A Unified Vision for Transforming Mental Health and Substance Use Care

CEO Alliance for Mental Health

Our Unified Vision

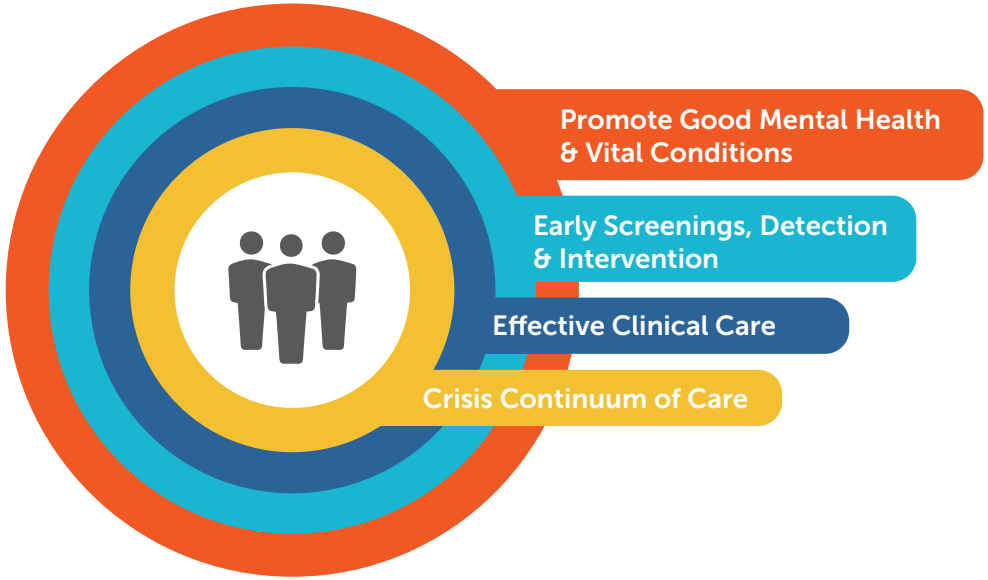
A nation of mentally healthy individuals, families and communities.

The CEO Alliance for Mental Health is dedicated to improving the lives of people across the continuum of mental health and substance use needs. Founded in the early months of the COVID-19 pandemic in response to an intensifying mental health crisis, we developed *A Unified Vision for Transforming Mental Health and Substance Use Care.* As the pandemic recedes, the nationwide mental health, substance use and suicide crisis remains as urgent as ever, despite growing investments by policymakers. As such, we are redoubling our efforts to advance the Unified Vision, build a movement for change and achieve transformational outcomes – grounded in a population health approach – that will improve the wellbeing of our families, communities and our nation as a whole.

Transformational Goals

1. **Promote good mental health and the vital conditions** necessary to prevent the development of a mental health condition, support suicide and overdose prevention and optimize mental wellbeing for all.
2. **Promote screenings, detection and interventions** as early as possible.
3. **Ensure effective clinical care** that is accessible and affordable.
4. **Create a crisis continuum of care** that emphasizes healthcare over criminal justice intervention and ensures all people can get the type of help they need, when and where they need it.

Population Health Approach



While the organizations in the CEO Alliance for Mental Health represent different constituencies, the primary goal for each of our organizations is to improve lives. Serving as stewards to advance the conditions that allow everyone to live a meaningful, healthy, and productive life, it is the responsibility of our organizations to establish common goals, and to work together to bring about the changes necessary to reach those goals. Bringing these organizations together serves the dual purpose of better uniting the field into a movement that advances a consistent vision and direction while helping to create and share resources to advance public policy.

This document is meant to offer guidance to those looking to transform mental health – including local leaders of community-based organizations, employers, policymakers at the federal, state, and local level, and so many more—on these common goals and possible pathways for success.

Goal & Objectives

Promote Good Mental Health & Vital Conditions	Early Screenings, Detection & Intervention	Effective Clinical Care	Crisis Continuum of Care
Health Promotion & Vital Conditions	Early Detection	Affordable	Crisis Response
Prevention	Intervention	Evidence-based	Diversion
Mental Health Awareness		Integrated	Justice Involved & Custodial Care
		Data & Tech-informed	

Priorities Across the Care Continuum

Equity	Caregiver Supports	Research & Innovation
Workforce Development	Youth	

Goal 1

Promote good mental health and the vital conditions necessary to prevent the development of a mental health condition, support suicide and overdose prevention and optimize mental well-being for all.

Objectives

Keeping people healthy and optimizing mental health can be achieved by creating environments that promote the psychological health and wellbeing of everyone. Additional efforts include expanding current prevention interventions and increasing mental health literacy so that individuals are equipped with the knowledge to take better care of themselves and others. Empowering people to take ownership of their health and enhancing capacities within systems, organizations, and communities is necessary for keeping people healthy.

Key Strategies

- **Health promotion** – Enable people to increase control over and improve their own health through public health and community approaches that create supportive environments, strengthen community action and foster personal skills.
- **Vital conditions** – Address the underlying vital conditions of a community – social and community factors like affordable housing, reliable transportation, and employment – that position communities to achieve mental well-being.
- **Prevention** – All people experience the vital conditions that promote mental wellness and reduce health inequities and minimize adverse mental health outcomes. This includes reducing risk factors that may lead to mental health or substance use conditions.
- **Mental health awareness** – Through education and action, promote acceptance and inclusion to empower people with MH/SUC (mental health/substance use condition) concerns to engage in care, integrate into their communities, and build productive, healthy lives.

Goal 1: Promote good mental health and the vital conditions necessary to prevent the development of a mental health condition, support suicide and overdose prevention and optimize mental well-being for all.

Health Promotion & Vital Conditions

Goals	Possible Pathways for Success
• All people experience the vital conditions that promote mental wellness and reduce health inequities and minimize adverse mental health outcomes • People with or at risk of mental health and/or substance use conditions receive needed supports and services to address social determinants of health, including: – Affordable, stable, and appropriate housing – Competitive employment or other income supports – Completion of educational goals – Essential transportation – Food security • The role of social determinants of health and other drivers of health disparities are explicitly identified and proactively addressed, including racism, poverty, and inequitable access to healthcare • The workforce experiences psychological safety and thrives in the work environment	• Require all health care delivery sites to make assessing social needs a part of any screening process and require follow up on positive screens • Require federal agencies to work with mental health stakeholders to revise instrumental activities of daily living (IADLs) to incorporate psychiatric impairments • Align federal policies and structures to support effective supported employment and education services • Require federal agencies to work together to develop effective housing and employment supports • Employers provide supportive cultures, benefits and assessments for all associates' wellbeing • Require social media companies to address mental health harms on youth and young adults from algorithms and product designs. • Require social media companies to create easily accessible tools to empower users

Prevention

Goals	Possible Pathways for Success
• Suicide and overdose rates trend rapidly downward for all groups of people • Reduced rates of morbidity and mortality for people with co-occurring MH/SUC and chronic medical conditions	• Implement federal incentives and systemic requirements for all hospital systems and other health care settings to achieve zero suicides and overdose; accrediting bodies (e.g. URAC, JCAHO) will also require health systems to implement appropriate staffing to address these issues • Provide incentives for increasing delivery of suicide-specific and overdose-specific therapies • Explicitly address the comorbid burden of diseases worsened by MH/SUC • Provide universal access to proven, trauma-informed treatments to reduce justice system involvement, including Multisystemic Therapy • Adopt models of care that support behavioral health/primary care coordination and integration (e.g. Certified Community Behavioral Health Clinics (CCBHCs))

Mental Health Awareness

Goals	Possible Pathways for Success
• Address structural changes by developing platforms with measures to determine areas for change at the public and private policy level • Improve the awareness and acceptance of persons with mental health and substance use conditions • Improve personal awareness, self-acceptance, and understanding in people impacted by mental health and substance use conditions, empowering them to live full lives • Advance the engagement of individuals with lived experience of mental health and substance use conditions in clinic governance and decision-making	• Unite public and private partners on the need for systemic policy change • Adopt models of care that require service recipient engagement in governance and staff training on individual empowerment and person-centered care • Develop and launch public-facing programs designed to change perceptions, beliefs and behaviors about people with mental health and substance use conditions • Develop and launch public facing programs for people impacted by mental health and substance use conditions to achieve measurable changes in self-stigma • Deliver public awareness and mental health literacy training (e.g. Mental Health First Aid, NAMI In Our Own Voice, NAMI Ending the Silence) to help community members understand and support adults and young people experiencing mental health or substance use challenges • Require that all publicly funded awareness initiatives be informed by people with lived experience of mental health and substance use conditions in an advisory capacity, preferably in leadership roles

Goal 2

Promote screenings, detection and interventions as early as possible.

Objectives

Early detection, early intervention, and risk mitigation require diverse strategies and interventions to decrease the likelihood of developing more significant mental health challenges for people who are at greater risk, especially youth. This includes the implementation of universal and routine screening procedures that allow for early detection and intervention. This also includes efforts outside of clinical setting such as policy changes and community level interventions that reduce risk and promote mental health.

Key Strategies

- **Early detection** – Identify signs and subclinical symptoms of mental health and substance use challenges as early as possible, with a special focus on children and youth, and ensure that people are quickly connected to the appropriate level of care using a recovery-oriented lens.
- **Intervention** – Every person at risk of or with early signs of MH/SUC receives evidence-informed care at the earliest possible point of intervention.

Goal 2: Promote screenings, detection and interventions as early as possible.

Early Detection

Goals	Possible Pathways for Success
• Signs of mental health and substance use challenges are recognized early throughout one's life, and approached through a wellness and recovery-focused lens whenever possible • Children and adults receive help to develop, promote, and maintain wellness and resiliency	• Provide routine MH/SUC screenings through health systems, primary care providers, and schools • Integrate and pay for mental health services in places that are accessible and convenient to people served with a focus on access points outside the clinic or hospital • Implement early identification campaigns similar to the Centers for Disease Control and Prevention's (CDC) "Know the Signs. Act Early" campaign for developmental delays • Expand nationwide nurse home visiting programs (e.g. Nurse Family Partnership, Family Connects) • Require social-emotional learning (SEL), mental health literacy curricula and a Multi-Tiered System of Supports to promote educational achievement through healthy development and to recognize signs and symptoms of MH/SUC in peers (e.g. Teen/ Youth Mental Health First Aid, NAMI Ending the Silence, etc.)

Intervention

Goals	Possible Pathways for Success
• Every person at risk of or with early signs of MH/SUC receives evidence-informed care at the earliest possible point of intervention • Initial diagnoses are detected in health care settings, rather than justice or child welfare settings	• Provide long-term mental health services to people exposed to community violence • Conduct MH/SUC screening in the population in accordance with the recommendations of the US Preventive Services Task Force (USPSTF) • Engage in proactive outreach to un- and under-served populations, with sufficient financing to support outreach and engagement efforts that bring people into care • Provide screenings, interventions and wraparound models of care for serious mental illness, including coordinated specialty care for early episode psychosis • Include MH/SUC screening, supports, and services into all pandemic/natural disaster response efforts

Goal 3

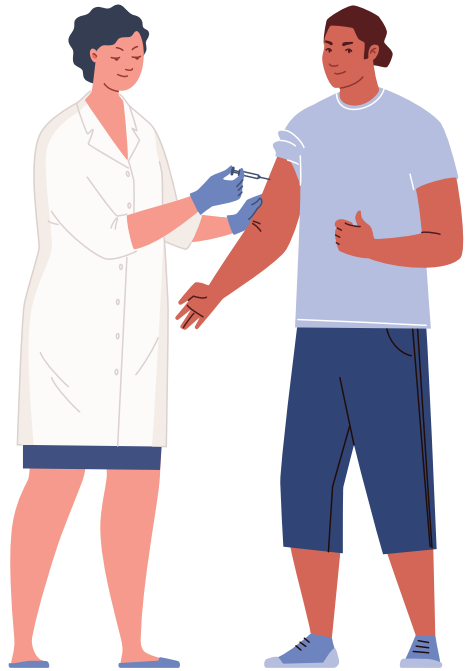
Ensure effective clinical care that is accessible and affordable.

Objectives

Effective clinical care is essential in addressing the needs of individuals with a diagnosed behavioral health condition, especially those with the most serious conditions. In our efforts to best treat individuals and communities, clinical care needs to be evidence-based, culturally responsive, and recovery oriented. Additionally clinical services must be accessible, affordable, and person-centered.

Key Strategies

- **Affordable** – Every health plan provides mental health and substance use condition coverage and benefits at parity with medical/surgical and individuals have effective remedies when parity laws are violated. All people with mental health and substance use conditions are covered for care and without discriminatory quantitative and non-quantitative limitations.
- **Evidence-based care** – Utilize and scale up services that have a strong scientific evidence base and ensure that these practices are developed and implemented with diverse community needs and preferences in mind. This involves establishing systems and holding them accountable to implement standards of quality care, adopting payment models that support these services.
- **Integrated** – Integrate mental health and substance use services for people of all ages into primary care and other specialty medical care settings as well as community settings such as schools. Integration includes collaborative decision making and communication around physical and mental health issues and ensures behavioral health professionals are meaningfully infused into health care teams.
- **Data and Technology-Informed** – Utilizing technologies to better identify and reach those with mental health and substance use challenges, particularly those from historically underserved populations, as well as collecting, coordinating, and using community and systems-level data to address disparities in health and to continuously innovate to improve care for all.



Goal 3: Ensure effective clinical care that is accessible and affordable.

Affordable

Goals	Possible Pathways for Success
• All people with mental health and substance use conditions are covered for care • All discriminatory quantitative and non-quantitative limitations to care are eliminated • Every health plan provides mental health and substance use coverage at parity with medical/surgical and individuals have effective remedies when parity laws are violated • MH/SUC providers, including the peer workforce, are paid equal to comparable health care providers	• Preserve Medicaid expansion and patient protections in the Affordable Care Act • Apply Mental Health Parity and Addiction Equity Act (MHPAEA) rules to all public and private payers (including Medicare, Medicaid Fee-for-Service, TRICARE and Indian Health Services) • Increase funding for parity enforcement within the U.S. Department of Labor and the U.S. Department of Health and Human Services • Ensure that state and federal regulators enforcing MHPAEA compliance require transparency by health plans about benefit design and application • Monitor and enforce standards to eliminate discriminatory non-quantitative treatment limitations (NQTLs) • Require all health plan medical necessity determinations to be fully consistent with generally accepted standards of MH/SUC care • Require and enforce network adequacy requirements and eliminate ghost networks • Remove barriers to medications to treat MH/SUCs, including medication-assisted treatment (MAT), telehealth restrictions, and constraints on intermediate levels of care • Require plans to use medical necessity criteria from non-profit clinical specialty associations and to cover all levels of care consistent with these criteria • Eliminate discriminatory caps that government payers (e.g. Medicare and Medicaid) place on mental health, such as eliminating lifetime 190-day limit on Medicare coverage for services in free-standing psychiatric hospitals and improve network performance • Expand models of care that require service delivery to all individuals regardless of ability to pay along with sliding fee scales (e.g. CCBHC model)

Evidence-based Care

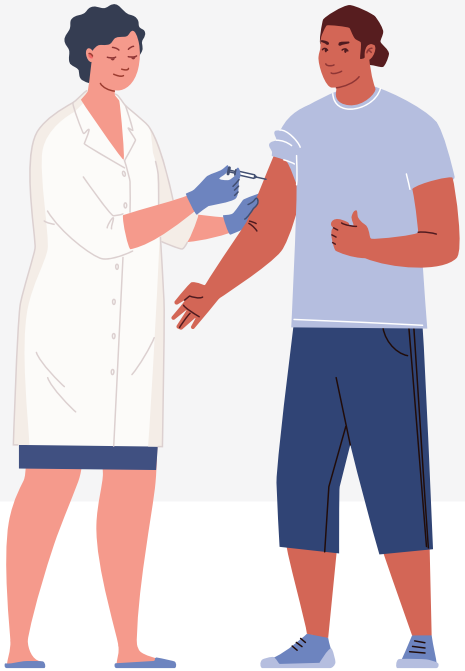
Goals	Possible Pathways for Success
• People in all settings receive quality care based on well-established standards of care • Measurement-based care for MH/SUC conditions is universally adopted, including universal screening and detection and repeated measures with reliable tools • People routinely access a continuum of innovative, evidence-based interventions and technologies • Access to newer and effective medications should not be limited or denied solely because of cost without regard to efficacy • Individuals with opioid use conditions (OUD) routinely access Food and Drug Administration (FDA) approved medication for OUD and other substance use conditions as a first line treatment in all medical and MH/SUC settings • People can compare health plans and mental health facilities and programs through public reports on meaningful MH/SUC quality measures	**STRUCTURE** • Develop and frequently update evidence-based standards of care developed by clinical specialty organizations that do not service managed care organizations (MCOs) as primary clients for MH/SUC • Extend measurement-based care requirements to primary care (see URAC requirements, extend current Joint Commission requirements) • Implement quality measures to reduce disparities, improve outcomes, and improve MH/SUC experience of care and transitions in care • Remove barriers to filling gaps in continuum of care, such as sub-acute care and alternatives to hospitalization • Fund and scale the CCBHC model nationwide

Evidence-based Care continued

Goals	Possible Pathways for Success
• Grief- and trauma-informed early intervention, symptom remission, and recovery are all central tenets of MH/SUC services and require reporting on these factors and incentivize training in grief- and trauma-informed, recovery-focused, evidence-based interventions and technologies • Custodial care services for all age groups are offered only as a last resort and in least restrictive environments possible	**FINANCING** • Ensure that reimbursement rates for evidence-based behavioral health integration models and services, such as the Collaborative Care and Primary Care Behavioral Health models, are adequate to support universal access to measurement-based care • Require Medicaid, Medicare, TRICARE and the Indian Health Service (IHS) to reimburse for FDA-cleared and regulated prescription digital therapeutics • Incentivize evidence-based interventions for severe MH/SUC and co-occurring condition treatment • Promote measurement-based care and value-based financing • Eliminate the use of "fail first" policies for medication therapies • Ensure states are maximizing Medicaid for school-based MH/SUC services and expand school health centers with mental health and substance use capacity **TRAINING** • Incentivize training in trauma-informed, recovery-focused, evidence-based interventions and technologies

Integrated

Goals	Possible Pathways for Success
• People of all ages receive MH/SUC screening and services that are well-integrated into primary care and primary care screening and services that are well-integrated into specialty MH/SUC care • Mental health and addiction services are readily available in primary care	**STRUCTURE** • Align regulations and facilitate seamless data and information exchange and integration between MH/SUC providers, the medical system, and research institutions **FINANCING** • Forbid same-day billing restrictions in Medicaid programs • Universal access to and increased payment for billing codes for evidence-based integration primary and behavioral healthcare, such as through the Collaborative Care and Primary Care Behavioral Health models billing codes, including technical support to practices • Fund and scale financial mechanisms like those in the CCBHC model for specialty mental health centers • Pursue non-fee-for-service payment models that support integrated care • Ensure coverage of Evidence Based Assessment to facilitate differential diagnosis, treatment planning and progress monitoring • Fund agencies such as the National Institute of Mental Health (NIMH), the National Institute on Drug Abuse (NIDA), and the Substance Abuse and Mental Health Services Administration (SAMHSA) to support research integrated among MH/SUC providers and universities nationwide • Expand the use of Home and Community Based Services (HCBS) waivers and other financing mechanisms to support community-based services that promote independent living for all people with serious mental health conditions



Integrated continued

Goals	Possible Pathways for Success
• People receive effective treatment for co-occurring MH/SUC conditions, including effective, multi-disciplinary team-based treatment for chronic pain	**TRAINING** • Increase funding for Project ECHO ((Extension for Community Healthcare Outcomes), the Pediatric Mental Health Care Access program, and other programs to train physicians on mental health and substance use • Integrate screening and measurement-based care training for primary care professionals into the Heath Resources and Services Administration (HRSA) primary care training grants

Goal 4

Create a crisis continuum of care that emphasizes healthcare over criminal justice intervention and ensures all people can get the type of help they need, when and where they need it.

Objectives

Creating a crisis continuum of care is critical to ensure that people get the right help when and where they need it when they are experiencing acute mental health distress. Implementing a range of crisis services that are easily accessible in every community increases the likelihood that individuals will be connected to the appropriate level of care, which is essential for long-term success.

Key Strategies

- **Crisis response, including suicide and overdose prevention** – Crises are stabilized with effective and humane services, including a fully built out 988 Crisis Lifeline that is integrated within health systems so co-morbid conditions are addressed and linked to ongoing community-based care to establish paths to recovery. The crisis system is equitable with services responsive to the cultural and linguistic needs of individuals in crisis and responsive and designed for young people and their families. Services are designed to deflect people from ever entering the criminal justice system.
- **Diversion** – People with MH/SUC-related crises are not disproportionately involved in the justice system and are met with a mental health care response (paramedics, psychologists, social workers, peers), not a police response. Focus on removing people from prisons who don't belong there and focus on primary health (rather than public safety) to respond to a crisis.
- **Justice involved & custodial care** – Strengthen mental health co-responders (MHCR) programs through partnership with Community Service Officers and embed with Critical Intervention Team (CIT). and people who are justice-involved receive screening, treatment and humane care for MH/SUC and suicidality, including reentry and recovery support services.

Goal 4: Create a crisis continuum of care that emphasizes healthcare over criminal justice intervention and ensures all people can get the type of help they need, when and where they need it.

Crisis response, including suicide and overdose prevention

Goals	Possible Pathways for Success
• People with MH/SUC-related crises are met with a health care response (paramedics, social workers, peers), not a police response • Any individual in an MH/SUC, suicidal or related crisis receives the least restrictive response and is connected to mental health and substance use care and follow-up services to decrease suicide risk. • Individuals in crisis are connected to care as early as possible and remain stable in the community	• Fund a full crisis continuum of care that includes a robust 988 Suicide and Crisis Lifeline network and follow-up services that meet specialized needs of underserved communities and high-risk populations, non-law enforcement responses and alternatives to emergency departments for crisis stabilization • Stabilize crises with effective and humane services, including a fully built out 988 Suicide and Crisis Lifeline that is integrated within health systems so co-morbid conditions are addressed and linked to ongoing community-based care to establish paths to recovery • Fund equitable crisis services that are responsive to the cultural and linguistic needs of individuals in crisis and is also designed to meet the needs of all people in crisis, including across the youth and older adult lifespan, and their families and caregivers. • Incentivize system design to deflect people from ever engaging with the criminal justice system • Require public and private payers to reimburse for the full continuum of MH/SUC crisis services, including mobile crisis response and crisis receiving and stabilization services.

Diversion

Goals	Possible Pathways for Success
• End the incarceration of nonviolent offenders who have mental illnesses • Individuals whose main interaction with the criminal justice system is due to their mental illness and/or addiction are diverted to treatment instead of incarcerated	• Create new pathways beyond law enforcement that respond to MH/SUC crisis and build a health response centered on social work/community paramedics/peers nationwide (e.g. Crisis Assistance Helping Out On The Streets [CAHOOTS], RIGHT Care) and ensure understanding of culture, race and trauma in emergency responses • Remove individuals with MH/SUC conditions from local, state, and federal justice systems and ensure they have access to services to meet their needs • Expand the availability of specialty court dockets, including mental health and substance use treatment courts, to divert people to care instead of incarceration • Require law enforcement receiving federal funding to train officers in recognizing signs and symptoms of MH/SUC as well as de-escalation (e.g. Crisis Intervention Team [CIT], Mental Health First Aid for Public Safety, Law Enforcement Assisted Diversion [LEAD]) • Require and fund local justice systems, including law enforcement, to develop and implement comprehensive diversion plans with health systems and MH/SUC providers in their community • Increase funding necessary to provide a robust community response to prevent individuals with serious mental illness from becoming incarcerated • Expand models that require and incentivize partnerships between law enforcement and behavioral health aimed at reducing law enforcement contact for people in crisis

Justice Involved & Custodial Care

Goals	Possible Pathways for Success
• People with MH/SUC conditions are not disproportionately involved in the justice system • People who are justice-involved receive screening and treatment for MH/SUC and suicidality • People with MH/SUC in custody receive humane care and alternatives to solitary confinement and limits on its use are adopted	• Address policies that may limit coverage like the Medicaid Inmate Exclusion prohibiting Medicaid coverage in jails and prisons • Provide federal incentives for criminal justice employee education and training to recognize MH and SUC signs, impact of trauma and trauma-informed practices, and direct facilities to exercise periodic screenings of all inmates for mental health and substance use conditions, including for suicide risk, from custody to reentry • Apply federal standards for constitutional health care to treatment of MH/SUC for incarcerated persons

Ensure the full continuum of MH/SUC care embraces fundamental elements of success.

- **Equity** – Address social/political constructs and historical systemic injustices, such as poverty, racism and discriminatory structures and policies that disproportionately impact the mental health of people of color and other underserved populations, including LGBTQ+ people. Eliminate inequitable conditions for people with mental health and substance use conditions.
- **Workforce development** – Increase the number and diversity of mental health and substance use condition providers. MH/SUC providers, including the peer workforce, are compensated appropriately and equitably.
- **Caregiver supports** – With regard to the more than 53 million unpaid family caregivers in the U.S. who support the millions of people who experience mental health conditions and substance use conditions each year, often at the detriment to their own health, wellbeing and financial security, increase resources and system navigation services for caregivers. Reduce financial burden by providing caregivers with financial support for taking care of family members in home-based settings.
- **Research and innovation** – Safe, effective treatments are developed for the earliest stages of MH/SUC and national health data collection includes robust data on mental health and substance use conditions, including comorbidities and disabilities. MH/SUC research is supported across the continuum from prevention to treatment commensurate with the scope of the public health crisis. Greater investments are made in behavioral health research to address unhealthy behaviors often triggered by mental health, including eating conditions, substance use, and requiring behavior change.
- **Youth** – With 50% of diagnosable mental health conditions appearing by age 14 and 75% by age 25 when the brain finishes developing, early identification and intervention efforts must focus on children and their surrounding environments – their families, schools, colleges and universities, community settings and primary health care providers.

Equity

Goals	Possible Pathways for Success
• Mental health and substance use condition services are included as an essential component of all anti-racism and anti-discrimination efforts • Mental health system policies and investments eliminate disproportionate adverse impacts on people of color and other underserved populations like lesbian, gay, bisexual, transgender and queer or questioning (LGBTQ) persons • Disparities are reduced in the prevalence of MH/SUC conditions and adverse health outcomes • Veterans, including veterans of color, have equitable access to and outcomes of care • Patient experience and cultural competence measures are implemented and reported by race, ethnicity, sexual orientation, gender identity and language • People with mental health and substance use conditions experience culturally competent care	• Include race, ethnicity, sexual orientation, gender identity and language data collection in all MH/SUC programs with respect to people served, providers and outcomes, data on serious mental illness (SMI) collected in health programs such as jail, emergency medical services (EMS), emergency room (ER) and hospital use • Develop screening, caregiver, and treatment programs that are responsive and have humility about culture and race • Include training to reduce health disparities, including cultural competency, anti-racist and anti-discrimination curricula • Address adverse childhood experiences (ACEs) and other social determinants in childhood, with an explicit focus on racism and discrimination to reduce disparities in the prevalence of MH/SUC conditions and adverse health outcomes • Ensure health equity by enforcing all standards across race, ethnicity, income, gender identity, sexual orientation, and other factors known to correlate with health disparities • Provide access to community-based mental health clinicians who are appropriately trained to work with service members and veterans, with Department of Defense (DoD) and the Department of Veterans Affairs (VA), respectively, as the coordinators of care • Acknowledge and address the history of racism in the establishment and delivery of mental health systems through policies and investments that eliminate the disproportionate impact on people of color • Ensure that veteran status is tracked across all health settings (not just the VA, as most veterans receive care outside the VA) and that veterans and their families achieve equitable access to and outcomes of care

Workforce Development

Goals	Possible Pathways for Success
• The MH/SUC workforce is diverse and has the capacity to quickly, effectively, and sensitively meet the needs of our communities • People with MH/SUC conditions have access to peer supports and community-based care, including free support groups • Inclusion of licensed mental health and addiction clinicians in insurance networks equal to other licensed health professionals in medical/surgical networks • Mental health and substance use professionals collaborate broadly on interprofessional teams	**STRUCTURE** • Remove telehealth barriers to practicing across state lines (licensing) where necessary for continuity of care equity • Include telehealth and tele-behavioral health as options to build and optimally deploy the available workforce in areas lacking providers • Ensure that telehealth and tele-behavioral health are reimbursed in both audio-only and audio-visual forms • Telehealth and tele-behavioral health should be universally provided as a care option on par with in-person care and available through audio and audio-visual means to maximize access to care **FINANCING** • Expand the CCBHC model, which provides financing that supports workforce training, recruitment and retention • Require all payers to reimburse sufficiently for certified peer support specialists and community health workers • Establish cost-related payment rates that enable clinics and other treatment settings to recruit, hire, retain and train staff according to the diversity, equity, and inclusion needs of clients served • Repair core rate deficiencies, which are parity violations, and which drive licensed mental health or substance use condition clinicians out of insurance-based care

Workforce Development continued

Goals	Possible Pathways for Success
• People with mental health and/or substance use condition are universally provided telehealth, including audio-only, options for care	**TRAINING** • Establish uniform standards for certified peer support specialists and community health workers • Improve training for all mental health and substance use condition workforce in cultural competence and trauma-informed care • Expand existing fellowship programs, loan-repayment/forgiveness programs and increase investments in mental health workforce development programs, such as Graduate Medical Education (GME), Graduate Psychology Education (GPE), Behavioral Health Workforce Education and Training (BHWET), and the Minority Fellowship Program • Provide incentives, such as loan repayment, for graduating residents to take people on Medicaid and Medicare • Make psychology programs eligible for HRSA student loan programs

Caregiver Supports

Goals	Possible Pathways for Success
• All caregivers receive information, support and system navigation to help successfully care for someone with mental health and/or substance use condition • Barriers to the involvement of culturally-defined family and caregivers in the care of children and family members are eliminated	• Develop a robust nationwide caregiver support and navigation system similar to those available for seniors and people with developmental disabilities • Create financial mechanisms to pay for caregivers for taking care of their family in home-based settings

Research and Innovation

Goals	Possible Pathways for Success
• National health data collection includes robust data on mental health and substance use conditions (MH/SUC) • Research on chronic health conditions includes research on co-morbid MH/SUC and their pediatric antecedents, including trauma/adverse childhood experiences (ACEs), social determinants, and health disparities • Safe, effective treatments are developed for the earliest stages of MH/SUC • Evidence Based Assessment is commonly used to improve differential diagnosis, treatment planning and progress monitoring • Precision medicine is developed and utilized to assess and treat MH/SUC. • Research involves people with lived experience for guidance and leadership so the needs of the lived experience community are prioritized, including focused on research areas that people with MH/SUC care about, such as peer support. • Translation of discoveries into widely available pharmacological and non-pharmacological treatments happens quickly and efficiently	• Improve surveillance systems to require mental health symptom and behavior/case reporting • Integrate mental health research throughout National Institutes of Health (NIH) institutes/ centers to improve the safety and efficacy of treatments and address comorbid conditions, pediatric mental illness, and trauma • Create consistent processes/standards for ensuring people receive precise diagnoses and personalized interventions • Expand research in range of health service settings and develop/ expand appropriate clinical trial networks to stand up and test interventions more quickly and in more diverse populations • Maintain focus within NIMH and NIDA on research to establish precise diagnostics based on biomarkers and behavioral markers • Encourage NIMH and NIDA to establish funding criteria ensuring meaningful involvement of lived experience community • Expand efforts within NIMH to support community-based research on social determinants of health and mental health disparities, so that those most in need of care and those who are at increased risk of developing mental illness have more evidence-based care options

Youth

Goals	Possible Pathways for Success
Early Detection	
• All settings where children and youth receive services— childcare, school, health, social services—are grief- and trauma-informed. • Children receive help to develop, promote, and maintain wellness and resiliency • When youth are in justice or child welfare settings that have bypassed health care settings, they are also screened and assessed routinely and detected for MH/SUC	• Require resilience / social-emotional learning curricula and a Multi-Tiered System of Supports to promote educational achievement through healthy development and recognize signs and symptoms of MH/SUC in peers (e.g. Teen/Youth Mental Health First Aid, NAMI Ending the Silence, etc.)
Early Intervention	
• Initial diagnoses are detected in health care settings, rather than justice or child welfare settings, but when youth are in justice or child welfare settings that have bypassed health care settings, they are also screened and assessed routinely and detected for MH/SUC	• Require reimbursement of intensive evidence-based interventions for youth (e.g. universal access to Coordinated Specialty Care for psychosis, Multisystemic Therapy for justice-involved youth and families) by public and private payers • Provide long-term mental health services to children and adults exposed to community violence • Support to schools for implementing a continuum of MH/ SUC supports, including primary prevention to access to MH/SUC services in the schools and liaisons with outside specialized services as in the Positive Behavioral Interventions and Supports and Interconnected Systems Frameworks models • Include full federal funding of the Individuals with Disabilities Education Act (IDEA) mandate to ensure that all children with serious mental health conditions are enrolled in and offered the special education services they need to succeed academically • Create special Medicaid eligibility coverage for young people with early psychosis and youth involved in the juvenile justice system

Youth continued

Goals	Possible Pathways for Success
	Integration
	• Ensure universal access in pediatric settings to Pediatric Mental Health Care Access programs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MEADOWS
MENTAL HEALTH
POLICY INSTITUTE


MHA
Mental Health America


NAMI
National Alliance on Mental Illness


National
Association
for Behavioral
Healthcare
Access. Care. Recovery.


NASW
National Association of Social Workers


ONE MIND


Peg's
FOUNDATION


Treatment
Advocacy
Center


American
Foundation
for Suicide
Prevention