.

In fact, research reveals that lack of social connectedness is as much a risk for premature mortality as obesity and smoking.
This is where communities come in. Community health leaders—including each of you in this room—can help combat rising rates of substance abuse and chronic disease.

You can help drive critical change by promoting healthy environments and behaviors and by fostering a culture of continuous health improvement.

You can secure buy-in from your colleagues in primary health care, social services, housing, and criminal justice by helping them understand that none of us is healthy unless all of us are healthy.

And you can advocate for and participate in state-level policy efforts, because states are living laboratories for health reform.

In New England, we have established some of the earliest systems of care for vulnerable populations—our history and
commitment are literally hundreds of years old and continue to grow.

- **Massachusetts** led the country in health care reform and now has the lowest uninsured rate in the country.
- **Rhode Island** was one of the first states in the nation to close its institutions for individuals with developmental disabilities.
- **Connecticut** has been a leader in developing and promoting recovery support services with a focus on Workforce Development.
- **Maine** has a promising agenda to develop fully coordinated, integrated care systems & a tribal commitment to indigenous care.
- **New Hampshire** is charging ahead on ensuring that all MSMVF are connected to BH services immediately as needed.
- **Vermont** is leading the way with an aggressive Hub & Spoke program to assure access to opioid care.
Modernize the Workforce

Finally, one of the most important things we can do to create better health and better lives for people with substance use and mental disorders is to modernize the workforce.

Treatment for addictions and mental illnesses is only as good as the workforce that delivers it, and we are in trouble.

A report released last November by HRSA’s Bureau of Health Workforce reveals that there will be 10,000 fewer mental health and substance abuse social workers in 2025 than we will need. If we factor in the people in the United States who have, but do not receive treatment for, substance use and mental disorders, there will be more than 10,000 fewer psychiatrists, substance abuse and behavioral disorder counselors, and mental health counselors, as well.
At the same time, the behavioral health workforce is aging and predominantly white, when our clients are becoming increasingly diverse. Most of our workforce is female, which only exacerbates the historical pay gap for behavioral health staff.

- Data collected by the National Council for Behavioral Health reveals that a licensed professional social worker earns less than the manager of a fast food restaurant.

That’s why SAMHSA supports a full range of workforce development activities—including our Minority Fellowship Program and collaboration with HRSA on its Behavioral Health Workforce Education and Training Grants. These programs are designed to educate, train, and support a workforce that can provide 21st century health care.

Members of the behavioral health workforce—including consumers, people in recovery, and family members—must be able to help treat individuals with complex, chronic conditions.
They must be able to help keep individuals healthy through prevention and illness self-management.

And they must be able to work collaboratively in interdisciplinary teams—with their colleagues in primary health care—and to work alongside their colleagues in housing, transportation, employment, and income security. Wellness is not the absence of disease, illness, or stress. It is the presence of optimal physical and behavioral health; a safe, affordable place to live; active involvement in satisfying work and play; and supportive relationships.

**Vision/Call to Action**

I know this seems like a difficult time to confront some of these challenges. Workforce shortages threaten our ability to meet the ever-increasing demand for behavioral health services. Budgets are strained to the breaking point in communities and states. The legislative and regulatory landscape seems to shift under our feet.
But this is precisely the time we must prevail. The issues we face are exactly those that transformation and health reform are meant to address.

We must prevent behavioral health conditions before they occur.

We must offer evidence-based treatment in the right amount, at the right time, to the right person, for the right reason.

We must take it as a given that individuals with substance use and mental illness can and do recover. They have the right to a full and satisfying life in the community of their choice.

When you return home, make the most of what you have learned over the past several days to fundamentally alter the way you think about, talk about, and provide services to individuals with substance use and mental disorders.
Work with your partners in housing and criminal justice, in social services, in business communities, and in faith communities.

Innovate to improve the lives of individuals in recovery.

Educational consultant James L. Fisher said, “Leadership is the special quality that enables people to stand up and pull the rest of us over the horizon.”

You are those leaders.

You will pull us over the horizon to our preferred future.

A future in which every man, woman, and child in this country who needs treatment for addictions or mental illness receives it.

A future in which everyone understands that behavioral health is essential to health and that individuals can and do recover.
A future in which every American has the resources they need to become a vital and contributing member of their families, their schools, their communities, and their nation.

We will all be better for it.

Thank you for your commitment and caring.