

**Opening Remarks & Administrator's Report**

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*Attached is the text prepared for delivery; however, some material may have been added or omitted at the time of delivery.*

**Good morning. I want to welcome everyone, along with my Co-Chair, Lt. Governor Aiona, to SAMHSA's 40<sup>th</sup> National Advisory Council Meeting. I want to begin this morning with well-wishes for Thomas Lewis. As you know, Council Member, Thomas Lewis has resigned his seat to devote more time to his health. He will be missed and we wish him well as he regains his health.**

**I also want to note, as well, that First Lady Columba Bush, is unable to attend due to prior travel commitments.**

**I understand that yesterday's Council orientation was a success and that SAMHSA's Acting Deputy Administrator, Eric Broderick provided you with an overview of SAMHSA and our current priorities. Thank you, Ric.**

**Members were also introduced to and heard from Larke Huang. As you know, Larke is the Senior Advisor on Children's' Issues. Welcome to your first Advisory Council Meeting, Larke.**

**I also want to introduce Arne Owens. He is the newest member of SAMHSA's Executive Leadership Team. His portfolio includes Veterans Issues and our Community and Faith-based initiatives.**

**I also want to thank Daryl Kade, Director of SAMHSA's Office of Policy Planning and Budget along with SAMHSA's Center Directors who have joined us this morning: Westley Clark, Director of CSAT; Dennis Romero, Acting Director of CSAP; and Ted Searle on behalf of CMHS Director, Kathryn Power.**

**I also want to extend a warm welcome to our guests this morning including our Federal colleagues from the Office of Minority Health, the National Institute of Mental Health, and the National Institute of Alcohol Abuse and Alcoholism. We have several guests from our constituent base with us as well – good morning and welcome.**

**Before I begin my report, we must take care of an important order of business and that is to review and approve the minutes of the December Advisory Council meeting. Is there a motion to approve the minutes?**

**I begin my report this morning with the announcement of the end of my tenure as the Administrator of SAMHSA. As I have shared with many of you, the decision to resign my post was a tough one. While I'm excited about moving into the next phase of my career, I am inspired by what this National Advisory Council has accomplished.**

**The lasting changes we have made together will continue to move SAMHSA forward in real, valuable, and life-saving ways. Together, we have accomplished a lot.**

**SAMHSA's vision of "A Life in the Community for Everyone" has become a vision that unites and builds momentum along a common ground. Our mission to build resilience and facilitate recovery has also become a mission with a wide reach and a simple "end game" approach to building a healthier and more hopeful America.**

**We have focused on what I call the redwoods and brought them to life as achievable goals through the SAMHSA Matrix.**

**It has helped us align the field, align our resources and to operationalize recovery through public policy and public financing in ways not achieved before.**

**Without question, SAMHSA has embraced the direction set forth by this Council, by our constituency groups, by consumers and families and as called for by Congress, the Administration and by the President himself.**

**I believe this Council will play an integral and critical role in making certain progress continues, and partnerships stay strong. I also believe this Council will continue to champion our vision and mission.**

**Resilience and recovery are the focus of the dialogue now. It is the heartbeat of everything SAMHSA does. In substance abuse prevention and treatment and in mental health there is less division, less blame and silos are increasingly being used to an advantage.**

**There is much more collaboration, partnership, conversation and a much firmer resolve to shift the focus from ourselves, our turf and our budget to the consumers and families we serve.**

**In some cases, a paradigm or position shift like this can take decades or longer. Early steps towards significant change were taken years ago, but so many tasks were just hanging around with no real action and no real consensus.**

**Today we have more and more community and faith-based providers engaged through presidential initiatives like Access to Recovery and the New Freedom Initiative. Today we have prevention programs tailored for and producing results at the community, family and individual level through the Strategic Prevention Framework.**

**We have created and are implementing a data strategy, including National Outcome Measures, and a State Outcome Measures and Management System to track successes and yes, failures and to serve as an early warning system of emerging trends like methamphetamine use and prescription drug abuse.**

**And, today we also have a stronger science to services agenda which is informing treatment and prevention models like never before.**

**SAMHSA's Science to Services Agenda has worked to reduce the time lag between research and its application in service settings. For example, the National Registry of Evidence-Based Programs and Practices (NREPP) has been improved and is now the platform for informing the field about science-based programs and practices.**

**Each of these initiatives have opened the door for SAMHSA and our constituency groups to help people achieve meaningful, real life results as they strive to attain and sustain recovery, build resilience, work, learn, live and participate fully in their communities.**

**Overall, our ability to focus on recovery as the common ground has produced impressive results. To more clearly define recovery from mental illness, we created the National Consensus Statement on Mental Health Recovery which identifies the 10 fundamental components of recovery.**

**The Federal Action Agenda for Mental Health System Transformation identifies recovery as the single most important goal for the service delivery system. And through the Action Agenda we have aligned the work of 9 Cabinet level Departments -- including over 20 Federal agencies that touch the lives of people with mental illness -- around 70 specific actions steps.**

**One of those steps is to establish State Incentive Grants for Transformation. Last year, we awarded \$92.5 million to seven states over five years to move the transformation process forward.**

**Connecticut, Ohio, Oklahoma, Washington, Maryland, New Mexico, and Texas are blazing the transformation trail and soon, more and more Americans with mental illnesses will step out of the shadows of hopelessness, stigma, and exclusion, and at long last receive the care, respect, and belonging which they deserve.**

**While transformation is well underway, the substance abuse treatment system has undergone significant and fundamental changes as well.**

**We have firmly established there are many pathways to recovery from addiction including the transforming powers of faith and we have broadened alliances with community and faith-based service providers through the Access to Recovery (ATR) Program.**

**ATR is a key addition to the demand reduction infrastructure. Thousands of people seek treatment each year and sadly, many are unable to find care. With the leadership of the President, Access to Recovery is a reality for thousands of Americans.**

**As you know, ATR expands consumer choice through a unique voucher program. We have gained significant ground on this priority and Access to Recovery is up and running in 14 States and one tribal organization.**

**We have also provided the flexibility to States to use these dollars to focus on emerging trends, like the devastation that methamphetamine use has brought to individuals, families and communities. Westley Clark will provide more details on the ATR program after lunch and we will also hear from Council Member, Tom Kirk about Connecticut's success with ATR.**

**Clearly, recovery from mental illness, addiction and co-occurring disorders is no longer the privilege of a few exceptional people, but a possibility for all.**

**We stand now at what the Tipping Point calls that “magic moment” when minds and hearts are changed, when “radical change is more than a possibility, it is a certainty.”**

**We have already experienced the “magic moment” with regard to co-occurring disorders. In a landmark 2002 Report to Congress, SAMHSA recognized that people in need with co-occurring disorders should be the expectation, not the exception – they can no longer be viewed as belonging to a sub-specialty population that once in awhile presents for care.**

**In fulfilling this commitment, SAMHSA has awarded 15 Co-occurring State Incentive Grants, established the National Co-occurring Center for Excellence, published a new Co-occurring Treatment Improvement Protocol (TIP 42), and held policy academies to encourage the development of State Action Plans.**

**Another major change, with the backing of the First Lady, is to increase prevention efforts and bring prevention to scale on a national level.**

**The First Lady's Helping America's Youth Initiative is becoming the umbrella which pulls together multiple Federal prevention programs, including SAMHSA's Strategic Prevention Framework (SPF).**

**We will be implementing the Strategic Prevention Framework in 40 states. The SPF is putting into place a science-based approach to prevention that will help continue to reduce substance abuse and build resilience in our young people.**

**The SPF is built on the principle that communities must be empowered and that the best solutions to substance abuse problems often come from local communities. Its premise – local people solve local problems best.**

**Looking towards our Nation's future, the 19 percent reduction in illicit drug use among our youth over the past 4 years is an inspiration and tribute to the hard work of families, schools, communities, and faith-based organizations.**

**It is in the future that we will see the benefits unfold as a result of the many new and growing initiatives that are underway. The future of substance abuse prevention, substance abuse treatment, mental health and recovery support services looks remarkably different and exciting.**

**I believe part of this success can be contributed to the message sent over and over again – loud and clear – that prevention and treatment work and recovery is real. I believe that. Each of you believes that, but over the past few years we had some convincing to do.**

**It's no longer enough to show evidence of a need. We must be able to demonstrate results in order to assure funding for the services that we know work. That's public accountability – And, public accountability requires proof.**

**The most direct route to proving and demonstrating success has been through SAMHSA's focus and renewed commitment to performance measurement and management. That commitment yielded the National Outcome Measures and the State Outcome Measures and Management System.**

**The National Outcome Measures are really about putting people first. It is about reporting on our performance in helping people attain and sustain a life in the community. The domains we have identified all capture the meaningful, real life outcomes which combine to create a life in the community.**

**The data collection thus far reflects strong partnership in an enormous undertaking and it clearly demonstrates solid, early progress.**

**We will also continue to rely on the data provided through the Annual National Survey on Drug Use and Health (NSDUH), through DAWN – the Drug Abuse Warning Network, and through the Drug and Alcohol Services Information System (DASIS) along with other data sets and information resources.**

**Yet, the data alone is not enough. The data will only guide way – it will not improve the systems for us. Improving our systems will require strengthening and reinventing the workforce that delivers the care.**

**We know that approximately 80 cents of every mental health and substance abuse dollar is spent on our workforce. We also know that increasing workforce capacity has a direct link to quality improvement.**

**Yet, we have little progress to show for all of the talk about the need for action. Again and again, an individual strategy is developed to tackle the issues, but the complexity of the issues themselves creates a moving target with layers of complications.**

**To put this issue front and center, we have revised the SAMHSA Matrix to include Workforce development as a Matrix priority. Making workforce development a Matrix priority will help to focus and align the field and provide a cohesive, concentrated plan to get results sooner rather than later.**

**The same will happen with regard to suicide prevention now that it has taken its place on the Matrix. Data from our Household Survey indicates an estimated 900,000 youth had made a plan to commit suicide during their worst or most recent episode of major depression, and 712,000 acted on that plan by attempting suicide.**

**When faced with the fact that the number of suicides in our country now outnumber homicides by three to two – the urgency and immediacy of the need to take action speaks for itself.**

**I have often said that my role as Administrator of SAMHSA is to serve as a temporary steward. I viewed my responsibility as Administrator to make solid program and management improvements that will last beyond my tenure. I am hopeful, as I look around this room and see many stewards of these changes, that the progress made will well outlast my post.**

**A lot has been accomplished and much more remains to be done. I believe strongly that SAMHSA should continue its service to the international community by sharing our knowledge-base with the world. Later this morning, you will hear more about SAMHSA's International Initiatives.**

**Other areas that deserve continued focus and attention are our efforts to continue reducing and eliminating coercion, seclusion and restraint practices and to combating underage drinking, as two examples. In a few minutes we will hear more on the underage drinking issue with regard to the Leadership to Keep Children Alcohol-Free Initiative.**

**The past five years have given me the privileged opportunity to lead an agency that is, in many ways, central to the public health of our country. I will be forever changed by and always grateful for the experience.**

**I wish each of you continued success as ambassadors of SAMHSA and I look forward to watching SAMHSA's evolution and to seeing the consumers and families we serve benefit as a result.**

**I would now like to open my comments for discussion and thank you once again for your leadership and support of our agency priorities.**

**Thank you.**