

**Dinner Remarks**

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***Scaling New Heights*  
30<sup>th</sup> Anniversary Gala  
Annual Meeting of the Pennsylvania Community Providers Association**

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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**

Thank you George. And thank you everyone for the warm welcome. Thomas Wolfe wrote that "You can't go home again." Well, he's wrong. Every time I am with you in Pennsylvania, I AM home. And year after year, we've all been coming home to the annual meeting of PCPA. So, yes, Thomas Wolfe was very wrong. We ARE ALL home again as we celebrate 30 years of PCPA.

Since my confirmation as SAMHSA Administrator, I've been adapting to my new environment. I now see with the eyes of a Federal official, not those of a State administrator. And I've discovered some differences between where I sit today, and where I sat just a year ago. Some of them surprised me and, as I share them with you this evening, some may surprise you...But one thing isn't different; one thing transcends State and Federal service. And that's a dedication to the people we serve. Without question, just like all of you on the front lines of caregiving, the staff at SAMHSA is among the most committed I know. And today, more than ever, that dedication – and yours – is needed. Today, what we do has never been as important to the people we serve, to our communities, and to our America.

Today, more than ever, behavioral health services need to be available, accessible, and appropriate for people of all ages. That was my goal as Deputy Secretary for Mental Health and Substance Abuse Services here in Pennsylvania. And today, that is SAMHSA's mandate as well as my unwavering goal.

Serving this Administration reminds me why I became a social worker. It reminds me of my vision for people with mental and addictive disorders – a vision that guided my work here in Pennsylvania, and continues to guide the work I do today. It's a vision of a *life in the community for everyone*, whether they live in Altoona or Anchorage, Harrisburg or Hilo. And this Administration is foursquare behind our efforts.

Through his New Freedom Initiative, President Bush has pledged his commitment to community-based care for people with disabilities. And he has made it clear that the time is past due for mental illnesses to be brought out of the shadows and into the light – where they can be treated and insured like other chronic illnesses. His New Freedom Commission on Mental Health is developing an action plan to invest Federal, State, and local resources to serve people of all ages with mental disorders in the communities in which they live. After all, it's really all about enabling people to have fulfilling lives that include jobs, homes, and meaningful relationships with family and friends.

We've moved behavioral health care a good way down the road in the past few decades. But, as another Curie has said – "I don't look at what has been done; I look at what remains to be done." So, while we've made a good start, we still have a distance to travel.

But we no longer have to ask if treatment works. We know that treatment can help people with even the most severe illnesses regain productivity and a life in the community. Services work, and work well, if they are grounded in solid research science. They work and work well if trained personnel are available to provide that care. And they work and work well if the dollars are there to support them.

The question today is "How do we achieve the promise?" We do it by–

- Identifying and supporting best practices for children and youth, adults, and older Americans with behavioral disorders.
- Encouraging manpower training and development to meet needs of the people we serve.
- And supporting programs that meld fiscal economy with needed services and supports.

They're issues of *accountability capacity, and effectiveness* – three principles governing how SAMHSA is conducting its business. And, if they sound familiar, that's because they're the same principles that governed how I did business here in Pennsylvania.

A wise person once said "the best way to predict the future is to create it." Well, together, in Pennsylvania, we created a more hopeful future for people with behavioral disorders. And, given our experience in behavioral health service delivery here in the Keystone State, I'm convinced that what's been good for Pennsylvania is very likely going to be good for the other 49 states.

In many ways, my experience here – our success together – is the bedrock foundation on which SAMHSA's work is being built. So, in the time that remains – and it won't be a long time, since we all have enjoyed a hearty meal – let me tell you a bit about where I'm taking SAMHSA. I think you'll find that some of the terrain to be familiar.

SAMHSA's Block Grant programs represent the largest portion of our budget. We're re-engineering them as **Performance Partnership Grants**. PPGs give States flexibility in how

they spend Block Grant funds. After all, people in Pennsylvania know far better than most people in Washington about your needs for behavioral health services. Also, PPGs can better help you create community-based systems of care in which “any door is the right door” for people in need to receive treatment and services.

PPGs also are about *performance*. States will be held accountable for what is done with PPG dollars and how successful those efforts are. And that helps all of us ensure that we’re providing quality care to the people we serve. Is it an ambitious goal? Absolutely. But it’s the right thing to do.

We need to give communities and providers the tools they need to use state-of-the-science services and to tailor them to the individuals and families they serve. But, to do that, we need timely, accurate, and effective information at our fingertips. Unfortunately it can take 15-20 years to get today’s new research discovery into practice in communities. But SAMHSA is working with our Federal research partners at NIH to help telescope that science-to-services timeline.

Closing the research to practice gap isn’t enough alone. We also must enhance the quality of our workforce. After all, the most innovative services can’t be used if we don’t know how to provide them. So, we need to train new practitioners and retrain those of us who’ve been at it a while. And our efforts must include consumers and their families, as well as primary care practitioners who most people see before they ever see one of us. As former Surgeon General David Satcher noted at the release of the Surgeon General’s Report on Mental Health, “the difference between what we know and what we do is fatal.”

That’s why I’ve directed SAMHSA to work in specifically defined areas of concern to help us do what we know. I’ve mentioned a number of them already, but I’d like to tell you about a few of our other investment priorities and cross-cutting principles.

SAMHSA’s priorities put people first, because at the heart of our efforts is President Bush’s New Freedom Initiative about which you’ve already heard. We’re leading the national effort to respond to the needs of people with co-occurring mental and addictive disorders. These individuals, all too often, fall through the cracks of a fragmented service system. That’s not just bad health policy, it’s also bad economic policy. We can serve more people if we spend our money more wisely in the first place.

We’ve just delivered a report to Congress that serves as our 5-year blueprint for action. It emphasizes our commitment to timely and accurate treatment for people with both mental and addictive disorders and to the provision of integrated treatment for those with the most severe disorders.

People with mental or addictive disorders in our Nation’s jails and prisons – especially those with co-occurring disorders – are ill-served, as well. Today, our jails and prisons are substituting for community-based care efforts for far too many people with serious mental illness. We know that people with mental illnesses or co-occurring disorders are likely to be caught in the revolving door between jail or prison and the community. That, too, is unsupportable economically and ethically. We need diversion and re-entry programs that focus not only on treatment, but also on housing, vocational and employment services, and long-term supports. Co-occurring disorders and criminal justice involvement are among the serious problems faced by our citizens with behavioral disorders who also are *homeless*. Again, we

know what works; we simply have to use our best efforts to make it common practice across the country.

In the wake of school shootings, September 11<sup>th</sup>, and the current sniper-created siege mentality gripping Washington DC, SAMHSA remains concerned about all kinds of *violence*. We're focusing on both the short-term and long-term impact of this kind of trauma. And our involvement extends to the interpersonal violence of *physical and sexual abuse* as well .

Trauma is a public health issue we can no longer afford to ignore. It may well be the root cause – or trigger – for many physical and mental disorders, substance abuse problems, and a host of social problems, as well. Trauma survivors are suffering in silence, and we can't help them heal unless we can hear what they have to say.

Violence of another sort can happen in our mental health systems when we abuse the practices of *seclusion and restraint*. As you know, this issue was a major initiative during my tenure here. I am proud that together, we developed and implemented a model that has virtually eliminated the use of seclusion and restraint. I will continue to press for policies that restrict the use of seclusion and restraint as a safety measure of last resort, used when all else has failed.

Finally, to ensure no one is left behind, we're focusing on the entire continuum of life – from childhood to later life. We are redoubling our commitment to systems of care programs for children with serious emotional disturbances. And we're looking to build resilience and to reduce risks for all children.

Older adults, a growing population, also deserve our attention. Too often, their mental health and substance abuse problems are under-identified and under-treated in primary care settings.

All of our program efforts are being guided by a core set of principles:

- The need to provide *culturally competent services*
- The need to ensure our services are *data-driven, evidence-based, and outcome-oriented*.
- The need for *collaborations and partnerships* across the public and private sectors.
- The need to recognize and respond to *geographic diversity* –to help ensure no one is left behind.
- The need to lift the *discrimination and stigma* of mental illness.
- The need to build communities of hope through community-based care, *including faith-based*
- And, most important, the need to *focus on recovery* – to enable people with mental illness and their families to reach for and realize satisfying and rewarding lives.

Serving people with behavioral disorders – getting them into treatment – is only half the job. The other half is getting people to recovery and making recovery work for people. It's all about always seeing what remains to be done – and recovery is a lifetime activity.

At its heart, it's about people. People like James, who's got a home and a job and is trying to reclaim his life in the community after years of homelessness.

People like Vanessa whose family and school have come together to create individualized systems of care that enable her to succeed in school, despite serious emotional disturbance.

And people like Madge, whose treatment for depression following a hip fracture has helped her recover faster and get back to life in her community instead of in a hospital, rehab center or nursing home.

Whether in Washington or around the state of Pennsylvania, we're doing our jobs for James and Vanessa and Madge. But as I've said, Federal dollars can't do it alone. Neither can State or local dollars. But there is an imperative for us to act and to act together to build that life in the community for the people we serve.

Now, so I don't disappoint, I want to leave you with a quote that has special meaning for me, and, I hope, by now, also for you. And yes, it's THAT quote by THAT old soldier who never died but just faded away. And it goes like this:

"In the central place of every heart, there is a recording chamber. So long as it receives messages of beauty, hope, cheer and courage, so long are you young. When the wires are all down and your heart is covered with the snows of pessimism and the ice of cynicism, then, and then only, are you grown old."

Let's battle the pessimism and cynicism that argue against our ability to be both person-centered and cost-effective.

Let's battle the pessimism and cynicism that say we can't reach the goal of recovery for the people we serve.

Let's ensure that the wires that link research to services, and that telegraph new areas of emerging concern, never go down.

As long as we keep demonstrating that treatment works, and as long as we keep developing citizen-centered, results-oriented services that promote that life in the community, we bring messages of hope and cheer, beauty, and, above all courage to the millions we touch through our work. It's a hope born of our dedication and commitment to the work we love. Thank you.