A Unified Vision for Transforming Mental Health and Substance Use Care

CEO ALLIANCE
FOR MENTAL HEALTH

Vision

To improve the lives of people living with mental health and substance use challenges through a transformed system of care.

Goal Statement

The CEO Alliance for Mental Health is 15 of the leading organizations in the United States dedicated to improving the lives of people living with mental health and substance use challenges. Bringing these organizations together serves the dual purpose of better uniting the field to be consistent in vision and direction as well as to help create and share resources that can be used to advance public policy. The foundational guide for our work, this Unified Vision, recognizes that to improve mental health outcomes and work toward the ideal state where all people thrive, we must fundamentally shift perceptions around mental health, substance use, and well-being; embrace the concept of population health, which includes prevention, promotion, and recovery; address relevant vital conditions such as housing, transportation, and employment; transform the systems that impact whole-person health; integrate care; and enforce coverage parity and dedicate robust resources to ensure people receive the services and support they need, when and where they need them.

Mental health and substance use has grown in significance as a national priority for public health, affirming the focus the CEO Alliance for Mental Health set out with the release of our original Unified Vision in December 2020. COVID-19 has put in sharp relief the need for our nation to invest in a structure that brings care for

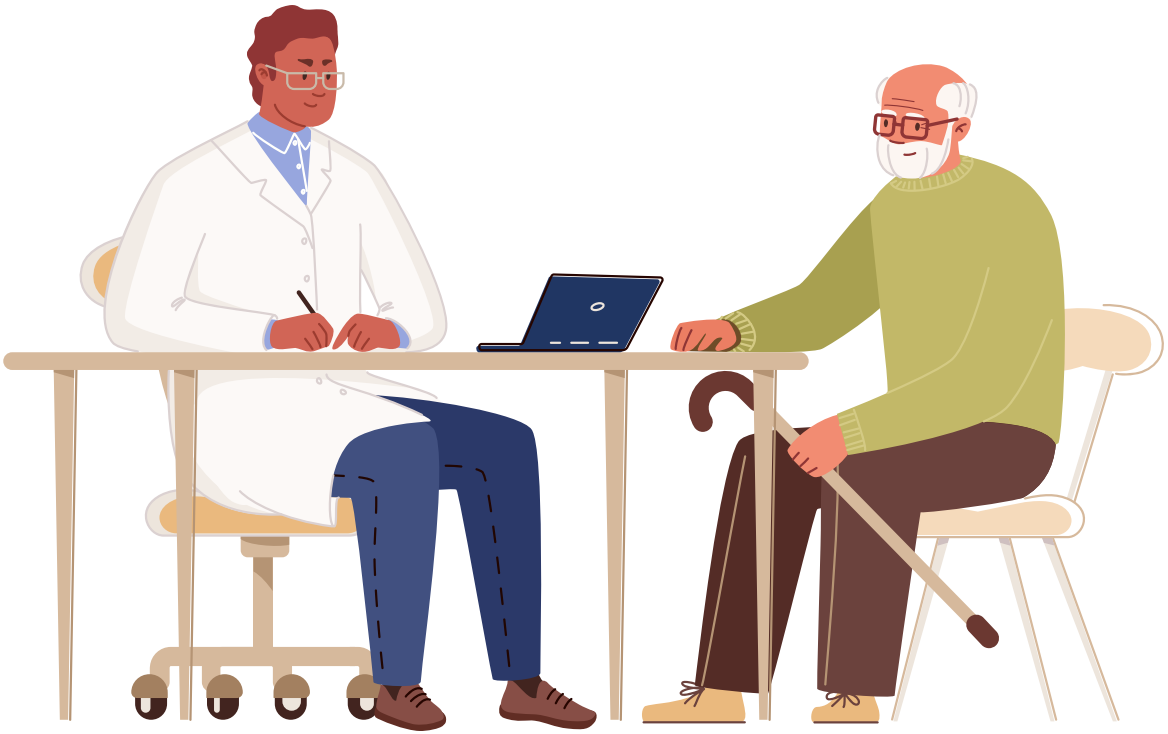
Critical Elements

1. **Early Identification and Prevention.** Achieve optimal outcomes through prevention, early identification and intervention, with a targeted focus on children, youth, young adults, and families.
2. **Emergency and Crisis Response.** Improve crisis response and suicide/overdose prevention.
3. **Equity.** Address social/political constructs and historical systemic injustices, such as racism and discriminatory structures and policies, that disproportionately impact the mental health of people of color. Eliminate inequitable conditions for people with mental health and substance use conditions.
4. **Integration.** Improve access to services and quality of care by integrating physical health, mental health, and substance use services.
5. **Parity.** Ensure fair and equivalent services and coverage for mental health and substance use disorders.
6. **Standards.** Hold systems accountable to evidence-based standards of care that improve outcomes and quality of life.
7. **Workforce.** Increase the number and diversity of mental health and substance use disorder workers and providers.

mental health and substance use challenges into our clinical and community settings in a more integrated fashion. The pandemic itself has intensified the need for mental health care, especially among youth, and resulted in an even greater workforce crisis than we faced at the end of 2020. In addition, novel programs like the 988 Suicide and Crisis Lifeline require a thoughtful and systemic approach to create integrated pathways for individuals at various stages of crisis. But, without a system to help, we fail those who need us the most. To bring about the type of change needed, we must institute policies, programs, and standards that value the critical importance of mental health and promote well-being for all.

The significance of social determinants of mental health has also been an important lesson of the pandemic, learning that "the effectiveness of our interventions are limited by social conditions that harm well-being." Mental health requires looking beyond the mental health care system to consider the social and structural systems so critical to supporting whole-person health. We must intentionally address social issues like racism and discrimination that have created and exacerbated profound inequities in care and disparities in outcomes. We must invest in comprehensive system solutions that promote integration and interconnection and work to make health and well-being realities for all.

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 incumbent upon us to work together to bring about the changes necessary to reach those goals. This document is meant to offer guidance to those looking to reform 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.



Possible Pathways for Success

Early Identification and Prevention

Achieve optimal outcomes through prevention, early identification and intervention, with a targeted focus on children, youth, young adults and families.

Prioritizing prevention for mental health is critical to reducing the number of people who experience mental health and substance use challenges. Community based services for early identification and intervention are crucial components in changing the trajectory of outcomes for people living with mental health or substance use challenges. However, and perhaps most important, it's foundational that any approach to mental health promotion and prevention address the underlying vital conditions of a community—social and community factors like affordable housing, reliable transportation, and employment all go a long way in positioning communities to achieve mental well-being. And we must prioritize our 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 themselves as well as their surrounding environments—their families, schools, colleges and universities, and primary health care providers for young adults—particularly the community-based factors that put children and parents at risk for poor mental health.

Goals	Possible Pathways for Success*
Research	
• National health data collection includes robust data on mental health and substance use disorders (MH/SUD) • Research on chronic health conditions includes research on co-morbid MH/SUD 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/SUD • Evidence Based Assessment to improve differential diagnosis, treatment planning and progress monitoring	• 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

Goals	Possible Pathways for Success*
Vital Conditions for Prevention and Population Health	
• 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 disorders, 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 workforce experiences psychological safety and thrives in the work environment	• Require all delivery sites to make assessing social needs a part of any screening process • 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
Reducing Severity Through Early Detection	
• Signs of mental health and substance use challenges are recognized early throughout one's life, and initially approached through a wellness and recovery-focused lens whenever possible • Children and adults receive help to develop, promote, and maintain wellness and resiliency • 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 • All settings where children and youth receive services—childcare, school, health, social services—are grief- and trauma-informed.	• Provide routine MH/SUD screenings through health systems, primary care providers, and schools • Integrate mental health services into places people live, work and play • Implement early identification campaigns similar to the Centers for Disease Control's (CDC) "Know the Signs. Act Early" for developmental delays • Expand nationwide nurse home visiting programs (e.g. Nurse Family Partnership, Family Connects) • Require 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/SUD in peers (e.g. Teen/Youth Mental Health First Aid)

Goals	Possible Pathways for Success*
Early Intervention	
• Every person at risk of or with early signs of MH/SUD 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, 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/SUD 	• Incentivize 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 • Conduct MH/SUD screening in the population in accordance with the recommendations of the US Preventive Services Task Force (USPSTF) • Include MH/SUD screening, supports, and services into all pandemic/natural disaster response efforts • Support to schools for implementing a continuum of MH/SUD supports, including primary prevention to access to MH/SUD 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

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Possible Pathways for Success

Emergency and Crisis Response

Improve crisis response and suicide/overdose prevention.

Crises—from relapses to severe symptoms of paranoia or delusions to suicidal thinking to overdose—contribute to tragic outcomes. Crisis response and suicide/overdose prevention are indispensable elements in helping people stabilize and get on a path of recovery. There is an explicit focus on removing people from prisons who don't belong there and focusing on primary health (rather than public safety) to respond to crisis. 988 provides a unique opportunity to fully build out a continuum of crisis care for mental health challenges, substance use disorders, and suicide prevention.

Goals	Possible Pathways for Success*
Crisis Services	
• Crises are stabilized with effective and humane MH/SUD crisis response services integrated within health systems so co-morbid conditions are addressed and linked to ongoing community-based care to prevent future crises • Crisis planning and services facilitate patient choice and continuity of care • People receive services and supports that facilitate stable housing, benefits, and continuity of care post-crisis	• Incentivize crisis response lines and trauma-informed 24/7 mobile crisis teams nationwide, including Crisis Now and the Certified Community Behavioral Health Clinic (CCBHC) model as defined in statute • Integrate clinically staffed crisis response within 911 and provide training to 911 operators in identifying mental health needs and linking callers to mental health crisis response services • Implement fully the 988 number and response that is driven by healthcare systems, not public safety systems • Incentivize inpatient, crisis stabilization programs, sub-acute care, and respite care • Establish Medicaid state plan option to cover short-term acute care in specialized inpatient and residential settings including institutions for mental diseases (IMDs), while also improving transitions and access to outpatient treatment

Goals	Possible Pathways for Success*
Adverse Outcome Prevention	
• Suicide and overdose rates trend rapidly downward for all groups of people • Reduced rates of morbidity and mortality for people with co-occurring MH/SUD and chronic medical conditions	• Implement federal incentives and systemic requirements for all hospital systems to achieve zero suicides, overdose; accrediting bodies e.g. URAC, JCAHO, will also require health systems to work on these issues • Provide incentives for increasing delivery of suicide-specific and overdose-specific therapies • Explicitly address the co-morbid burden of diseases worsened by MH/SUD • Provide universal access to proven, trauma-informed treatments to reduce justice system involvement, including Multisystemic Therapy

Goals	Possible Pathways for Success*
Criminal Justice System Diversion	
• People with MH/SUD-related crises are met with a health care response (paramedics, social workers, peers), not a police response • 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/SUD 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/SUD conditions from local, state, and federal justice systems and ensure they have access to services to meet their needs • Require law enforcement receiving federal funding to train officers in recognizing signs and symptoms of MH/SUD as well as de-escalation using models with all having specialized training (e.g. Crisis Intervention Team [CIT], Law Enforcement Assisted Diversion [LEAD]) • Require local justice systems, including law enforcement, to develop comprehensive diversion plans with health systems and MH/SUD providers in their community • Implement broad based diversion efforts across the continuum of sequential intercepts for people with MH/SUD to prevent arrest and incarceration so rates for people with MH/SUD are equal to other groups • Increase funding necessary to provide a robust community response to prevent nonviolent individuals with serious mental illness from becoming incarcerated

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Possible Pathways for Success

Equity

Address social/political constructs and historical systemic injustices, such as racism and discriminatory structures and policies, that disproportionately impact the mental health of people of color. Eliminate inequitable conditions for people with mental health and substance use conditions.

People with mental health and substance use conditions tend to experience lower rates of access to care and poor health and life outcomes. For people of color and other marginalized and discriminated against communities, these outcomes are often even worse. Lack of representation of people of color in the workforce and access to culturally and linguistically competent care further contribute to disparities. Eliminating disparities, particularly through addressing social determinants of health and modifying law enforcement and justice-driven responses to MH/SUD needs, is a cornerstone of a transformed system.

Goals	Possible Pathways for Success*
Decrease Inequity	
• Mental health and substance use disorder services are included as an essential component of all anti-racism 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 • Reduce disparities in the prevalence of MH/SUD 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, and language • People with mental health and substance use conditions experience culturally competent care	• Include race, ethnicity, and language data collection in all MH/SUD 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 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/SUD conditions and adverse health outcomes

Goals	Possible Pathways for Success*
Decrease Inequity *Continued*	
	• 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
Care in Custody and Reentry	
• People with MH/SUD conditions are not disproportionately involved in the justice system • People who are justice-involved receive screening and treatment for MH/SUD and suicidality • People with MH/SUD in custody receive humane care and alternatives to solitary confinement and limits on its use are adopted	• Provide federal incentives for criminal justice employee education and training to recognize MH and SUD signs and direct facilities to exercise periodic screenings of all inmates for mental health and substance use disorders, including for suicide risk, from custody to reentry • Apply federal standards for constitutional health care to treatment of MH/SUD for incarcerated persons

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Possible Pathways for Success

Integration

Improve access to services and quality of care by integrating physical health, mental health, and substance use services.

Integrating mental health and substance use care with other health services is fundamental to shifting from siloed, marginalized services to holistic care for the whole person. Care integration not only facilitates better and earlier care, it reduces stigma and decreases barriers to accessing care early, effectively, and efficiently. In addition, integrating care with research across health systems and universities enables continuous improvement of outcomes.

Goals	Possible Pathways for Success*
Enhance the integration of care	
• People of all ages receive MH/SUD screening and services that are well-integrated into primary care and primary care screening and services that are well-integrated into specialty MH/SUD care • Mental health and addiction services are readily available in primary care • People receive effective treatment for co-occurring MH/SUD conditions • People with co-occurring MH/SUD and chronic health conditions, including chronic pain, receive effective, multi-disciplinary team-based treatment	***Structure*** • Align regulations and facilitate seamless data and information exchange and integration between MH/SUD providers, the medical system, and research institutions • Ensure universal access in pediatric settings to child psychiatry access programs (CPAP) ***Financing*** • Forbid same-day billing restrictions in Medicaid programs • Universal access to and increased payment for Collaborative Care Model billing codes, including technical support to practices • Fund and scale financial mechanisms like those in the CCBHC model for specialty mental health centers

Goals	Possible Pathways for Success*
Enhance the integration of care *Continued*	
	***Financing*** • 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/SUD 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 ***Training*** • Increase funding for Project ECHO ((Extension for Community Healthcare Outcomes), child psychiatry access programs, 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

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Possible Pathways for Success

Parity

Ensure fair and equivalent coverage for mental health and substance use disorders.

Coverage and funding drives health system behavior, so it is crucial to break down the treatment limitations, barriers and inequities that continue to marginalize mental health and substance use services. Striking down these systemic impediments is essential to realizing the intent of the Mental Health Parity and Addiction Equity Act (MHPAEA) and state mental health parity laws.

Goals	Possible Pathways for Success*
Parity Coverage and Payment	
• 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/SUD providers, including the peer workforce, are paid equal to comparable health care providers	• Apply MHPAEA to all public and private payers (including Medicare, Medicaid Fee-for-Service, TRICARE and Indian Health Services—and ending the ability of state and local government plans to opt out of MHPAEA) • Increase funding for parity enforcement funding for 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 requiring 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/SUD care

Goals	Possible Pathways for Success*
Parity Coverage and Payment *Continued*	
	• Remove barriers to medications to treat mental health and substance use disorders, 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 caps that government payers e.g. Medicare and Medicaid, place on mental health e.g. eliminating lifetime 190-day limit on Medicare coverage for services in free-standing psychiatric hospitals and the IMD exclusion and improve network performance • Enact federal telehealth parity law that prohibits any discrimination against telehealth and mandates equal reimbursement; include access to audio-only care as an option given inequitable access to broadband
Coverage Expansion	
• All people with mental health and substance use conditions are covered for care • All discriminatory quantitative and non-quantitative limitations to care are eliminated	• Address policies that may limit coverage like the Medicaid inmate exclusion prohibiting Medicaid coverage in jails and prisons • Create special Medicaid eligibility coverage for young people with early psychosis and youth involved in the juvenile justice system • Preserve Medicaid expansion and patient protections in the Affordable Care Act

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Possible Pathways for Success

Standards

Hold systems accountable to evidence-based standards of care that improve outcomes and quality of life.

To improve health outcomes and quality of life for people with mental health and substance use conditions, it is necessary to establish and hold systems accountable to implementing standards of quality care and to adopting payment models that support the cost of providing effective, integrated care.

Goals	Possible Pathways for Success*
Standards of Care	
• People in all settings receive quality care based on well-established standards of care • Measurement-based care for MH/SUD conditions is universally adopted, including universal screening and detection and repeated measures with reliable tools for all people in care • 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 disorders (OUD) routinely access Food and Drug Administration (FDA) approved medication for OUD and other substance use disorders as a first line treatment in all medical and MH/SUD settings	***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/SUD • 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/SUD 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, which incorporates core federal standards reflective of the vision outlined here

Goals	Possible Pathways for Success*
Standards of Care *Continued*	
• People can compare health plans and mental health facilities and programs through public reports on meaningful MH/SUD quality measures • "Grief- and trauma-informed early intervention, symptom remission, and recovery are all central tenets of MH/SUD 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 • Outcomes consistently improve over time through implementation of evidence-based models	***Financing*** • Ensure that Collaborative Care reimbursement rates 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/SUD and co-occurring disorder treatment • Promote measurement-based care and value-based financing • Eliminate the use of "fail first" policies for medication therapies ***Training*** • Incentivize training in trauma-informed, recovery-focused, evidence-based interventions and technologies
Caregiver Supports	
• All caregivers receive information, support and system navigation to help successfully care for someone with mental health and/or substance use disorder • 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

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Possible Pathways for Success

Workforce

Increase the number and diversity of mental health and substance use disorder providers.

To meet growing demand, the mental health delivery system of the future must expand the professional workforce as well as leverage community skills and resources. New service delivery models can ensure that those with greatest need have access to skilled clinicians while creating support in the community for those with less intensive needs.

Goals	Possible Pathways for Success*
Workforce Capacity	
• The MH/SUD workforce is diverse and has the capacity to quickly, effectively, and sensitively meet the needs of our communities • 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 • People with mental health and/or substance use disorder are universally provided telehealth, including audio-only, options for care	***Structure*** • Remove telehealth barriers to practicing across state lines (licensing) where necessary for continuity of care—i.e., existing patients are receiving care across state lines due to COVID-19 or are changing locations (returning from/to college, moving to a new state) • 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 • Enact federal telehealth parity law that guarantees access by removing geographic restrictions and allowing patients to be seen in their home for mental health treatment and mandates equal reimbursement to in-person care; include access to audio-only care as an option when broadband, age, or ability considerations dictate

Goals	Possible Pathways for Success*
Workforce Capacity *Continued*	
	***Financing*** • Require all payers to reimburse for certified peer support specialists and community health workers (to address health disparities in access) • Institute incentives to recruit a diverse mental health and substance use disorder workforce • 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 disorder clinicians out of insurance-based care ***Training*** • Establish uniform standards for certified peer support specialists and community health workers • Improve training for all mental health and substance use disorder workforce in culture competence and trauma-informed care • Expand existing 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 Medicaid and Medicare patients • Eliminate the barrier for child and adolescent psychiatrists to receive HRSA loan repayment • Expand fellowship programs and college programs to encourage more diversity in all mental health professions

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for Suicide
Prevention


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