## 2003 Current Fiscal Year Report: President's New Freedom Commission on Mental Health

Report Run Date: 05/22/2025 03:50:09 AM

1. Department or Agency 2. Fiscal Year

Department of Health and Human

Services

2003

3b. GSA
3. Committee or Subcommittee

Committee No.

President's New Freedom Commission on

Mental Health

13854

4. Is this New During 5. Current 6. Expected 7. Expected Fiscal Year? Charter Renewal Date Term Date

No 04/29/2002 04/29/2003 04/29/2003

8a. Was Terminated During 8b. Specific Termination Authority 8c. Actual Term Date

Executive Order

Yes #13263

04/29/2003

9. Agency 10b. 10a. Legislation

Recommendation for Next Req to Terminate?

FiscalYear Legislation Legislation Pending?

Terminate

11. Establishment Authority Presidential

12. Specific 13. 14.

Establishment Effective Committee Presidential?

Authority Date Type

Executive Order #13263 04/29/2002 Ad hoc Yes

15. Description of Committee Other Committee

16a. Total Number of Reports 2

16b. Report Date Report Title

10/29/2002 Interim Report to the President 07/22/2003 Final Report to the President

Number of Committee Reports Listed: 2

17a. 7 17b. Closed 0 17c. Partially Closed 0 Other Activities 0 17d. Total 7 Open

**Meetings and Dates** 

Purpose Start End

The Commission meeting focused on the
Interim Report which was required to be sent
to the President by the end of October. Also,
the Commission heard presentations from
experts regarding Older Adults and Mental
Health.

10/02/2002 - 10/04/2002

The main focus of this meeting was a presentation from experts on housing opportunities for persons with a mental illness. Also the Commission participated in site visits to model programs as part of the meeting.

11/12/2002 - 11/14/2002

The Commission received reports from four Subcommittees: Criminal Justice, Evidence-Based Practices, Suicide Prevention, and Co-occurring Disorders for approval by the full Commission. The Commission also had several experts on fragmentation and business executives shared their personal experiences with

12/04/2002 - 12/06/2002

The Commission heard reports from four subcommittees: Older Adults, Rural Issues, Rights and Engagement and Mental Health Interface with General Medicine and a panel presentation,

depression.

01/07/2003 - 01/09/2003

The Commission heard reports from seven subcommittees: Medicaid, Evidence-Based Practice/Medication Issues, Consumer Issues, Cultural Competence, Housing and Homelessness, Employment and Income Support and Children and Families.

02/04/2003 - 02/06/2003

The Commission focused on issues relating to its final report. Also heard three subcommittees reports: Acute Care, Consumer Issues and Rights and Engagement.

03/04/2003 - 03/06/2003

The Commission focused on issues relating to its final report.

04/03/2003 - 04/03/2003

### Number of Committee Meetings Listed: 7

	Current FY Next FY
18a(1). Personnel Pmts to Non-Federal Members	\$41,846.00\$0.00
18a(2). Personnel Pmts to Federal Members	\$0.00\$0.00
18a(3). Personnel Pmts to Federal Staff	\$236,455.00\$0.00
18a(4). Personnel Pmts to Non-Member Consultants	\$206,696.00\$0.00

18b(1). Travel and Per Diem to Non-Federal Members	\$107,953.00\$0.00
18b(2). Travel and Per Diem to Federal Members	\$0.00\$0.00
18b(3). Travel and Per Diem	
to Federal Staff	\$4,065.00\$0.00
18b(4). Travel and Per Diem	
to Non-member	\$3,008.00\$0.00
Consultants	
18c. Other(rents,user	
charges, graphics, printing,	\$403,600.00\$0.00
mail, etc.)	
18d. Total	\$1,003,623.00\$0.00
19. Federal Staff Support	3.00 0.00
Years (FTE)	3.00 0.00

## 20a. How does the Committee accomplish its purpose?

The President's New Freedom Commission on Mental Health met on October 2-4, 2002 at the Crystal Gateway Marriott in Arlington, Virginia. The Commission heard the testimony of several experts, as well as public comment from several consumer panels. One of the experts to testify before the Commission, Stephen Bartels, M.D., M.S., Associate Professor of Psychiatry, New Hampshire-Dartmouth Psychiatric Research Center, Dartmouth Medical School, cited several barriers contributing to the problem of unmet mental health needs of older adults, including systemic barriers (fragmented system with little communication among providers), attitudinal barriers, financing barriers, and the reluctance of older adults to seek mental health services due to stigma. Other experts who testified before the Commission included Gary K. Kennedy, M.D., President, American Association for Geriatric Psychiatry, Willard Mays, M.S., Immediate Past President, National Coalition for Mental Health

and Aging and Past Chair, Older Persons Division of the National Association of State Mental Health Program Directors, Hikmah Gardiner, Older Adult Consumer Mental Health Alliance Representing the Older Adult Consumer Mental Health Alliance and the Mental Health Association of Southeastern Pennsylvania, and Bryce Miller, Older Adult Consumer Mental Health Alliance. Public comment was also presented before the Commission. After these presentations, Commissioners discussed the Interim Report, as required by the President's Executive Order creating the Commission. The purpose of the Interim Report is to describe the extent of unmet needs and barriers to care within the mental health system. Commissioner Postlethwait reviewed sections of the detailed outline, including the statement of overall findings, description of needs, description of barriers and profiles of promising community-based models. The President's New Freedom Commission on Mental Health met November 12-14, 2002 at Le Meridien Hotel in Los Angeles, California. The Commission heard from many experts on the issue of homelessness and individuals with mental illness. Tanya Tull, President/CEO, Beyond Shelter, Inc., Los Angeles, California provided an historical overview of homelessness, including the development of a separate system of programs for homeless people. Carol Wilkins, Director of Intergovernmental Policy, Corporation for Supportive Housing, Oakland, California, called attention to the shortage of available affordable housing for persons with mental illness. Tim Cantwell, Managing Member, U.S. VETS, Los Angeles California shared information about U.S. VETS, the largest private organization in the country dedicated to helping homeless veterans. During the work session, the following

Subcommittees provided brief updates on their activities: Children and Families, Criminal Justice, Evidence-based Practices, Consumers, Housing, Older Adults, Interface with General Medicine, Employment, Medicaid, and Rights and Engagement. The President's New Freedom Commission on Mental Health met on December 4-6, 2002 at the Crystal Gateway Marriott in Arlington, Virginia. The meeting opened with a panel of experts discussing the current fragmentation of the community mental health system. Steve Sharfstein, President and CEO, Sheppard Pratt Health System, and Clinical Professor of Psychiatry, University of Maryland, Baltimore, Maryland, presented testimony on fragmented funding and fragmented care. Timothy A. Kelly, Ph.D., Associate Professor of Psychology and Director of Clinical Training, Fuller Graduate School of Psychology, Pasadena, California also provided his expert perspective on fragmentation. Laurie Flynn, Director, Carmel Hill Center for Early Diagnosis and Treatment, Division of Child and Adolescent Psychiatry, Columbia University, New York testified about a new screening program for teenage depression, "Teen Screen". In addition, three business leaders from Atlanta addressed the Commission about the problem of stigma and mental illness: Tom Johnson, Larry Gellerstedt, and J.B. Fuqua. Also at the meeting, several subcommittee chairs presented reports on their issue papers. As Chair Hogan explained, these preliminary discussions about issue papers would be followed in the coming months by more detailed deliberations about specific recommendations. The opening report was offered by Commissioner Lerner-Wren, Chair of the Subcommittee on Criminal Justice, accompanied by Dr. Henry Steadman, consultant to the Subcommittee. In its discussions, the

Subcommittee suggested that three major policy changes were needed: (1) preventing incarceration of people with serious mental illness who have committed minor offenses through diversion programs; (2) provide constitutionally adequate services in correctional facilities for people with serious mental illnesses and (3) link people with serious mental illnesses to community-based services when they are discharged through reentry transition programs. The next report was given by Commissioner Godbole, Chair of the Subcommittee on Evidence-based Practices, accompanied by Dr. Howard Goldman, consultant. The subcommittee offered three primary policy options: (1) create a national partnership for disseminating of evidence based practices, (2) advance new knowledge through research, including rigorously evaluated service demonstration programs, and (3) use existing funding mechanisms to encourage the use of evidence-based practices. Commissioners voted unanimously to accept the report. As Chair of the Subcommittee on Suicide Prevention. Commissioner Prechter gave the report with the Subcommittee consultant, Dr. Eric Caine. After describing the pressing public health crisis of suicide, she highlighted the Subcommittee's policy options. The final report was given by Commissioner Arredondo, Chair of the Subcommittee on Co-occurring Disorders. The Subcommittee report recommended integrated treatment for co-occurring disorders, as well the need for adequate screening. During its public comment period on December 6, the Commission heard from many consumers, advocates and professionals in the field of mental health. The President's New Freedom Commission on Mental Health met on January 7-9, 2003 at the Crystal Gateway Marriott, in Arlington, Virginia. Robert M.

Kolodner, M.D., Acting Deputy Chief Information Officer for Health, Office of Information, Veterans Health Administration, Washington, D.C., gave a brief overview of the development of Veterans Administration's automation efforts. Dale S. Cannon, Associate Chief for Information, Salt Lake City Medical Center [Veterans Administration (VA)], Salt Lake City, Utah, gave further explanation of the mental health software used by the VA. Kenneth W. Kizer, M.D., M.P.H., President and CEO, National Forum for Healthcare Quality Measurement and Reporting, Washington, D.C., urged the Commission to recommend building a comprehensive information technology based on performance measures and clinical prompts that promote quality care. Commissioner Godbole and Commissioner Murphy, co-chairs of the Subcommittee on Older Adults, gave the Subcommittee report. The Co-Chairs said the primary recommendation is the development of a national leadership partnership to improve the mental health service delivery system for older adults. Commissioner Harbin, Chair of the Subcommittee on Mental Health Interface with General Medicine, was joined by consultant, Jurgen Unutzer, M.D., in his presentation of the findings and recommendations of that subcommittee. Commissioner Harbin outlined the four recommended policy options developed by the Subcommittee: (1) adequate financing of collaborative services, (2) development of performance standards, (3) technical assistance and (4) implementation of provider training. After the subcommittees' presentations, Commissioner Pasternack introduced Senator Pete Domenici (R-NM). Senator Domenici described his ongoing efforts to pass mental health parity legislation. Commissioner Speck, chair of the Subcommittee on Rural Issues, began

the next day's meeting by presenting the findings of the Subcommittee with Dennis Mohatt, Director of the Mental Health Program, Western Interstate Commission in Higher Education (WICHE). Dr. Mohatt addressed the key disparities in mental health care for rural Americans, which include lack of availability, accessibility, and acceptability. Commissioner Fisher, co-chair of the Subcommittee on Rights and Engagement, gave the Subcommittee report. He said the recommendations promoted legal rights with the mental health care system in three arenas: (1) rights when engaged in treatment in the community; (2) rights to remain engaged in treatment in the community and freedom from unnecessary engagement in institutional treatment and (3) rights when engaged in institutional treatment. The Commission engaged in a lengthy discussion and decided to allow the Subcommittee more time to continue their work on the report. Stan Eichenauer, the Commission's Deputy Executive Director, and Garrett Moran, Project Officer, Westat, provided Commissioners with a report analyzing stakeholders' public comments received via the Commission's web site, email and written correspondence. The President's New Freedom Commission on Mental Health met February 4-6, 2003 at the Crystal Gateway Marriott in Arlington, Virginia Highway in Arlington, Virginia. Commissioner Randolph Townsend, Chair of the Subcommittee on Housing and Homelessness provided his Subcommittee's report. Expert consultants, Ann O'Hara and Lynn Aronson, responded to questions posed by Commissioners. The Subcommittee's report emphasized the need to address the serious housing affordability problems of people with severe mental illnesses and extremely low incomes, and

presented policy options to advance the President's goal of ending chronic homelessness among people with serious mental illness. Co-chairs Commissioner Adams and Commissioner Mele-McCarthy presented the report of the Subcommittee on Employment and Income Supports. Judith Cook, Ph.D., consultant to the Subcommittee, provided the Commission an overview of the employment concerns for people with mental illness. The policy recommendations of the Subcommittee focused on the elimination of long-term dependence on income support programs and greater support of supported employment, an evidence-based practice. Commissioner Mayberg and Commissioner Huang, co-chairs of the Subcommittee on Children and Families, presented their subcommittee's recommendations. Expert consultant Beth Stroul also elaborated on the recommendations and responded to questions. Commissioner Huang indicated that the subcommittee received data from multiple sources, including 250 organizations and individuals concerned about children. Given this broad input, the subcommittee expanded the scope of its discussions beyond children with serious mental disorders to include prevention and early intervention efforts. Commissioner Mayberg, chair of the Subcommittee on Medicaid, presented the findings and recommendations of that subcommittee, with the support of expert consultants, Steve Day and Pam Hyde. Policy recommendations presented by Commissioner Mayberg addressed and corrected barriers due to fragmentation occurring in the Medicaid and Medicare funding programs. The Subcommittee on Consumer Issues, chaired by Commissioner Fisher, presented an overview of the subcommittee's work, primarily focused on the principles of recovery for consumers. Members of the public were given the opportunity to address the full Commission at the end of the day's meeting. The next day of the meeting, Commissioner Knight-Richardson, presented the report of the Subcommittee on Cultural Competence which focused on policy recommendations designed to eliminate disparities in mental health care. Commissioner Harbin presented recommendations of the Subcommittee on Evidence-based Practices. Four policy recommendations were offered by the subcommittee: (1) employ cost saving strategies that preserve patient choice, and research and development incentives, (2) include prescription drug coverage to facilitate cost-effective evidence-based treatment, (3) restructure managed care contracts for greater coordination and accountability and (4) address knowledge gaps in medication policy. The President's New Freedom Commission on Mental Health met on March 4-6, 2003 at the Crystal Gateway Marriott in Arlington, Virginia. Commissioner Knight-Richardson, chair of the Acute Care Subcommittee, gave the subcommittee's recommendations. He said that because of regional variation in the problem, and limited availability of critical data, the Subcommittee recommended that a National Working Group on Acute and Crisis Care be formed. Chair of the Subcommittee on Consumer Issues, Commissioner Fisher, provided the findings and recommendations of that subcommittee. Commissioner Fisher outlined the two major recommendations: promotion of collective self-determination and individual self-determination for mental health treatment. The subcommittee on Rights and Engagement presented its revised report to the Commission,

which was accepted by the Commission with no further changes. The President's New Freedom Commission on Mental Health held its final meeting on April 3, 2003 at the Westin Embassy Row in Washington, D.C. The Commission held a detailed discussion on the major recommendations for the final report. It agreed on the following six goals: Goal 1 - Mental Health is Essential to Health; Goal 2 - Early Mental Health Screening and Treatment in Multiple Settings; Goal 3 - Consumer/Family Centered Care; Goal 4 - Best Care Science Can Offer: Goal 5 - Information Infrastructure; and Goal 6 - Eliminate Disparities in Mental Health Care. The Commission voted unanimously to accept the outline containing the vision, goals, and recommendations, along with the pursuant discussion, and to proceed with drafting the final report. Public comment was submitted via verbal and written testimony to the Commission.

## 20b. How does the Committee balance its membership?

The Commission membership shall be composed of not more than fifteen members appointed by the President, including providers, payers, administrators, consumers of mental health services and family members of consumers and not more than seven ex officio members, four of whom shall be designated by the Secretary of Health and Human Services, and the remaining three of whom shall be designated - one each - by the Secretaries of the Departments of Labor, Education, and Veterans Affairs.

## 20c. How frequent and relevant are the Committee Meetings?

The Commission met 7 times during this fiscal year. Because of the Commissions mandated

term expired on 4/29/03, no meetings will be held in the future.

## 20d. Why can't the advice or information this committee provides be obtained elsewhere?

To complete the mandate of the President's Executive Order 13263, which is to make recommendations for the improvement of America's mental health delivery system for individuals with serious mental illness and children with serious emotional disorders. In particular, the Commission will focus on ways to achieve the desired outcomes of mental health care, which are to attain each individual's maximum level of employment, self-care, interpersonal relationships and community participation. The direction, scope, balance and emphasis of the advice received from this group of experts cannot be obtained from other established sources because the President mandated the function and mission of the Commission and appointed its members.

# 20e. Why is it necessary to close and/or partially closed committee meetings?

#### 21. Remarks

### **Designated Federal Officer**

A. Kathryn Power Director, Center for Mental Health Services, SAMHSA

Committee Members	Start	End	Occupation	Member Designation
Adams, Jane	05/31/2002	04/30/2003	Executive Director, Keys for Networking, Inc.	Special Government Employee (SGE) Member

Arredondo, Jr., Rodolfo	05/31/2002	04/30/2003	Professor of Psychiatry, Dept. of Neuropsychiatry, Texas Tech Univ Health Sciences Center	Special Government Employee (SGE) Member
Carlile, Patricia	06/06/2002	04/29/2003	Ex Officio Member, Deputy Assistant Secretary, Special Needs Programs, Dept. of Housing & Urban Development Ex Officio	Special Government Employee
Curie, Charles	06/07/2002	04/29/2003	Member, Administrator, Substance Abuse and Mental Health Services Administration, DHHS	Special Government Employee (SGE) Member
Fisher, Daniel	05/31/2002	04/30/2003	Co-Director, National Empowerment Center	Special Government Employee (SGE) Member
Godbole, Anil	05/31/2002	04/30/2003	Chairman, Advocate Illinois Masonic Medical Center	Special Government Employee (SGE) Member
Harbin, Henry	05/31/2002	04/30/2003	Chairman of the Board, Magellan Health Services	Employee
Heffernan, Claire	04/01/2002	04/30/2003	Executive Director, President's New Freedom Commission on Mental Health	Special Government Employee (SGE) Member
Hogan, Michael	04/29/2002	04/30/2003	Director, Ohio Department of Mental Health	Special Government Employee (SGE) Member
Huang, Larke	06/06/2002	04/30/2003	Director of Research, Center for Child Health and Mental Health Policy	Special Government Employee (SGE) Member

Insel, Thomas	12/01/2002	04/29/2003	Ex Officio Member, Director, National Institute of Mental Health, NIH, DHHS	Special Government Employee (SGE) Member
Knight-Richardson, Norwood	06/07/2002	04/30/2003	CEO, Richardson Group and Associate Professor, Oregon Health & Sciences Univ.	Special Government Employee (SGE) Member
Lerner-Wren, Ginger	05/31/2002	04/30/2003	Seventeenth Judicial Circuit, Broward County, Florida	Special Government Employee (SGE) Member
Mayberg, Stephen	06/07/2002	04/30/2003	Director, California Department of Mental Health	Special Government Employee (SGE) Member
Murphy, Frances	06/07/2002	04/29/2003	Ex Officio Member, Deputy Under Secretary for Halth for Health Policy Coordination, Dept. of Veternas Affairs	Special Government Employee (SGE) Member
Pasternack, Robert	06/07/2002	04/29/2003	Ex Officio Member, Assistant Secretary for Special Education and Rehabilitative Services, Dept. of Education	Special Government Employee (SGE) Member
Postlethwait, Robert	05/31/2002	04/30/2003	Consultant	Special Government Employee (SGE) Member
Prechter, Waltraud	05/31/2002	04/30/2003	Chairman, Heinz C. Prechter Fund for Manic Depression	Special Government Employee (SGE) Member

Smith, Dennis	01/02/2003	04/29/2003	Ex Officio Member, Director of the Center for Medicaid and State Operations	Special Government Employee (SGE) Member
Spear, Chris	06/07/2002	04/29/2003	Ex Officio Member, Assistant Secretary of Labor for Policy, Dept. of Labor	Special Government Employee (SGE) Member
Speck, Nancy	06/07/2002	04/30/2003	University of Texas Medical Branch, Galveston and Telehealth Regional Consultant	Special Government Employee (SGE) Member
Townsend, Randolph	05/31/2002	04/30/2003	Nevada Senate	Special Government Employee (SGE) Member
Yates, Deanna	05/31/2002	04/30/2003	Psychologist	Special Government Employee (SGE) Member

Number of Committee Members Listed: 23

### **Narrative Description**

The President's New Freedom Commission on Mental Health concluded its work this past July with the delivery of its Final Report to the President, "Achieving the Promise:

Transforming Mental Health Care in America." The work and product of the Commission is highly consistent with SAMHSA's mission, values and goals of achieving "a life in the community for everyone" including improving services to people with mental illness. The recommendations contained in the Final Report fit nicely with Administrator Curie's priority of achieving mental health system transformation, now visibly included on the SAMHSA matrix of priority programs and principles. Secretary Tommy Thompson has tasked Administrator Curie with developing the action agenda that will serve to follow-up on specific Commission

recommendations.

## What are the most significant program outcomes associated with this committee?

	Checked if
	Applies
Improvements to health or safety	✓
Trust in government	
Major policy changes	✓
Advance in scientific research	
Effective grant making	
Improved service delivery	✓
Increased customer satisfaction	
Implementation of laws or regulatory	
requirements	
Other	
Outcome Comments NA	
What are the cost savings associated with th	
	Checked if Applies
None	
Unable to Determine	✓
Under \$100,000	
\$100,000 - \$500,000	
\$500,001 - \$1,000,000	
\$1,000,001 - \$5,000,000	
\$5,000,001 - \$10,000,000	
Over \$10,000,000	
Cost Savings Other	
Cost Savings Comments NA	

What is the approximate <u>Number</u> of recommendations produced by this committee for the life of the committee?

Number of Recommendations Comments NA	
What is the approximate <u>Percentage</u> of the will be <u>Fully</u> implemented by the agency? 75%	se recommendations that have been or
% of Recommendations <u>Fully</u> Implemented NA	l Comments
What is the approximate <u>Percentage</u> of the will be <u>Partially</u> implemented by the agency 20%	
% of Recommendations Partially Implemen	ited Comments
Does the agency provide the committee wind implement recommendations or advice offer Yes ✓ No ☐ Not Applicable ☐	
Agency Feedback Comments	
E-mail interaction regarding subcommittee rep	, ,
Commissioners in public presentations and other provide report action agenda and introduction	
What other actions has the agency taken a	s a result of the committee's advice or
recommendation?	
	Checked if Applies
Reorganized Priorities	<b>√</b>
Reallocated resources	✓
Issued new regulation	
Proposed legislation	
Approved grants or other payments	
Other	

**Action Comments** 

NA

Is the Committee engaged in the review of applications for grants?  No		
Grant Review Comments NA How is access provided to the information for the Committee's documentation		
Contact DFO		
Online Agency Web Site		
Online Committee Web Site	<b>√</b>	
Online GSA FACA Web Site	<b>:</b>	
Publications	<b>:</b>	
Other		
Access Comments		
NA		