

Recommended Executive Actions for May's Mental Health Awareness Month

As President Biden said during his March 12, 2021 address, finding the light in the darkness is the most American thing we do. The COVID-19 pandemic has exacerbated our nation's mental health crisis, putting our fellow Americans deeply in the darkness, with one-third of adults and half of youth experiencing anxiety and depression. As we work to build back better, the only way that we will find the light will be by reaching into the darkness and pulling each other out together, as one nation, as one people.

For far too long Americans have lived with a patchwork system of mental health¹ care, which has been made worse by underlying stigma and ingrained barriers that make it difficult, if not impossible, to find timely help. From lack of awareness to limited prevention to financial and logistical hurdles to receiving care, our nation's mental health system lacks the capacity to meet the current needs of our community - and these inadequacies will only exacerbate existing disparities, especially for communities of color. Now, however, as we build our nation back better, we have an opportunity to create a mental health care system that the American people need and to do it in a way that promotes whole health and well-being for *every* American.

The White House has an extraordinary opportunity to continue its leadership in building back better, by taking the following steps to build a better mental health care system by:

1. Enacting an Executive Order Establishing a White House Mental Health Policy Council,
2. Enacting an Executive Order Establishing a Task Force on Youth Mental Health,
3. Review agency rules and regulations on access to mental health and substance use disorder services, and
4. Create an Office of Children, to improve the mental well-being of our nation's children.

I. Executive Order on Establishment of the White House Mental Health Policy Council

Purpose: To establish a White House Mental Health Policy Council to build a better mental health system, work proactively towards a thriving nation of well-being, and to address historic inequities.

Policy Areas to Address:

- A) Integrate mental health care where people are – in their homes, primary care settings, and in the community;
- B) Ensure COVID-19 efforts, including testing, tracing, and treating, also includes information and screening for mental health;
- C) Create a focus on prevention and well-being, including mental health and addiction literacy, social and emotional learning, and practices that support mental wellness;
- D) Increase data collection and research to address all aspects of mental health including race and gender and other inequities, awareness, prevention, early intervention, treatment, recovery, and addressing comorbid mental health, substance use, and physical conditions;
- E) Examine payment and policy barriers that limit access to or discourage the provision of mental health care;

¹ The term “mental health” includes a broad range of conditions, including substance use disorders, eating disorders, and autism spectrum disorder.

- F) Expand and embed mental health expertise throughout federal departments and agencies, including those with programming that may contain social determinants of or create risk factors for people's mental health;
- G) Develop processes, programs, and payments that value the voices of people with lived experience, promote empowerment, and increase peer support;
- H) Ensure that the full continuum of mental health care services, including crisis services, team-based services, and all levels of care in nonprofit clinical specialty associations' level of care guidelines, are covered by public and private payers;
- I) Enforce the Mental Health Parity and Addiction Equity Act (MHPAEA) and ensure generally accepted standards of care govern decisions to authorize mental health care;
- J) Review tele-mental health, state licensure, and broadband barriers to ensure expanded access continues after the COVID-19 pandemic;
- K) Review rules and regulations that reflect or promote disparities in coverage or access to mental health care and long-term care and supports compared to care for other chronic or disabling conditions;
- L) Review rules and regulations that promote disparities in employment and housing for people with serious mental illness;
- M) Build a diverse mental health workforce that is adequate to meet demand and reflects the American people; and
- N) Coordinate the effective implementation of a new nationwide crisis response system that will ensure that all Americans get timely, compassionate help when they need it most.

Functions:

- 1) Within 180 days, develop and submit to the President a government-wide national strategy for bridging the gaps in mental health awareness, prevention, and care for all mental illnesses.
- 2) After the strategy has been submitted to the President, the heads of agencies shall review agency rules and regulations that harm access to mental health care and elements within the national strategy.
- 3) Coordinate a comprehensive interagency response to mental health at home, in primary care settings, at work, and in the community, including awareness, prevention, intervention, treatment, and recovery.

Membership:

The Council shall be co-chaired by the Secretary of Health and Human Services (HHS) and the White House Domestic Policy Council/Office of the Vice President, and membership shall include:

- Department of Health and Human Services (HHS) and relevant agencies including:
 - 1. Administration for Children and Families
 - 2. Administration for Community Living
 - 3. Agency for Health Research and Quality
 - 4. Center for Consumer Information and Insurance Oversight
 - 5. Centers for Disease Control and Prevention
 - 6. Centers for Medicare & Medicaid Services
 - 7. Health Resources and Services Administration
 - 8. Food and Drug Administration
 - 9. Indian Health Service
 - 10. Office of the Assistant Secretary for Planning and Evaluation
 - 11. Office of Minority Health
 - 12. Office of Women's Health

13. National Institutes of Health, including National Institute on Mental Health

14. Substance Abuse and Mental Health Services Administration

- Department of Education (DOE)
- Veterans Affairs (VA), including:
 1. Veterans' Health Administration
- Department of the Interior, including:
 1. Bureau of Indian Affairs
- Department of Labor (DOL), including:
 1. Employee Benefits Services Administration
- Department of Justice (DOJ), including:
 1. Office of Justice Programs
 2. Community Oriented Policing Services
 3. Office of Violence Against Women
- Department of Defense (DOD), including:
 1. Defense Health Agency
 2. U.S. Army's Congressional Directed Medical Research Program
- United States Department of Agriculture (USDA), including:
 1. Food and Nutrition Service
- Housing and Urban Development (HUD), including:
 1. Office of Special Needs Assistance Programs

The Council shall, consistent with applicable law, conduct outreach with and consider ways to increase coordination, communication, and engagement with representatives of a diverse range of individuals and organizations providing health, mental health, substance use, and housing services; State, local, Tribal and territorial government officials; individuals and organizations representing the intersection of behavioral health and hospitals, emergency departments, and emergency response systems, law enforcement and juvenile justice, and child welfare; and other interested persons who can inform the Council's work. The Council shall place a priority on outreach and engagement with people with lived experience of mental health and substance use conditions, families and other supporters, and patient advocacy organizations, and shall ensure representation across the life span, including youth and young adults.

II. Executive Order Establishing an Interagency Taskforce to Meet the Mental Health Needs of Children and Youth in K-12 Education

As students return to classrooms after a year of remote learning and social isolation, we must focus on scaling up prevention and early intervention efforts in K-12 schools. Even before the pandemic, increasing rates of anxiety, depression, suicide, and disparities in access to services were concerning. In 2018, suicide was the second leading cause of death for ages 12-18 and college-age youth, and the trajectory has only become worse over the pandemic. In 2020, there was a 24 percent increase in emergency room visits for mental health reasons for children ages 5 through 11, and more than a 30 percent increase for those between 12 and 17 years old. Schools are a critical environment for promoting the mental health of all students and identifying and supporting students experiencing mental health concerns. Of those receiving mental health services, students of color disproportionately receive services only at school. Our goal is to ensure all schools in the United States have comprehensive school mental health systems (CSMHS) that provide a full array of supports and services for students, teachers, and staff that promote positive school climate, social emotional learning, and mental health and well-being, while reducing the impact and severity of lifelong mental health and substance use disorders.

The interagency task force will produce a plan that:

1. Identifies and coordinates federal programs that can facilitate states and political subdivisions of states such as State Educational Agencies (SEAs), and Local Education Agencies (LEAs) in implementing the following elements for comprehensive school mental health systems:
 - Organizational and individual strategies to promote educator well-being.
 - Mental health literacy for K-12 staff and students, including knowledge of obtaining and sustaining positive mental health, understanding mental illness and substance use, and promoting help-seeking.
 - Integration of social emotional learning into the K-12 curricula to promote self-awareness, self-management, responsible decision-making, relationship skills, and social awareness.
 - Assessing and engaging in continuous improvement toward positive school climate.
 - Conducting regular student well-being check-ins to assess subjective well-being, mental health, connectedness, and supports.
 - Hiring, retaining, and offering ongoing professional development to a full complement of student support professionals, school psychologists, school social workers, school counselors, and other mental health and substance use disorder health professionals.
 - Establishing formal partnerships (e.g., memoranda of understanding) with community mental health providers to offer on-site school mental health and substance use disorder services and supports and to facilitate referrals and coordination of community-based mental health services.
 - Offering multi-tiered mental health supports and services to promote students' academic, social, and psychological development.
2. Develops adequate national and state technical assistance and implementation support infrastructure.
3. Provides guidelines on how schools and districts can prioritize equity, diversity, and inclusion in their mental health programs and policies.
4. Identifies and addresses barriers to paying for school-based and school-linked mental health through Medicaid, CHIP, commercial, IHS, and TRICARE plans.
5. Addresses immediate and long-term solutions to workforce shortages related to providing mental health care for children and youth, including pipeline development and training for school-based mental health professionals.
6. Initiates a public awareness campaign on the value and elements of Comprehensive School Mental Health Systems.
7. Outlines pathways/programs that can be leveraged for increased access and affordability.
8. Develops processes to ensure youth, family/caregiver participation and voices in all programs and the role of youth empowerment and peer support.
9. Mandates the integration of CSMHS priorities and metrics across agency programs.
10. Provides clear roles and asks for local decision makers.

Membership:

The task force shall be co-chaired by the Secretary of Health and Human Services (HHS) and the White House Domestic Policy Council and membership shall include:

- Office of the First Lady
- Office of Management and Budget
- Department of Health and Human Services (HHS), and relevant agencies including:
 1. Administration for Children and Families
 2. Agency for Health Research and Quality
 3. Centers for Disease Control and Prevention
 4. Centers for Medicare & Medicaid Services

5. Center for Consumer Information and Insurance Oversight
6. Office of the Assistant Secretary for Planning and Evaluation
7. National Institutes of Health, including National Institute on Mental Health
8. Substance Abuse and Mental Health Services Administration
 - Mental Health Technology Transfer Center Network (MHTTC)
- Department of Labor (DOL), including:
 1. Employee Benefits Services Administration
- Department of Education (DOE)
 1. Office of Elementary and Secondary Education
 2. Office of Migrant Education
 3. Office of Safe and Healthy Students
 4. Student Achievement and School Accountability Programs
 5. Office of Innovation and Improvement
- Department of Justice (DOJ), including:
 1. Office of Justice Programs
- Housing and Urban Development (HUD), including:
 1. Office of Special Needs Assistance Programs
- Academic/Research Institutions
 1. National Center for School Mental Health
- Mental health organizations dedicated to early intervention and prevention, and organizations representing children and youth affected by mental illness, families and caregivers, and treatment providers.

Functions:

1. Within 180 days, develop and submit to the President an interagency strategy for facilitating comprehensive school mental health systems in LEAs across the country.
2. Coordinate a comprehensive interagency response to school mental health.

III. Review of Rules and Regulations Relating to Access to Mental Health Care

Directs relevant agencies (HHS, DOL, IRS, DOD) to review rules and regulations related to health plan coverage and access to mental health and substance use disorder care to address actions of the past administration and recent court cases addressing issues related to:

- Short-Term, Limited Duration plans - The Department of Health and Human Services will review regulations that expanded short-term, limited duration plans and consider the impact on coverage of mental health and addiction services.
- Network adequacy - Agencies will review all network adequacy provisions across HHS regulated plans to bring consistency and promote parity of access to mental health and addiction services.
- Parity compliance - Agencies will review current capacity and staffing for parity enforcement activities and ensure a strong and coordinated enforcement program.
- Medical necessity criteria - Agencies will review current policies, regulations, and guidance to ensure that flawed medical necessity criteria that are inconsistent with Generally Accepted Standards of Mental Health and Substance Use Disorder Care are not being used by payers to wrongly deny needed treatment or not comply with the Federal Parity Act.

IV. Creation of an Office of Children

We support the request to the Administration to create an Office of Children. If this office is created, the EO setting forth the office should include a clear focus on mental health, citing the increase in mental health, addiction and suicide in youth and focusing on efforts to improve access in pediatric care, schools, and communities. The Office should have a focus on prevention, including mental health literacy, social and emotional learning, and practices to promote mental health and well-being, including peer-to-peer efforts. Additional issues for guidance and technical assistance include data sharing across sectors and pooling/bundling/braiding funding from federal programs, as well as expanding the child and adolescent mental health workforce. We strongly recommend that the Office create opportunities for stakeholder outreach and engagement, especially of youth with diverse perspectives.