

## DepSec ISMICC Meeting Remarks

- Good afternoon, everyone, and thank you for inviting me to address the ISMICC today.
- First, I'd like to thank everyone from SAMHSA who helped put today's meeting together.
- It is great to be here at SAMHSA, where we have dedicated members of the HHS team working every day on understanding and addressing our country's behavioral health needs.
- In particular, I would like to thank Assistant Secretary McCance-Katz.
- Through her work on so many areas at SAMHSA, especially but not only serious mental illness, Dr. McCance-Katz has truly distinguished her role as the first-ever Assistant Secretary for Mental Health and Substance Use.
- Being the first person to hold a title like that sets high expectations, and having that title in part because Congress recognized the need for leadership on substance abuse and mental health sets the expectations even higher.
- I am proud to say that Assistant Secretary McCance-Katz's dedication to the challenges before SAMHSA, **especially** serious mental illness and the opioid crisis, have met and exceeded anyone's expectations. We are immensely grateful for your hard work so far.

- Now, all the members present here, joining in a committee meant to coordinate the work of ten federal departments and agencies on the challenge of serious mental illness, have a high bar to meet, too—and, also, a bar set by Congress.
- But we are impressed by and proud of the work you have done so far on your mandate, too.
- I have had the privilege of addressing your second meeting, about one year ago this time, when the non-federal members had just finished their impressive set of recommendations for federal policy, which was submitted to Congress.
- Since then, these recommendations have informed the creation of the five implementation workgroups, focusing on data, Access and Engagement, Treatment and Recovery, Justice, and Financing.
- All of the members of the ISMICC, but also especially the non-federal members, have made a considerable investment of time and attention into the work of the ISMICC. So I'd like to thank all of you for your contributions and hard work so far.
- I'd also like to thank all of the federal members for coming together in this historic collaboration.
- We host the ISMICC here at SAMHSA, but each of the federal departments represented on the ISMICC has a critical role to play.

- Americans struggling with serious mental illness can face challenges that intersect with education, employment, housing, healthcare, law enforcement, and more—we need everyone’s perspective to address this challenge.
- In the coming years, the partnership of the federal and non-federal members of the committee presents a unique opportunity to better understand serious mental illness and serious emotional disturbance.
- And we know that we do face real challenges: Many of you have heard me run through the 10-10-10 issue: Each year, approximately 10 million Americans live with serious mental illness.
- They live lives that are 10 or 15 years shorter than other Americans—by some estimates, this gap is even larger.
- And by one estimate, ten times more Americans with serious mental illness spend time in jail in a given year than spend time in inpatient psychiatric treatment.
- Those are not the only discouraging numbers to report, I’m sorry to say: As many of you know, SAMHSA’s annual National Survey on Drug Use and Health has also found discouraging signs regarding our nation’s mental health.
- Even as we have seen positive signs on indicators like opioid misuse and heroin initiation, we are seeing some discouraging signs on mental illness.

- From 2016 to 2017, we saw another statistically significant increase in the share of 18 to 25 year olds who had a major depressive episode in the past year.
- More than one in eight Americans that age now have a major depressive episode in a given year.
- The share of 18 to 25 year olds with any mental illness also rose, to one in four, and the share with a serious mental illness rose as well, to one in 15.
- It is, perhaps, not a surprise that we do face these significant challenges, because in many ways, our health system is not well set-up to handle serious mental illness and serious emotional disturbance.
- You all know that, which is why you've been chosen to work on this committee.
- The good news is that all of you are thinking about how to fix it, and action is already being taken across the administration to address it too.
- That includes work at the Centers for Medicare & Medicaid Services, where we recently delivered on another ask from Congress that came in the 21st Century Cures Act, a direction that CMS examine how we could better support inpatient treatment for serious mental illness.

- Many of you know the history of why Medicaid in particular doesn't pay for inpatient mental health treatment. The policy was conceived to discourage states, which traditionally provided mental health care, from offloading these responsibilities onto the Medicaid program.
- But around the same time Medicaid was implemented, states were already pulling back on their investments in treating mental illness.
- That was often done with good intentions, of course, because this support went to house patients in inhumane, intolerable conditions.
- But today, we have the worst of both worlds: limited access to inpatient treatment and limited access to other options.
- We look forward to working with states on these waivers because it is the responsibility of state **and** federal governments together, alongside communities and families, to right this wrong.
- More treatment options are needed, and that includes more inpatient and residential options that can help stabilize Americans with serious mental illness.
- That's why, in November, we were so pleased to have CMS send a new guidance to all state Medicaid directors that laid out how to apply for waivers for flexibility around the IMD exclusion to treat serious mental illness.
- These waivers are a historic step forward for using the Medicaid program to treat Americans with serious mental illness.

- They are modeled on waivers that CMS has been granting at a rapid clip over the past several years to provide more coverage for inpatient treatment for substance-use disorder, including opioid addiction.
- As with those substance-use disorder waivers, on the SMI waivers we have strongly emphasized that inpatient treatment is just one part of what needs to be a complete continuum of care.
- Participating states will be expected to take action to improve community-based mental health care, and all Medicaid waivers are rigorously assessed for the effects they have on both outcomes and the availability of care.
- There are effective methods for treating the seriously mentally ill in the outpatient setting, which have a strong track record of success and which this administration supports.
- We can support **both** inpatient and outpatient investments at the same time. Both tools are necessary, and both are too hard to access today.
- There are so many stories of Americans with serious mental illness, and their families, that end in tragic outcomes because treatment options are not available or not paid for—many members of the ISMICC can speak to that personally.
- Now, states have a new opportunity for addressing the problem.

- Secretary Azar announced the new guidance at the National Association of Medicaid Directors in November, and he encouraged every director to apply.
- The Secretary and I have also been active on mental illness issues through our involvement with the Federal Commission on School Safety, which the President convened earlier this year.
- Through that work, with Assistant Secretary McCance-Katz acting as a key adviser and representative, we've learned a lot about how we might be able to provide mental health services in schools, and build more positive environments for our kids.
- As all of you know, early detection of the signs of serious mental illness is a crucial element of ensuring people get the treatment they need, and there is no better place to start than trying to provide that treatment and attention in schools to the kids who need it.
- HHS is just a contributor to the school safety commission, however—we are proud to be the hosts and lead agency for the ISMICC.
- As a department, we are committed to making serious mental illness a priority—not just for the administration, but for our entire healthcare system.
- With the input of everyone involved with the ISMICC, we can make significant steps under this administration toward a healthcare system that is set up to treat serious mental illness. We

can get to where serious mental illness is not a burden that sets people apart or sends their life off track, but a health condition that can be treated just like any physical illness.

- Nobody knows better than all of you how badly we need to build such a system, and with your help, we can build it.
- Thank you very much for your contributions to this committee, and to the health and well-being of Americans with serious mental illness, their families, and all Americans.