

**AACP POSITION STATEMENT
FOR
THE PRESIDENT'S NEW FREEDOM COMMISSION**

The American Association of Community Psychiatrists (AACP) is an organization dedicated to the principle that services for individuals with mental illness must be planned and delivered in the context of real world community systems, with attention to the needs of the population as a whole, and with specific priority given to those individuals and families with the most severe illnesses, the most complex problems, and the least ability to pay for services.

Consequently, we are strongly supportive of the mandate of the President's New Freedom Commission to look at the needs of persons with mental illness from the perspective of the service system, and to make recommendations to the President on strategies to address system level inequities and inefficiencies that create significant barriers to proper treatment. We would like to offer our assistance in any way we can.

This position statement is intended to identify major issues which need to be addressed by policy directive. In most instances, each issue we identify is accompanied by a position paper that we have already developed, consistent with our longstanding advocacy efforts within organized psychiatry and within public behavioral health delivery systems. We hope you find these helpful, and we welcome your feedback or questions.

1. **This nation needs a comprehensive national plan for the delivery of mental health services to its population, a plan that ensures appropriate access to effective treatment regardless of state, insurance status, income level, cultural background, population density (rural vs. urban), type of diagnosis, involvement of other service systems, or level of disability.** This plan must require that each state ensure minimum levels of service, which is culturally competent, to all residents of that state, regardless of funding stream, as well as adequate levels of effective best practice treatment to those individuals identified as having serious and persistent mental illnesses. Medicaid waiver policies to expand access must not do so by reducing benefits to persons with seriously mentally illnesses below a level needed to provide necessary services according to best practice standards.
2. **Persons with SPMI require services that meet best practice standards of access, psychopharmacology, outreach, housing, rehabilitation, and recovery.** We support the Principles of Treatment for SPMI articulated by the APA (See attached.)
3. **Persons with mental illness have co-occurring substance use disorders with sufficient frequency that it is an expectation that the system of care should be designed to provide welcoming, accessible, integrated, continuous, and comprehensive services to this population.** (See attached position statements)

4. **Persons with mental illness have high prevalence of co-occurring medical problems, and frequently present in primary health care settings. Consequently, the system of care must incorporate specific mechanisms to promote effective collaboration between primary health care and behavioral health care providers and settings. (See attached position statement).**
5. **Persons with serious mental illness deserve to participate in recovery-oriented treatment services and systems that promote access to rehabilitative services as an integral part of treatment. (See attached position statements.)**
6. **Persons with mental illness and substance disorders are highly prevalent in criminal justice settings. There should be adequate policy direction to ensure that adequate services are provided within those settings, as well as adequate linkage to the community both to promote diversion from incarceration, and to promote successful community tenure after release. (See attached position statements)**
7. **Persons with mental illness require access to the full range of effective psychopharmacologic best practice interventions, regardless of payment source. (See attached position statement on formulary management)**
8. **Persons with mental illness must be treated in systems that have formal empowered medical leadership to ensure that clinical values balance fiscal and administrative concerns. (See attached position statement.)**
9. **Persons with mental illness require active and timely level of care assessments and seamless continuity of care as they move through multiple programs and levels of care in complex delivery systems. The system must address this issue through formal policy directives and quality management initiatives. (See attached position statements.)**
10. **Persons with mental illness must be served in systems and settings that demonstrate principles of quality management and accountability to consumers and stakeholders for meeting the above standards. (See attached position statements)**

We are hopeful that these ten items, and the accompanying position statements, will assist the Commission in developing their recommendations to the President. We believe our recommendations are both consistent with and add substance to those from other public sector oriented mental health provider and advocacy organizations. We are very committed to the values that the Commission represents, and we welcome any further opportunity to be of assistance.