June 6, 1999

WHITE HOUSE CONFERENCE ON MENTAL HEALTH:
WORKING FOR A HEALTHIER AMERICA

DATE:	June 7, 1999
LOCATION:	Blackburn Auditorium Howard University
BRIEFING TIME:	11:35am – 11:50am
EVENT TIME:	12:30pm – 1:50pm
FROM:	Bruce Reed, Audrey Tayse-Haynes, Marsha Scott

I. PURPOSE

To bring together a broad coalition of consumers, providers, advocacy groups, business leaders, state, local, and national elected officials, and leaders in the mental health research and pharmacology, service delivery and insurance coverage – as well as communities across the country through over 1,000 satellite sites – to increase awareness on issues surrounding mental illness and its impact on people of all ages.

II. BACKGROUND

Today, at the first-ever White House Conference on Mental Health, chaired by your Mental Health Advisor Tipper Gore, the Clinton/Gore Administration will unveil unprecedented measures to improve mental health. "We are taking new steps to breakdown the myths and misperceptions of mental illness and to encourage and enable Americans to get the care they need," said Tipper Gore. The Administration's proposals provide parity, improve treatment, bolster research, and expand community responses to help those with mental illnesses. Highlights of these initiatives include:

- **Ensuring that the Federal Employees Health Benefits Plan (FEHBP) -- the nation's largest private insurer - implements full mental health and substance abuse parity.** Today, the Office of Personnel Management is sending a letter to the 285 participating health plans informing them that starting next year they will have to offer full mental health and substance abuse parity to participate in the program. This step will provide full parity for nine million beneficiaries by next year and ensure that the Federal government leads the way to providing parity. The Department of Labor is also launching a new outreach campaign to inform Americans about their rights under the Mental Health Parity

Act of 1996.

- **Launching national school safety training program for teachers and education personnel.** You will announce a major nationwide public/private partnership between the National Education Association (NEA), EchoStar, and other partners to improve school safety. The partnership, which includes the Departments of Education, Justice, and Health and Human Services, will create and run a comprehensive program that will be available at the beginning of the new school year with the goal of reaching every school across the country and providing training to teachers, school personnel, and community members on how to improve school safety.

- **Accelerating progress in research.** In July, National Institute of Mental Health (NIMH) will launch a $7.3 million landmark study to determine the nature of mental illness and treatment nationwide and to help guide strategies and policy for the next century. This new study will collect information on mental illness, including the prevalence and duration of mental illness as well as the types of treatment that are most commonly used. NIMH also will announce the launch of two new clinical trials, investing a total of $61 million, to build on effective treatments for those affected by mental illness.

- **Encouraging states to offer more coordinated Medicaid services for people with mental illness.** Millions of Americans with severe mental illness rely on Medicaid to pay for their health care. To encourage states to make the most effective services available, the Health Care Financing Administration (HCFA) will advise all state Medicaid directors that: (1) Medicaid will reimburse for services provided in Assertive Community Treatment (ACT) programs targeting people with the most severe and persistent mental illness; (2) Medicaid recipients all have access to medications approved by FDA for the treatment of serious mental illnesses; and (3) states should educate Medicaid providers and beneficiaries about their ability to enter into "advance planning directives" that set out treatment guideline for people who became severely incapacitated in the future.

- **Launching a pilot program to help people with mental illness get the quality treatment they need to return to work.** Of the 4.7 million Americans that receive Social Security Disability Insurance (SSDI), the Social Security Administration (SSA) estimates that approximately one in nine (about 500,000) has an affective disorder (such as depression or a bipolar disorder). Research suggests that many of the people suffering with these disorders could get effective treatment and perhaps return to work. The Administration will launch a new five-year, $10 million demonstration to provide treatment for SSDI beneficiaries with affective disorders. This complements the Jeffords-Kennedy-Roth-Moynihan legislation, which allows people to buy into the Medicaid or Medicare program when they return to work.

- **Educating older Americans and their health professionals about the risks of depression.** Five million Americans over the age of 65 suffer from some form of depression, but

many do not recognize their symptoms as depression and do not receive the treatment they need. NIMH and the Administration on Aging (AoA) will launch an outreach initiative to educate the elderly and their healthcare professionals about mental illness. The Department of Veteran Affairs will also launch six new study sites to test two modes of primary care for older Americans with mental health and/or substance abuse disorders.

- **Reaching out to vulnerable homeless Americans with mental illnesses.** The Department of Housing and Urban Development is launching a new initiative to encourage communities to create safe havens where homeless mentally ill Americans can get treatment and care. HHS will also launch a two-year, $4.8 million grant program to study the treatment, housing, education, training, and support services needed by homeless women and their children given to as many as 2,000 homeless mothers and their 4,000 children, many of whom suffer from mental illnesses. The Department of Veteran Affairs will double the number of "stand down" events to reach out to homeless Americans with mental illness to help them get the treatment and services they need.

- **Implementing new strategies to meet the mental health needs of crime victims.** To ensure that the federal response to community crises, like acts of terrorism or mass violence, includes a strong mental health component, the Administration is announcing a new interagency partnership between the Department of Justice's Office for Victims of Crime and the Center for Mental Health Services within the Substance Abuse and Mental Health Services Administration (SAMSHA). This partnership also will ensure that strategies are in place to address the mental health needs of victims of violent crime.

- **Developing and implementing new strategies to address mental illness in the criminal justice system.** SAMHSA and DOJ are hosting a conference later this summer to focus on how the criminal justice system can prevent crime by mentally ill people and can address the needs of offenders with mental illness. Following this conference, DOJ will launch an outreach effort to educate the criminal justice community on how to better serve people with mental health needs. This initiative will include a new partnership with the National GAINS center so that communities interested in pursuing these approaches can get technical assistance and ideas about how to implement successful strategies.

- **Implementing a new comprehensive approach to address combat stress in the military.** At least 30 percent of those who have spent time in war zones experience combat stress reaction. Today you will direct the Department of Defense to report back within 180 days on an implementation plan for a comprehensive combat stress program throughout the military. DOD will also hold a conference this fall to develop strategies and educate military leaders and medical personnel about the need to enhance current prevention strategies.

- **Launching the expansion of the "Caring For Every Child" mental health campaign.** At least one in ten American children and adolescents may have behavioral, or mental health problems. The Administration will launch a five-year $5 million dollar campaign in targeted communities to highlight the special mental health needs of children.

- **Improving the mental health of Native American youth.** The suicide rate for Native Americans between the ages of five and 24 years old is three times higher than the rest of the U.S. population in this age group. This initiative allocates at least $5 million for a collaboration between the Departments of Interior, Justice, Education, and HHS, to go to ten Native American communities to develop effective strategies to address mental health needs of youth in settings such as the home, school, treatment centers, and the juvenile justice system.

- **The Administration Also Challenged Congress to Pass Legislation to Improve Care and Services for People with Mental Illness.** The Administration urged Congress to:
  - Pass the Jeffords-Kennedy-Roth-Moynihan-Lazio-Waxman-Bliley-Dingell legislation, which would enable people with disabilities to return to work by accessing affordable health insurance.
  - Hold hearings on the mental health parity law to review its strengths and weaknesses.
  - Fund the historic $70 million increase in the mental health grant.
  - Pass a strong enforceable patients' bill of rights which ensures that people with mental health needs obtain critical protections such as access to specialists and the continuity of care protections.
  - Pass strong comprehensive privacy and legislation to eliminate genetic discrimination.

I. PARTICIPANTS

Briefing Participants:
Bruce Reed
Audrey Tayse-Haynes
Chris Jennings
Marsha Scott
Sarah Bianchi
Neera Tanden
Jordan Tamagni

Event Participants:
The Vice President
The First Lady
Mrs. Gore
Bob Chase, President, National Education Association
Bill Vanderpoel, Vice President, EchoStar
Panel Participants (*see attached participants list)*

IV. PRESS PLAN

Open Press.

V. SEQUENCE OF EVENTS

NOTE: SUGGESTED DISCUSSION SEQUENCE OF EVENTS AND QUESTIONS ATTACHED

- **YOU**, the Vice President, the First Lady, and Mrs. Gore will be announced onto the stage.
- Mrs. Gore will make brief opening remarks and lead the first group discussion.
- Upon conclusion of the discussion, Mrs. Gore will introduce the Vice President.
- The Vice President will make brief remarks and lead the second group discussion.
- Upon conclusion of the discussion, Mrs. Gore will introduce the First Lady.
- The First Lady will make brief remarks and lead the third group discussion.
- Upon conclusion of the discussion, Mrs. Gore will proceed to the podium.
- Mrs. Gore will make brief concluding remarks and introduce **YOU**.
- **YOU** will make remarks from the podium.
- **YOU** will introduce Bob Chase.
- Bob Chase will make brief remarks and introduce Bill Vanderpoel.
- Bill Vanderpoel will make brief remarks.
- **YOU** will conclude your remarks and depart.

VI. REMARKS

To be provided by speechwriting.

VII. ATTACHMENTS

-Panel Participants Bios
-Suggested Discussion Sequence of Events and Questions
-Mental Health Fact Sheet