



July 22, 2003

Dear Mr. President:

On April 29, 2002, you announced the creation of the New Freedom Commission on Mental Health, and declared, "Our country must make a commitment. Americans with mental illness deserve our understanding and they deserve excellent care." You charged the Commission to study the mental health service delivery system, and to make recommendations that would enable adults with serious mental illnesses and children with serious emotional disturbance to live, work, learn, and participate fully in their communities. We have completed the task. Today, we submit our final report, *Achieving the Promise: Transforming Mental Health Care in America*.

After a year of study, and after reviewing research and testimony, the Commission finds that recovery from mental illness is now a real possibility. The promise of the New Freedom Initiative—a life in the community for everyone—can be realized. Yet, for too many Americans with mental illnesses, the mental health services and supports they need remain fragmented, disconnected and often inadequate, frustrating the opportunity for recovery. Today's mental health care system is a patchwork relic—the result of disjointed reforms and policies. Instead of ready access to quality care, the system presents barriers that all too often add to the burden of mental illnesses for individuals, their families, and our communities.

The time has long passed for yet another piecemeal approach to mental health reform. Instead, the Commission recommends a fundamental transformation of the Nation's approach to mental health care. This transformation must ensure that mental health services and supports actively facilitate recovery, and build resilience to face life's challenges. Too often, today's system simply manages symptoms and accepts long-term disability. Building on the principles of the New Freedom Initiative, the recommendations we propose can improve the lives of millions of our fellow citizens now living with mental illnesses. The benefits will be felt across America in families, communities, schools, and workplaces.

The members of the Commission are gratified by your invitation to serve, are inspired by the innovative programs across America that we learned about, and are impressed by the readiness for change that we find in the mental health community. We look forward to the work ahead to make recovery from mental illness the expected outcome from a transformed system of care.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Hogan", with a long horizontal flourish extending to the right.

Michael F. Hogan, Ph.D.
Chairman, President's New Freedom Commission on Mental Health

The Commission members:

Jane Adams, Ph.D.
Rodolfo Arrendondo, Jr., Ed.D.
Patricia Carlile
Charles G. Curie, M.A., A.C.S.W.
Daniel B. Fisher, M.D., Ph.D.
Anil G. Godbole, M.D.
Henry T. Harbin, M.D.
Larke N. Huang, Ph.D.
Thomas R. Insel, M.D.
Norwood W. Knight-Richardson, M.D., M.B.A.
The Honorable Ginger Lerner-Wren
Stephen W. Mayberg, Ph.D.
Frances M. Murphy, M.D., M.P.H.
Robert H. Pasternak, Ph.D.
Robert N. Postlethwait, M.B.A.
Waltraud E. Prechter, B.A.Ed.
Dennis G. Smith
Chris Spear, B.A., M.P.A.
Nancy C. Speck, Ph.D.
The Honorable Randolph J. Townsend, M.Ed.
Deanna F. Yates, Ph.D.

The President's New Freedom Commission on Mental Health

Roster of Commissioners

Michael F. Hogan, Ph.D.

Chair

Director, Ohio Department of Mental Health
30 East Broad Street, 8th Floor
Columbus, Ohio 43215-3430

Jane Adams, Ph.D.

Executive Director
Keys for Networking, Inc.
1301 South Topeka Boulevard
Topeka, Kansas 66612

Rodolfo Arredondo, Jr., Ed.D.

Professor of Neuropsychiatry
Department of Neuropsychiatry
Southwest Institute for Addictive Diseases
Texas Tech University Health Sciences Center
3601 Fourth Street
Lubbock, Texas 79430

Patricia Carlile

Deputy Assistant Secretary, Special Needs
Programs
U.S. Department of Housing and Urban
Development
Robert C. Weaver Federal Building
451 Seventh Street, S.W.
Washington, DC 20410

Charles G. Curie, M.A., A.C.S.W.

Administrator
Substance Abuse and Mental Health
Services Administration
5600 Fishers Lane, Room 12-105
Rockville, Maryland 20857

Daniel B. Fisher, M.D., Ph.D.

Co-Director
National Empowerment Center
599 Canal Street
Lawrence, Massachusetts 01840

Anil G. Godbole, M.D.

Chairman
Advocate Illinois Masonic Medical Center
Advocate Health Care
836 West Wellington, Suite 7318
Chicago, Illinois 60657

Henry T. Harbin, M.D.

Chairman of the Board
Magellan Health Services
6950 Columbia Gateway Drive
Columbia, Maryland 21046

Larke N. Huang, Ph.D.

Director of Research
Center for Child Health and Mental Health
Policy
Georgetown University
3307 M Street, N.W., Suite 401
Washington, DC 20007

Thomas R. Insel, M.D.

Director
National Institutes of Mental Health
National Institutes of Health
6001 Executive Boulevard, Room 8235
Bethesda, Maryland 20892-9669

Norwood W. Knight-Richardson, M.D., M.B.A.
CEO, Richardson Group
Associate Professor
Oregon Health and Sciences University
11565 N.W. McDaniel Rd.
Portland Oregon 97229

The Honorable Ginger Lerner-Wren
Seventeenth Judicial Circuit
Broward County, Florida
Broward County Courthouse
201 Southeast 6th Street
Fort Lauderdale, Florida 33301

Stephen W. Mayberg, Ph.D.
Director
California Department of Mental Health
1600 Ninth Street, Room 151
Sacramento, California 95814

Frances M. Murphy, M.D., M.P.H.
Deputy Under Secretary for Health Policy
Coordination
Department of Veterans Affairs
810 Vermont Avenue, N.W., Suite 10H
Washington, DC 20420

Robert H. Pasternack, Ph.D.
Assistant Secretary for Special Education
and Rehabilitative Services
U.S. Department of Education
330 C Street, S.W.
Washington, DC 20202

Robert N. Postlethwait, M.B.A.
Consultant
7274 Hunt Club Lane
Zionsville, Indiana 46077

Claire Heffernan, J.D.
Executive Director
New Freedom Commission on Mental Health
5600 Fishers Lane, Room 13C-26
Rockville, Maryland 20857

Waltraud E. Prechter, B.A. Ed.
Chairman
Heinz C. Prechter Fund for Manic Depression
One Heritage Place, Suite 400
Southgate, Michigan 48195

Dennis G. Smith
Director
Center for Medicaid and State Operations
Center for Medicare and Medicaid Services
200 Independence Avenue, S.W.
Room 301H
Washington, D.C. 20201

Chris Spear, B.A., M.P.A.
Assistant Secretary of Labor for Policy
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

Nancy C. Speck, Ph.D.
Telehealth Consultant
University of Texas Medical Branch,
Galveston
3316 Huntington Circle
Nacogdoches, Texas 75965

The Honorable Randolph J. Townsend, M.Ed.
Nevada Senate
695 Sierra Rose Drive
Reno, Nevada 89511

Deanna F. Yates, Ph.D.
Psychologist
14815 San Pedro Avenue
San Antonio, Texas 78232

Executive Staff

H. Stanley Eichenauer, M.S.W., A.C.S.W.
Deputy Executive Director
New Freedom Commission on Mental Health
5600 Fishers Lane, Room 13C-26
Rockville, Maryland 20857

Executive Summary

VISION STATEMENT

We envision a future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports — essentials for living, working, learning, and participating fully in the community.

In February 2001, President George W. Bush announced his New Freedom Initiative to promote increased access to educational and employment opportunities for people with disabilities. The Initiative also promotes increased access to assistive and universally designed technologies and full access to community life. Not since the Americans with Disabilities Act (ADA) — the landmark legislation providing protections against discrimination — and the Supreme Court’s *Olmstead v. L.C.* decision, which affirmed the right to live in community settings, has there been cause for such promise and opportunity for full community participation for all people with disabilities, including those with psychiatric disabilities.

On April 29, 2002, the President identified three obstacles preventing Americans with mental illnesses from getting the excellent care they deserve:

- Stigma that surrounds mental illnesses,
- Unfair treatment limitations and financial requirements placed on mental health benefits in private health insurance, and
- The fragmented mental health service delivery system.

The President’s New Freedom Commission on Mental Health (called *the Commission* in this report) is a key component of the New Freedom Initiative. The President launched

the Commission to address the problems in the current mental health service delivery system that allow Americans to fall through the system's cracks.

In his charge to the Commission, the President directed its members to study the problems and gaps in the mental health system and make concrete recommendations for immediate improvements that the Federal government, State governments, local agencies, as well as public and private health care providers, can implement. Executive Order 13263 detailed the instructions to the Commission. (*See the Appendix.*)

The Commission's findings confirm that there are unmet needs and that many barriers impede care for people with mental illnesses. Mental illnesses are shockingly common; they affect almost every American family. It can happen to a child,^a a brother, a grandparent, or a co-worker. It can happen to someone from any background — African American, Alaska Native, Asian American, Hispanic American, Native American, Pacific Islander, or White American. It can occur at any stage of life, from childhood to old age. No community is unaffected by mental illnesses; no school or workplace is untouched.

In any given year, about 5% to 7% of adults have a serious mental illness, according to several nationally representative studies.¹⁻³ A similar percentage of children — about 5% to 9% — have a serious emotional disturbance. These figures mean that millions of adults and children are disabled by mental illnesses every year.^{1; 4}

President Bush said,

“... Americans must understand and send this message: mental disability is not a scandal — it is an illness. And like physical illness, it is treatable, especially when the treatment comes early.”

Over the years, science has broadened our knowledge about mental health and illnesses, showing the potential to improve the way in which mental health care is provided. The U.S. Department of Health and Human Services (HHS) released *Mental Health: A Report of the Surgeon General*,⁵ which reviewed scientific advances in our understanding of mental health and mental illnesses. However, despite substantial investments that have

^a In this *Final Report*, whenever *child* or *children* is used, it is understood that parents or guardians should be included in the process of making choices and decisions for minor children. This allows the family to provide support and guidance when developing relationships with mental health professionals, community resource representatives, teachers, and anyone else the individual or family invites. This same support and guidance can also include family members for individuals older than 18 years of age.

enormously increased the scientific knowledge base and have led to developing many effective treatments, many Americans are not benefiting from these investments.^{6,7}

Far too often, treatments and services that are based on rigorous clinical research languish for years rather than being used effectively at the earliest opportunity. For instance, according to the Institute of Medicine (IOM) report, *Crossing the Quality Chasm: A New Health System for the 21st Century*, the lag between discovering effective forms of treatment and incorporating them into routine patient care is unnecessarily long, lasting about 15 to 20 years.⁸

In its report, the Institute of Medicine described a strategy to improve the quality of health care during the coming decade, including priority areas for refinement.⁹ These documents, along with other recent publications and research findings, provide insight into the importance of mental health, particularly as it relates to overall health.

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Adults with a serious mental illness are persons age 18 and over, who currently or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-III-R (*Diagnostic and Statistical Manual for Mental Disorders*)¹⁰, that has resulted in functional impairment^b which substantially interferes with or limits one or more major life activities.

A serious emotional disturbance is defined as a mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified in the DSM-III-R that results in functional impairment that substantially interferes with or limits one or more major life activities in an individual up to 18 years of age. Examples of functional impairment that adversely affect educational performance include an inability to learn that cannot be explained by intellectual, sensory, or health factors; an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal or school problems.¹¹

^b *Functional impairment* is defined as difficulties that substantially interfere with or limit role functioning in one or more major life activities, including basic daily living skills (e.g., eating, bathing, dressing); instrumental living skills (e.g., maintaining a household, managing money, getting around the community, taking prescribed medication); and functioning in social, family, and vocational/educational contexts (Section 1912 (c) of the Public Health Services Act, as amended by Public Law 102-321).

Mental Illnesses Presents Serious Health Challenges

Mental illnesses rank first among illnesses that cause disability in the United States, Canada, and Western Europe.¹² This serious public health challenge is under-recognized as a public health burden. In addition, one of the most distressing and preventable consequences of undiagnosed, untreated, or under-treated mental illnesses is suicide. The World Health Organization (WHO) recently reported that suicide worldwide causes more deaths every year than homicide or war.¹³

In addition to the tragedy of lost lives, mental illnesses come with a devastatingly high financial cost. In the U.S., the annual economic, indirect cost of mental illnesses is estimated to be \$79 billion. Most of that amount — approximately \$63 billion — reflects the loss of productivity as a result of illnesses. But indirect costs also include almost \$12 billion in mortality costs (lost productivity resulting from premature death) and almost \$4 billion in productivity losses for incarcerated individuals and for the time of those who provide family care.¹⁴

In 1997, the latest year comparable data are available, the United States spent more than \$1 trillion on health care, including almost \$71 billion on treating mental illnesses. Mental health expenditures are predominantly publicly funded at 57%, compared to 46% of overall health care expenditures. Between 1987 and 1997, mental health spending did not keep pace with general health care because of declines in private health spending under managed care and cutbacks in hospital expenditures.¹⁵

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The Current Mental Health System Is Complex

In its *Interim Report to the President*, the Commission declared, “... the mental health delivery system is fragmented and in disarray ... lead[ing] to unnecessary and costly disability, homelessness, school failure and incarceration.” The report described the extent of unmet needs and barriers to care, including:

- Fragmentation and gaps in care for children,
- Fragmentation and gaps in care for adults with serious mental illnesses,

- High unemployment and disability for people with serious mental illnesses,
- Lack of care for older adults with mental illnesses, and
- Lack of national priority for mental health and suicide prevention.

The *Interim Report* concluded that the system is not oriented to the single most important goal of the people it serves — the hope of recovery. State-of-the-art treatments, based on decades of research, are not being transferred from research to community settings. In many communities, access to quality care is poor, resulting in wasted resources and lost opportunities for recovery. More individuals could recover from even the most serious mental illnesses if they had access in their communities to treatment and supports that are tailored to their needs.

The Commission recognizes that thousands of dedicated, caring, skilled providers staff and manage the service delivery system. The Commission does not attribute the shortcomings and failings of the contemporary system to a lack of professionalism or compassion of mental health care workers. Rather, problems derive principally from the manner in which the Nation’s community-based mental health system has evolved over the past four to five decades. In short, the Nation must replace unnecessary institutional care with efficient, effective community services that people can count on. It needs to integrate programs that are fragmented across levels of government and among many agencies.

Building on the research literature and comments from more than 2,300 consumers,^c family members, providers, administrators, researchers, government officials, and others who provided valuable insight into the way mental health care is delivered, after its yearlong study, the Commission concludes that traditional reform measures are not enough to meet the expectations of consumers and families.

To improve access to quality care and services, the Commission recommends fundamentally transforming how mental health care is delivered in America. The goals of this fundamental change are clear and align with the direction that the President established.

^c In this *Final Report*, *consumer* identifies people who use or have used mental health services (also known as mental health consumers, survivors, patients, or clients).

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The Goal of a Transformed System: Recovery

To achieve the promise of community living for everyone, new service delivery patterns and incentives must ensure that every American has easy and continuous access to the most current treatments and best support services. Advances in research, technology, and our understanding of how to treat mental illnesses provide powerful means to transform the system. In a transformed system, consumers and family members will have access to timely and accurate information that promotes learning, self-monitoring, and accountability. Health care providers will rely on up-to-date knowledge to provide optimum care for the best outcomes.

When a serious mental illness or a serious emotional disturbance is first diagnosed, the health care provider — in full partnership with consumers and families — will develop an individualized plan of care for managing the illness. This partnership of personalized care means basically choosing *who*, *what*, and *how* appropriate health care will be provided:

- Choosing which mental health care professionals are on the team,
- Sharing in decision making, and
- Having the option to agree or disagree with the treatment plan.

The highest quality of care and information will be available to consumers and families, regardless of their race, gender, ethnicity, language, age, or place of residence. Because recovery will be the common, recognized outcome of mental health services, the stigma surrounding mental illnesses will be reduced, reinforcing the hope of recovery for every individual with a mental illness.

In this *Final Report* ...

Stigma refers to a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people with mental illnesses. Stigma is widespread in the United States and other Western nations.¹ Stigma leads others to avoid living, socializing, or working with, renting to, or employing people with mental disorders – especially severe disorders, such as schizophrenia. It leads to low self-esteem, isolation, and hopelessness. It deters the public from seeking and wanting to pay for care.⁵ Responding to stigma, people with mental health problems internalize public attitudes and become so embarrassed or ashamed that they often conceal symptoms and fail to seek treatment.

As more individuals seek help and share their stories with friends and relatives, compassion will be the response, not ridicule.

Successfully transforming the mental health service delivery system rests on two principles:

- **First, services and treatments must be consumer and family centered**, geared to give consumers real and meaningful choices about treatment options and providers — not oriented to the requirements of bureaucracies.
- **Second, care must focus on increasing consumers' ability to successfully cope with life's challenges, on facilitating recovery, and on building resilience**, not just on managing symptoms.

Built around consumers' needs, the system must be seamless and convenient.

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Recovery refers to the process in which people are able to live, work, learn, and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in an individual's recovery.

Resilience means the personal and community qualities that enable us to rebound from adversity, trauma, tragedy, threats, or other stresses – and to go on with life with a sense of mastery, competence, and hope. We now understand from research that resilience is fostered by a positive childhood and includes positive individual traits, such as optimism, good problem-solving skills, and treatments. Closely-knit communities and neighborhoods are also resilient, providing supports for their members.

Transforming the system so that it will be both consumer and family centered and recovery-oriented in its care and services presents invigorating challenges. Incentives must change to encourage continuous improvement in agencies that provide care. New, relevant research findings must be systematically conveyed to front-line providers so that they can be applied to practice quickly. Innovative strategies must inform researchers of the unanswered questions of consumers, families, and providers. Research and treatment must recognize both the commonalities and the differences among Americans and must offer approaches that are sensitive to our diversity. Treatment and services that are based on proven effectiveness and consumer preference — not just on tradition or outmoded regulations — must be the basis for reimbursements.

The Nation must invest in the infrastructure to support emerging technologies and integrate them into the system of care. This new technology will enable consumers to collaborate with service providers, assume an active role in managing their illnesses, and move more quickly toward recovery.

The Commission identified the following six goals as the foundation for transforming mental health care in America. The goals are intertwined. No single step can achieve the fundamental restructuring that is needed to transform the mental health care delivery system.

GOALS

In a Transformed Mental Health System ...

GOAL 1	Americans Understand that Mental Health Is Essential to Overall Health.
GOAL 2	Mental Health Care Is Consumer and Family Driven.
GOAL 3	Disparities in Mental Health Services Are Eliminated.
GOAL 4	Early Mental Health Screening, Assessment, and Referral to Services Are Common Practice.
GOAL 5	Excellent Mental Health Care Is Delivered and Research Is Accelerated.
GOAL 6	Technology Is Used to Access Mental Health Care and Information.

Achieving these goals will transform mental health care in America.

The following section of this report gives an overview of each goal of the transformed system, as well as the Commission's recommendations for moving the Nation toward achieving it. In the remainder of this report, the Commission discusses each goal in depth, showcasing model programs to illustrate the goal in practice and providing specific recommendations needed to transform the mental health system in America.

Americans Understand that Mental Health Is Essential to Overall Health.

In a transformed mental health system, Americans will seek mental health care when they need it — with the same confidence that they seek treatment for other health problems. As a Nation, we will take action to ensure our health and well being through learning, self-monitoring, and accountability. We will continue to learn how to achieve and sustain our mental health.

The stigma that surrounds mental illnesses and seeking care for mental illnesses will be reduced or eliminated as a barrier. National education initiatives will shatter the misconceptions about mental illnesses, thus helping more Americans understand the facts and making them more willing to seek help for mental health problems. Education campaigns will also target specific audiences, including:

- Rural Americans who may have had little exposure to the mental health service system,
- Racial and ethnic minority groups who may hesitate to seek treatment in the current system, and
- People whose primary language is not English.

When people have a personal understanding of the facts, they will be less likely to stigmatize mental illnesses and more likely to seek help for mental health problems. The actions of reducing stigma, increasing awareness, and encouraging treatment will create a positive cycle that leads to a healthier population. As a Nation, we will also understand that good mental health can have a positive impact on the course of other illnesses, such as cancer, heart disease, and diabetes.

Improving services for individuals with mental illnesses will require paying close attention to how mental health care and general medical care systems work together. While mental health and physical health are clearly connected, the transformed system will provide collaborative care to bridge the gap that now exists.

Effective mental health treatments will be more readily available for most common mental disorders and will be better used in primary care settings. Primary care providers will have the necessary time, training, and resources to appropriately treat mental health

problems. Informed consumers of mental health service will learn to recognize and identify their symptoms and will seek care without the fear of being disrespected or stigmatized. Older adults, children and adolescents, individuals from ethnic minority groups, and uninsured or low-income patients who are treated in public health care settings will receive care for mental disorders.

Understanding that mental health is essential to overall health is fundamental for establishing a health system that treats mental illnesses with the same urgency as it treats physical illnesses.

The transformed mental health system will rely on multiple sources of financing with the flexibility to pay for effective mental health treatments and services. This is a basic principle for a recovery-oriented system of care.

To aid in transforming the mental health system, the Commission makes two recommendations:

- 1.1 Advance and implement a national campaign to reduce the stigma of seeking care and a national strategy for suicide prevention.
- 1.2 Address mental health with the same urgency as physical health.

In a transformed mental health system, a diagnosis of a serious mental illness or a serious emotional disturbance will set in motion a well-planned, coordinated array of services and treatments defined in a single plan of care. This detailed roadmap — a personalized, highly individualized health management program — will help lead the way to appropriate treatment and supports that are oriented toward recovery and resilience. Consumers, along with service providers, will actively participate in designing and developing the systems of care in which they are involved.

An individualized plan of care will give consumers, families of children with serious emotional disturbances, clinicians, and other providers a valid opportunity to construct and maintain meaningful, productive, and healing relationships. Opportunities for updates — based on changing needs across the stages of life and the requirement to review treatment plans regularly — will be an integral part of the approach. The plan of care will be at the core of the consumer-centered, recovery-oriented mental health system. The plan will include treatment, supports, and other assistance to enable consumers to better integrate into their communities; it will allow consumers to realize improved mental health and quality of life.

In partnership with their health care providers, consumers and families will play a larger role in managing the funding for their services, treatments, and supports. Placing financial support increasingly under the management of consumers and families will enhance their choices. By allowing funding to follow consumers, incentives will shift toward a system of learning, self-monitoring, and accountability. This program design will give people a vested economic interest in using resources wisely to obtain and sustain recovery.

The transformed system will ensure that needed resources are available to consumers and families. The burden of coordinating care will rest on the system, not on the families or consumers who are already struggling because of a serious illness. Consumers' needs and preferences will drive the types and mix of services provided, considering the gender, age, language, development, and culture of consumers.

The plan of care will be at the core of the consumer-centered, recovery-oriented mental health system.

To ensure that needed resources are available to consumers and families in the transformed system, States will develop a comprehensive mental health plan to outline responsibility for coordinating and integrating programs. The State plan will include consumers and families and will create a new partnership among the Federal, State, and local governments. The plan will address the full range of treatment and support service programs that mental health consumers and families need.

In exchange for this accountability, States will have the flexibility to combine Federal, State, and local resources in creative, innovative, and more efficient ways, overcoming the bureaucratic boundaries between health care, employment supports, housing, and the criminal justice systems.

Increased flexibility and stronger accountability will expand the choices and the array of services and supports available to attain the desired outcomes. Creative programs will be developed to respond to the needs and preferences of consumers and families, as reflected in their individualized plans of care.

Giving consumers the ability to participate fully in their communities will require a few essentials:

- Access to health care,
- Gainful employment opportunities,
- Adequate and affordable housing, and
- The assurance of not being unjustly incarcerated.

Strong leadership will need to:

- Align existing programs to deliver services effectively,
- Remove disincentives to employment (such as loss of financial benefits or having to choose between employment and health care), and
- Provide for a safe place to live.

In this transformed system, consumers' rights will be protected and enhanced. Implementing the 1999 *Olmstead v. L.C.* decision in all States will allow services to be delivered in the most integrated setting possible — services in communities rather than in institutions. And services will be readily available so that consumers no longer face unemployment, homelessness, or incarceration because of untreated mental illnesses.

No longer will parents forgo the mental health services that their children desperately need. No longer will loving, responsible American parents face the dilemma of trading custody for care. Families will remain intact. Issues of custody will be separated from issues of care.

In this transformed system, stigma and discrimination against people with mental illnesses will not have an impact on securing health care, productive employment, or safe housing. Our society will not tolerate employment discrimination against people with serious mental illnesses — in either the public or private sector.

Consumers' rights will be protected concerning the use of seclusion and restraint. Seclusion and restraint will be used only as safety interventions of last resort, not as treatment interventions. Only licensed practitioners who are specially trained and qualified to assess and monitor consumers' safety and the significant medical and behavioral risks inherent in using seclusion and restraint will be able to order these interventions.

The hope and the opportunity to regain control of their lives —often vital to recovery — will become real for consumers and families. Consumers will play a significant role in shifting the current system to a recovery-oriented one by participating in planning, evaluation, research, training, and service delivery.

To aid in transforming the mental health system, the Commission makes five recommendations:

- 2.1 Develop an individualized plan of care for every adult with a serious mental illness and child with a serious emotional disturbance.
- 2.2 Involve consumers and families fully in orienting the mental health system toward recovery.
- 2.3 Align relevant Federal programs to improve access and accountability for mental health services.
- 2.4 Create a Comprehensive State Mental Health Plan.
- 2.5 Protect and enhance the rights of people with mental illnesses.

Disparities in Mental Health Services Are Eliminated.

In a transformed mental health system, all Americans will share equally in the best available services and outcomes, regardless of race, gender, ethnicity, or geographic location. Mental health care will be highly personal, respecting and responding to individual differences and backgrounds. The workforce will include members of ethnic, cultural, and linguistic minorities who are trained and employed as mental health service providers. People who live in rural and remote geographic areas will have access to mental health professionals and other needed resources. Advances in treatments will be available in rural and less populated areas. Research and training will continuously aid clinicians in understanding how to appropriately tailor interventions to the needs of consumers, recognizing factors such as age, gender, race, culture, ethnicity, and locale.

Services will be tailored for culturally diverse populations and will provide access, enhanced quality, and positive outcomes of care. American Indians, Alaska Natives, African Americans, Asian Americans, Pacific Islanders, and Hispanic Americans will not continue to bear a disproportionately high burden of disability from mental health disorders.¹ These populations will have accessible, available mental health services. They will receive the same high quality of care that all Americans receive. To develop culturally competent treatments, services, care, and support, mental health research will include these underserved populations. In addition, providers will include individuals who share and respect the beliefs, norms, values, and patterns of communication of culturally diverse populations.

In rural and remote geographic areas, service providers will be more readily available to help create a consumer-centered system. Using such tools as videoconferencing and telehealth, advances in treatments will be brought to rural and less populated areas of the country. These technologies will be used to provide care at the same time they break down the sense of isolation often experienced by consumers.

Mental health education and training will be provided to general health care providers, emergency room staff, and first responders, such as law enforcement personnel and emergency medical technicians, to overcome the uneven geographic distribution of psychiatrists, psychologists, and psychiatric social workers.

In a transformed mental health system, all Americans will share equally in the best available services and outcomes, regardless of race, gender, ethnicity, or geographic location.

To aid in transforming the mental health system, the Commission makes two recommendations:

- 3.1 Improve access to quality care that is culturally competent.
- 3.2 Improve access to quality care in rural and geographically remote areas.

GOAL 4

Early Mental Health Screening, Assessment, and Referral to Services Are Common Practice.

In a transformed mental health system, the early detection of mental health problems in children and adults — through routine and comprehensive testing and screening — will be an expected and typical occurrence. At the first sign of difficulties, preventive interventions will be started to keep problems from escalating. For example, a child whose serious emotional disturbance is identified early will receive care, preventing the potential onset of a co-occurring substance use disorder and breaking a cycle that otherwise can lead to school failure and other problems.

Quality screening and early intervention will occur in both readily accessible, low-stigma settings, such as primary health care facilities and schools, and in settings in which a high level of risk exists for mental health problems, such as criminal justice, juvenile justice, and child welfare systems. Both children and adults will be screened for mental illnesses during their routine physical exams.

For consumers of all ages, early detection, assessment, and links with treatment and supports will help prevent mental health problems from worsening. Service providers across settings will also routinely screen for co-occurring mental illnesses and substance use disorders. Early intervention and appropriate treatment will also improve outcomes and reduce pain and suffering for children and adults who have or who are at risk for co-occurring mental and addictive disorders.

Early detection of mental disorders will result in substantially shorter and less disabling courses of impairment.

For consumers of all ages, early detection, assessment, and links with treatment and supports will help prevent mental health problems from worsening.

To aid in transforming the mental health system, the Commission makes four recommendations:

- 4.1 Promote the mental health of young children.
- 4.2 Improve and expand school mental health programs.
- 4.3 Screen for co-occurring mental and substance use disorders and link with integrated treatment strategies.
- 4.4 Screen for mental disorders in primary health care, across the lifespan, and connect to treatment and supports.

In a transformed mental health system, consistent use of evidence-based, state-of-the-art medications and psychotherapies will be standard practice throughout the mental health system. Science will inform the provision of services, and the experience of service providers will guide future research. Every time any American — whether a child or an adult, a member of a majority or a minority, from an urban or rural area — comes into contact with the mental health system, he or she will receive excellent care that is consistent with our scientific understanding of what works. That care will be delivered according to the consumer’s individualized plan.

Research has yielded important advances in our knowledge of the brain and behavior, and helped develop effective treatments and service delivery strategies for many mental disorders. In a transformed system, research will be used to develop new evidence-based practices to prevent and treat mental illnesses. These discoveries will be immediately put into practice. Americans with mental illnesses will fully benefit from the enormous increases in the scientific knowledge base and the development of many effective treatments.

Also benefiting from these developments, the workforce will be trained to use the most advanced tools for diagnosis and treatments. Translating research into practice will include adequate training for front-line providers and professionals, resulting in a workforce that is equipped to use the latest breakthroughs in modern medicine. Research discoveries will become routinely available at the community level. To realize the possibilities of advances in treatment, and ultimately in prevention or a cure, the Nation will continue to invest in research at all levels.

Knowledge about evidence-based practices (the range of treatments and services of well-documented effectiveness), as well as emerging best practices (treatments and services with a promising but less thoroughly documented evidentiary base), will be widely circulated and used in a variety of mental health specialties and in general health, school-based, and other settings. Countless people with mental illnesses will benefit from improved consumer outcomes including reduced symptoms, fewer and less severe side effects, and improved functioning. The field of mental health will be encouraged to expand its efforts to develop and test new treatments and practices, to promote awareness of and improve training in evidence-based practices, and to better finance those practices.

Research discoveries will become routinely available at the community level.

The Nation will have a more effective system to identify, disseminate, and apply proven treatments to mental health care delivery. Research and education will play critical roles in the transformed mental health system. Advanced treatments will be available and adapted to individual preferences and needs, including language and other ethnic and cultural considerations. Investments in technology will also enable both consumers and providers to find the most up-to-date resources and knowledge to provide optimum care for the best outcomes. Studies will incorporate the unique needs of cultural, ethnic, and linguistic minorities and will help ensure full access to effective treatment for all Americans.

To aid in transforming the mental health system, the Commission makes four recommendations:

- 5.1 Accelerate research to promote recovery and resilience, and ultimately to cure and prevent mental illnesses.
- 5.2 Advance evidence-based practices using dissemination and demonstration projects and create a public-private partnership to guide their implementation.
- 5.3 Improve and expand the workforce providing evidence-based mental health services and supports.
- 5.4 Develop the knowledge base in four understudied areas: mental health disparities, long-term effects of medications, trauma, and acute care.

Technology Is Used to Access Mental Health Care and Information.

In a transformed mental health system, advanced communication and information technology will empower consumers and families and will be a tool for providers to deliver the best care. Consumers and families will be able to regularly communicate with the agencies and personnel that deliver treatment and support services and that are accountable for achieving the goals outlined in the individual plan of care. Information about illnesses, effective treatments, and the services in their community will be readily available to consumers and families.

Access to information will foster continuous, caring relationships between consumers and providers by providing a medical history, allowing for self-management of care, and electronically linking multiple service systems. Providers will access expert systems that bring to bear the most recent breakthroughs and studies of optimal outcomes to facilitate the best care options. Having agreed to use the same health messaging standards, pharmaceutical codes, imaging standards, and laboratory test names, the Nation's health system will be much closer to speaking a common language and providing superior patient care. Informed consumers and providers will result in better outcomes and will more efficiently use resources.

Electronic health records can improve quality by promoting adoption and adherence to evidence-based practices through inclusion of clinical reminders, clinical practice guidelines, tools for clinical decision support, computer order entry, and patient safety alert systems. For example, prescription medications being taken or specific drug allergies would be known, which could prevent serious injury or death resulting from drug interactions, excessive dosages or allergic reactions.

Access to care will be improved in many underserved rural and urban communities by using health technology, telemedicine care, and consultations. Health technology and telehealth will offer a powerful means to improve access to mental health care in underserved, rural, and remote areas. The privacy of personal health information — especially in the case of mental illnesses — will be strongly protected and controlled by consumers and families. With appropriate privacy protection, electronic records will enable essential medical and mental health information to be shared across the public and private sectors.

Reimbursements will become flexible enough to allow implementing evidence-based practices and coordinating both traditional clinical care and e-health visits. In both the public and private sectors, policies will change to support these innovative approaches.

The privacy of personal health information – especially in the case of mental illnesses – will be strongly protected and controlled by consumers and families.

An integrated information technology and communications infrastructure will be critical to achieving the five preceding goals and transforming mental health care in America. To address this technological need in the mental health care system, this goal envisions two critical technological components:

- A robust telehealth system to improve access to care, and
- An integrated health records system and a personal health information system for providers and patients.

To aid in transforming the mental health system, the Commission makes two recommendations:

- 6.1 Use health technology and telehealth to improve access and coordination of mental health care, especially for Americans in remote areas or in underserved populations.
- 6.2 Develop and implement integrated electronic health record and personal health information systems.

Preventing mental illnesses remains a promise of the future. Granted, the best option is to avoid or delay the onset of any illness, but the Executive Order directed the Commission to conduct a comprehensive study of the delivery of mental health services. The Commission recognizes that it is better to prevent an illness than to treat it, but unmet needs and barriers to services must first be identified to reach the millions of Americans with existing mental illnesses who are deterred from seeking help. The barriers may exist for a variety of reasons:

- Stigma,
- Fragmented services,
- Cost,
- Workforce shortages,
- Unavailable services, and
- Not knowing where or how to get care.

These barriers are all discussed in this report.

The Commission — aware of all the limitations on resources — examined realigning Federal financing with a keen awareness of the constraints. As such, the policies and improvements recommended in this *Final Report* reflect policy and program changes that make the most of existing resources by increasing cost effectiveness and reducing unnecessary and burdensome regulatory barriers, coupled with a strong measure of accountability. A transformed mental health system will more wisely invest resources to provide optimal care while making the best use of limited resources.

The process of transforming mental health care in America drives the system toward a delivery structure that will give consumers broader discretion in how care decisions are made. This shift will give consumers more confidence to require that care be sensitive to their needs, that the best available treatments and supports be available, and that demonstrably effective technologies be widely replicated in different settings. This confidence will then enhance cooperative relationships with mental health care professionals who share the hope of recovery.

GOALS AND RECOMMENDATIONS

In a Transformed Mental Health System ...

GOAL 1	Americans Understand that Mental Health Is Essential to Overall Health.	
	RECOMMENDATIONS	<p>1.1 Advance and implement a national campaign to reduce the stigma of seeking care and a national strategy for suicide prevention.</p> <p>1.2 Address mental health with the same urgency as physical health.</p>
GOAL 2	Mental Health Care Is Consumer and Family Driven.	
	RECOMMENDATIONS	<p>2.1 Develop an individualized plan of care for every adult with a serious mental illness and child with a serious emotional disturbance.</p> <p>2.2 Involve consumers and families fully in orienting the mental health system toward recovery.</p> <p>2.3 Align relevant Federal programs to improve access and accountability for mental health services.</p> <p>2.4 Create a Comprehensive State Mental Health Plan.</p> <p>2.5 Protect and enhance the rights of people with mental illnesses.</p>
GOAL 3	Disparities in Mental Health Services Are Eliminated.	
	RECOMMENDATIONS	<p>3.1 Improve access to quality care that is culturally competent.</p> <p>3.2 Improve access to quality care in rural and geographically remote areas.</p>

GOAL 4	Early Mental Health Screening, Assessment, and Referral to Services Are Common Practice.	
	RECOMMENDATIONS	<p>4.1 Promote the mental health of young children.</p> <p>4.2 Improve and expand school mental health programs.</p> <p>4.3 Screen for co-occurring mental and substance use disorders and link with integrated treatment strategies.</p> <p>4.4 Screen for mental disorders in primary health care, across the life span, and connect to treatment and supports.</p>
GOAL 5	Excellent Mental Health Care Is Delivered and Research Is Accelerated.	
	RECOMMENDATIONS	<p>5.1 Accelerate research to promote recovery and resilience, and ultimately to cure and prevent mental illnesses.</p> <p>5.2 Advance evidence-based practices using dissemination and demonstration projects and create a public-private partnership to guide their implementation.</p> <p>5.3 Improve and expand the workforce providing evidence-based mental health services and supports.</p> <p>5.4 Develop the knowledge base in four understudied areas: mental health disparities, long-term effects of medications, trauma, and acute care.</p>
GOAL 6	Technology Is Used to Access Mental Health Care and Information.	
	RECOMMENDATIONS	<p>6.1 Use health technology and telehealth to improve access and coordination of mental health care, especially for Americans in remote areas or in underserved populations.</p> <p>6.2 Develop and implement integrated electronic health record and personal health information systems.</p>

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PRESIDENTIAL DOCUMENTS

Title 3 -- Executive Order 13263 of April 29, 2002**The President President's New Freedom Commission on Mental Health**

By the authority vested in me as President by the Constitution and the laws of the United States of America, and to improve America's mental health service delivery system for individuals with serious mental illness and children with serious emotional disturbances, it is hereby ordered as follows:

Section 1. *Establishment.* There is hereby established the President's New Freedom Commission on Mental Health (Commission).

Sec. 2. *Membership.* (a) The Commission's membership shall be composed of:

(i) Not more than fifteen members appointed by the President, including providers, payers, administrators, and consumers of mental health services and family members of consumers; and

(ii) 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.

(b) The President shall designate a Chair from among the fifteen members of the Commission appointed by the President.

Sec. 3. *Mission.* The mission of the Commission shall be to conduct a comprehensive study of the United States mental health service delivery system, including public and private

sector providers, and to advise the President on methods of improving the system. The Commission's goal shall be to recommend improvements to enable adults with serious mental illness and children with serious emotional disturbances to live, work, learn, and participate fully in their communities. In carrying out its mission, the Commission shall, at a minimum:

(a) Review the current quality and effectiveness of public and private providers and Federal, State, and local government involvement in the delivery of services to individuals with serious mental illnesses and children with serious emotional disturbances, and identify unmet needs and barriers to services.

(b) Identify innovative mental health treatments, services, and technologies that are demonstrably effective and can be widely replicated in different settings.

(c) Formulate policy options that could be implemented by public and private providers, and Federal, State, and local governments to integrate the use of effective treatments and services, improve coordination among service providers, and improve community integration for adults with serious mental illnesses and children with serious emotional disturbances.

Sec. 4. Principles. In conducting its mission, the Commission shall adhere to the following principles:

(a) The Commission shall focus on 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;

(b) The Commission shall focus on community-level models of care that efficiently coordinate the multiple health and human service providers and public and private payers involved in mental health treatment and delivery of services;

(c) The Commission shall focus on those policies that maximize the utility of existing resources by increasing cost effectiveness and reducing unnecessary and burdensome regulatory barriers;

(d) The Commission shall consider how mental health research findings can be used most effectively to influence the delivery of services; and

(e) The Commission shall follow the principles of Federalism, and ensure that its recommendations promote innovation, flexibility, and accountability at all levels of government and respect the constitutional role of the States and Indian tribes.

Sec. 5. Administration. (a) The Department of Health and Human Services, to the extent permitted by law, shall provide funding and administrative support for the Commission.

(b) To the extent funds are available and as authorized by law for persons serving intermittently in Government service (5 U.S.C. 5701-5707), members of the Commission appointed from among private citizens of the United States may be allowed travel expenses while engaged in the work of the Commission, including per diem in lieu of subsistence. All members of the Commission who are officers or employees of the United States shall serve without compensation in addition to that received for their services as officers or employees of the United States.

(c) The Commission shall have a staff headed by an Executive Director, who shall be selected by the President. To the extent permitted by law, office space, analytical support, and additional staff support for the Commission shall be provided by executive branch departments and agencies.

(d) Insofar as the Federal Advisory Committee Act, as amended, may apply to the Commission, any functions of the President under that Act, except for those in section 6 of that Act, shall be performed by the Department of Health and Human Services, in

accordance with the guidelines that have been issued by the Administrator of General Services.

Sec. 6. *Reports.* The Commission shall submit reports to the President as follows:

(a) Interim Report. Within 6 months from the date of this order, an interim report shall describe the extent of unmet needs and barriers to care within the mental health system and provide examples of community-based care models with success in coordination of services and providing desired outcomes.

(b) Final Report. The final report will set forth the Commission's recommendations, in accordance with its mission as stated in section 3 of this order. The submission date shall be determined by the Chair in consultation with the President.

Sec. 7. *Termination.* The Commission shall terminate 1 year from the date of this order, unless extended by the President prior to that date.

George W. Bush
The White House,
April 29, 2002.

Acknowledgments

The Commission deeply appreciates the more than 2,300 persons who shared comments, personal stories, and recommendations through its web site, at public hearings, and in letters and e-mails. Their insightful and heartfelt comments have strengthened and helped shape the work of the President's New Freedom Commission on Mental Health.

Many people assisted the President's New Freedom Commission on Mental Health with its work. The Commission acknowledges the following individuals for their important contributions:

Executive staff

Claire Heffernan, J.D., Executive Director

James Finley, M.A., Policy Analyst

H. Stanley Eichenauer, M.S.W.,
A.C.S.W., Deputy Executive Director

Kevin Hennessey, Ph.D., Senior Policy
Advisor

Patty DiToto, Administrative Assistant

Ann Jacob Smith, M.S., NCC, LPC,
Policy Advisor

Dawn Foti Levinson, M.S.W., Policy
Advisor

Elaine Viccora, L.C.S.W., Senior Policy
Advisor

Substance Abuse and Mental Health Services Administration (SAMHSA)

Gail Hutchings, M.P.A., Acting Director,
Center for Mental Health Services, and
Senior Advisor to the Administrator,
SAMHSA

Mark Weber, M.B.A., Associate
Administrator for Communications,
SAMHSA

Jeffrey Buck, Ph.D., Associate Director
for Organization and Financing, Center for
Mental Health Services

Kana Enomoto, M.A., Special Assistant to
the Director, Center for Mental Health
Services

Sybil Goldman, M.S.W., Senior Advisor
on Children, Office of the Administrator

Michael Malden, Public Health Advisor,
Center for Mental Health Services

Ronald Manderscheid, M.D., Chief, Survey
and Analysis Branch, Center for Mental
Health Services

Barbara McGrath, Administrative Officer,
Office of Program Services, Division of
Administrative Services

Rich Morey, Webmaster, Division of
Information Resources Management

Renee Perthuis, Department of Health and
Human Services, Washington, DC

Susette Rego, Web Team Leader, Division
of Information Resources Management

Eleanor Vincent, M.P.A., Manager,
Andrea Adams and Andre McCabe,
Mental Health Information Center,
SAMHSA

Expert consultants advising the Commission's subcommittees

Steve Adelsheim, M.D., *Children and
Families*, New Mexico Department of
Health, Albuquerque, NM

Lynn Aronson, *Housing and
Homelessness*, Goleta, CA

Stephen J. Bartels, M.D., *Older Adults*,
Associate Professor of Psychiatry,
Dartmouth Medical School, Lebanon, NH

Eric Caine, M.D., *Suicide Prevention*,
John Romano Professor and Chair,
Department of Psychiatry, University of
Rochester Medical Center, Rochester, NY

Jean Campbell, Ph.D., *Consumer Issues*,
Research Assistant Professor, Missouri
Institute of Mental Health, St. Louis, MO

Judith Cook, Ph.D., *Employment and
Income Supports*, Professor and Principal
Investigator, University of Illinois at
Chicago, Chicago, IL

King Davis, Ph.D., *Cultural Competence
and Children and Families*, Professor,
University of Texas, Austin, TX

Miriam R. Davis, Ph.D., *Interim Report
and Final Report*, Medical Writer and
Consultant (LLC), Silver Spring, MD

Stephen Day, *Medicaid*, Executive
Director, Technical Assistance
Collaborative, Inc., Boston, MA

Richard Frank, Ph.D., *Medication*,
Professor, Department of Health Care

Policy, Harvard Medical School, Boston, MA

Bob Friedman, Ph.D. *Children and Families*, Professor and Chair, Department of Child and Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa, FL

Barbara Friesen, Ph.D., *Children and Families*, Director, Research and Training Center on Family Support and Children's Mental Health, Portland State University, Portland, OR

Howard Goldman, M.D., Ph.D., *Evidence-Based Practices/Medication*, Professor, Department of Psychiatry, University of Maryland School of Medicine, Baltimore, MD

Rachel Guerrero, L.C.S.W., *Children and Families*, Chief, Office of Multicultural Services, State Department Mental Health, Sacramento, CA

Pamela Hyde, J.D., *Medicaid*, Senior Consultant, Technical Assistance Collaborative, Santa Fe, NM

Ethleen Iron Cloud-Two Dogs, *Cultural Competence*, Program Director, Oglala Sioux Tribe, Porcupine, SD

Kerry Knox, Ph.D. *Suicide Prevention (assisting Eric Caine)*, Department of Psychiatry, University of Rochester Medical Center, Rochester, NY

Col. David Litts, M.D., *Suicide Prevention*, Associate Director for Suicide

Prevention Resource Center, Washington, DC

Ruby J. Martinez, Ph.D., *Cultural Competence*, Assistant Professor, School of Nursing, University of Colorado Health Sciences, Denver, CO

Kenneth Minkoff, M.D., *Co-occurring Disorders*, Director of Integrated Psychiatric and Addiction Services for Arbour Health System, Medical Director of Choate Health Management Care, and Assistant Clinical Professor of Psychiatry at Harvard, Boston, MA

Dennis Mohatt, M.A., *Rural Issues*, Senior Program Director, Mental Health Program, Western Interstate Commission for Higher Education, Boulder, CO

John T. Monahan, Ph.D., *Rights and Engagement*, Professor, University of Virginia, Institute of Law, Psychiatry, and Public Policy, Charlottesville, VA

Pat Mrazek, Ph.D., M.S.W., *Children and Families*, Mental Health Policy Consultant, Rochester, MN

Sheila Pires, M.P.A., *Children and Families*, Partner, Human Service Collaborative, Washington, DC

Ann O'Hara, *Housing and Homelessness*, Associate Director, Technical Assistance Collaborative, Boston, MA

Steven P. Shon, M.D., *Cultural Competence*, Medical Director, Texas Department of Mental Health and Mental Retardation, Austin, TX

Henry Steadman, Ph.D., *Criminal Justice*,
President, Policy Research Associates,
Inc., Delmar, NY

Susan Stefan, J.D., *Rights and
Engagement*, Attorney, Center for Public
Representation, Newton, MA

Beth Stroul, M.Ed., *Children and
Families*, Vice President, Management
and Training Innovations, Inc., McLean,
VA

Jurgen Unutzer, M.D., M.P.H., *Mental
Health Interface with General Medicine*,
Principle Investigator and Director,
IMPACT Study Coordinating Center,
Health Services Research Center, UCLA
Neuropsychiatric Institute, Los Angeles,
CA

Doug Ziedonis, M.D., M.P.H., *Co-
occurring Disorders*, Associate Professor,
Department of Psychiatry, UMDNJ -
Robert Wood Johnson Medical School,
Piscataway, NJ

Research and technical support

Garrett Moran, Ph.D., Associate Area
Director, Westat, Rockville, MD

Susan Azrin, Ph.D., Senior Study
Director, Westat, Rockville, MD

Miriam Davis, Ph.D., Medical Writer and
Consultant, Silver Spring, MD

Howard Goldman, M.D., Ph.D., Professor,
Department of Psychiatry, University of
Maryland School of Medicine, Baltimore,
MD

Carolyn Boccella Bagin, M.Ed., Center
for Clear Communication, Inc., Rockville,
MD

