A Unified Vision for Transforming Mental Health and Substance Use Care: Executive Summary

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.
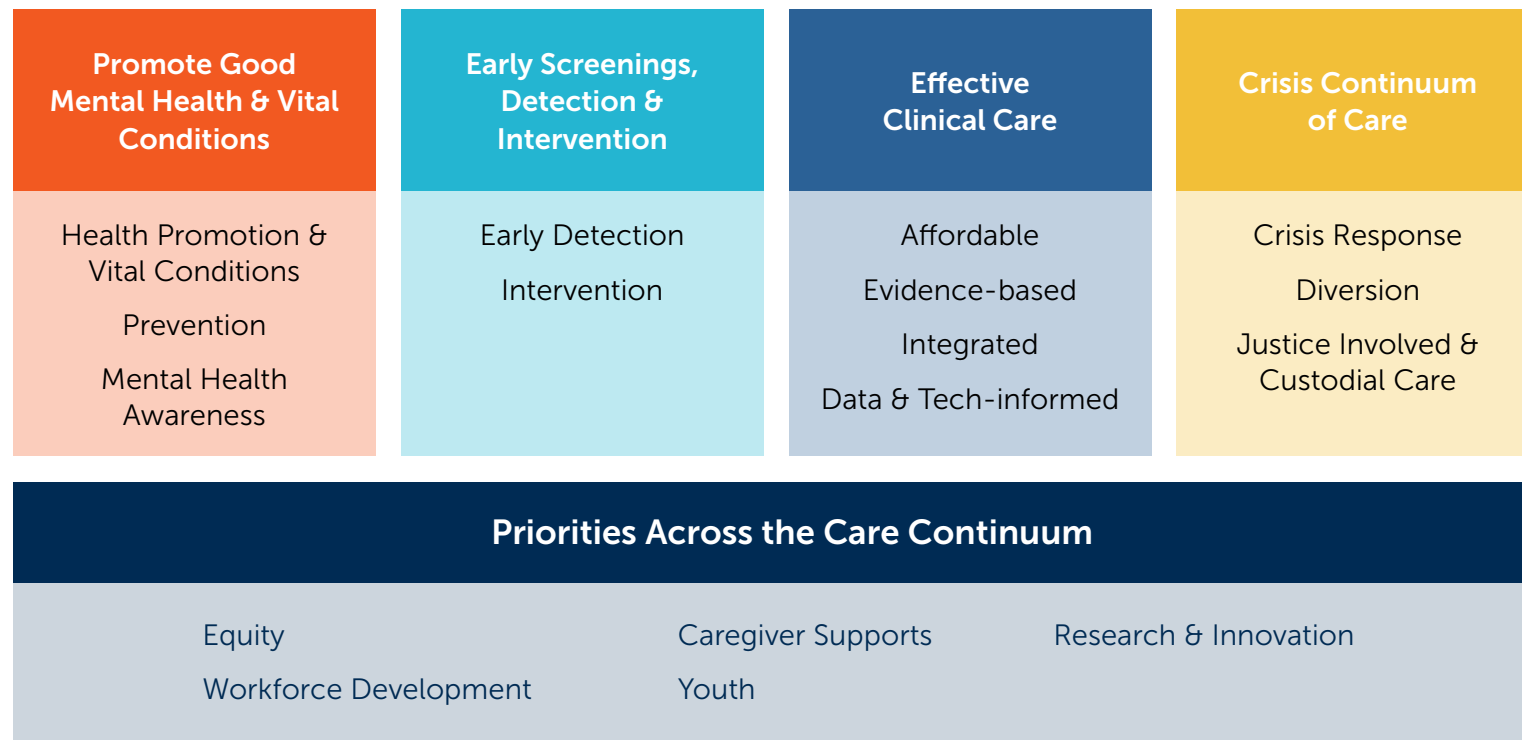
Population Health Approach

- Promote Good Mental Health & Vital Conditions
- Early Screenings, Detection & Intervention
- Effective Clinical Care
- Crisis Continuum of Care

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.

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** – Lay a firm foundation for mental health so that people do not develop MH/SU challenges in the first place. This includes both reducing risk factors and promoting protective factors that are behavioral, biological or social in nature.

- **Mental health awareness** – Through education and action, promote acceptance and inclusion to empower people with mental health / substance use (MH/SU) conditions to engage in care, integrate into their communities, and build productive, healthy lives.

Goal 2

Promote screenings, detection and interventions as early as possible.

This this includes implementation of universal and routine screening procedures. It also includes efforts outside of clinical settings such as policy changes and community engagement that intervene as quickly as possible and interrupt development or increased severity of MH/SU challenges.

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/SU conditions receives evidence-informed care at the earliest possible point of intervention.

Goal 3

Ensure effective clinical care that is accessible and affordable.

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.
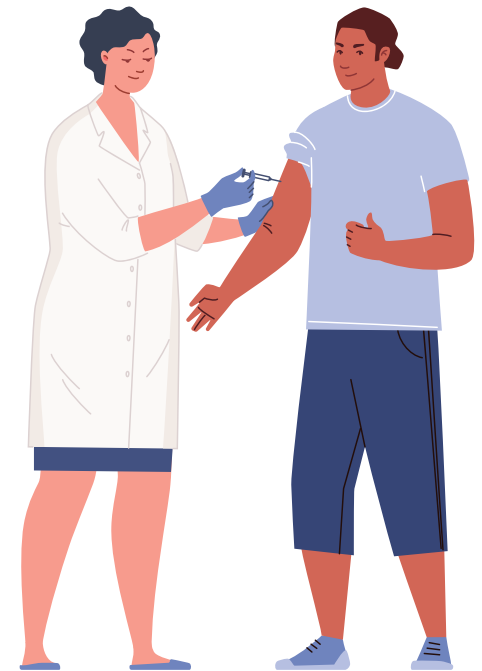
Goal 4

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.

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/SU-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 Crisis Intervention Team (CIT). and people who are justice-involved receive screening, treatment and humane care for MH/SU conditions and suicidality, including reentry and recovery support services.

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.

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