

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

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1. Department or Agency Department of Health and Human Services
2. Fiscal Year 2003
3. Committee or Subcommittee President's New Freedom Commission on Mental Health
3b. GSA Committee No. 13854

4. Is this New During Fiscal Year? No
5. Current Charter 04/29/2002
6. Expected Renewal Date 04/29/2003
7. Expected Term Date 04/29/2003

8a. Was Terminated During Fiscal Year? Yes
8b. Specific Termination Authority Executive Order #13263
8c. Actual Term Date 04/29/2003

9. Agency Recommendation for Next Fiscal Year Terminate
10a. Legislation Req to Terminate?
10b. Legislation Pending?

11. Establishment Authority Presidential

12. Specific Establishment Authority Executive Order #13263
13. Effective Date 04/29/2002
14. Committee Type Ad hoc
14c. Presidential? Yes

15. Description of Committee Other Committee

16a. Total Number of Reports 2
16b. Report Date 10/29/2002
Report Title Interim Report to the President
 07/22/2003 Final Report to the President

Number of Committee Reports Listed: 2

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

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 depression.	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,	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 Consultants	\$3,008.00	\$0.00
18c. Other(rents,user charges, graphics, printing, mail, etc.)	\$403,600.00	\$0.00
18d. Total	\$1,003,623.00	\$0.00
19. Federal Staff Support 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?

N/A

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	Special Government Employee (SGE) Member
Curie, Charles	06/07/2002	04/29/2003	Ex Officio 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	Special Government Employee (SGE) Member
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 Health Policy Coordination, Dept. of Veterans 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 this committee?

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 Number of recommendations produced by this committee for the life of the committee?

19

Number of Recommendations Comments

NA

What is the approximate Percentage of these recommendations that have been or will be Fully implemented by the agency?

74%

% of Recommendations Fully Implemented Comments

NA

What is the approximate Percentage of these recommendations that have been or will be Partially implemented by the agency?

16%

% of Recommendations Partially Implemented Comments

NA

Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?

Yes No Not Applicable

Agency Feedback Comments

E-mail interaction regarding subcommittee reports(?)Participating with various former Commissioners in public presentations and other events.Reunion of Commission to provide report action agenda and introduction of new players

What other actions has the agency taken as a result of the committee's advice or recommendation?

Checked if Applies

- Reorganized Priorities
- 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?

Checked if Applies

- Contact DFO
- Online Agency Web Site
- Online Committee Web Site
- Online GSA FACA Web Site
- Publications
- Other

Access Comments

NA