A Unified Vision for Transforming Mental Health and Substance Use Care

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

Now more than ever there is a need for collective action to advance mental health and substance use disorder care in the United States.

Leaders from the undersigned organizations have worked closely in partnership to collaborate on the development of a shared vision to achieve a common goal – improving lives. This landmark effort culminated on World Mental Health Day 2020 and demonstrates a strong commitment from leaders in the sector to work together to chart a new course for mental health in our country.

Designed by Collectively Creative

As leading organizations in the United States dedicated to improving outcomes for people with mental health and substance use disorders, we aspire to create the vital conditions that promote well-being and a system of care where all people have readily available access to evidence-informed services across a full continuum.

To improve 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 vital conditions such as housing, transportation, and employment; transform the systems that impact whole-person health; integrate care; and dedicate adequate resources to ensure people receive the services and support they need, when and where they need them.

We must institute policies, programs, and standards that value the critical importance of mental health. We must intentionally address racism and discrimination that have created inequities in care and unacceptable disparities in outcomes. We must invest in comprehensive system solutions that integrate and work to make health and well-being realities for all.

Though we represent a wide range of constituencies, the primary goal for each of our organizations is to improve lives. Serving as the 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.

Possible Pathways for Success

Solutions to achieve the vision will require policy change at a federal, state, and local level. This document is meant to give guidance to policymakers on the intended goals, as well as possible pathways for success. Each named organization supports this vision and the critical elements, though they may differ on specific pathways to advance shared goals.

Critical Elements

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

Emergency and Crisis Response. Improve crisis response and suicide/overdose prevention.

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.

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

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

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

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

Early Identification and Prevention

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

Reducing the severity of mental health and substance use disorders through community prevention, early identification, and intervention is a critical component in changing the trajectory of mental illness and substance use. Because 50% of mental illness begins by age 14 and 75% by the time the brain finishes developing in the mid-20s, early identification and intervention efforts must be focused on children, families, and schools, with special emphasis on the community-based risk factors that negatively impact parents and children. In addition, addressing the underlying vital conditions of a community – social and community factors like affordable housing, reliable transportation, and employment go a long way in setting a positive path for mental health and well-being.

Goals	Possible Pathways for Success*
Research	
• **National health data collection includes robust data on mental health and substance use disorders (MH/SUD)**	• Improve surveillance systems to require mental health symptom and behavior/case reporting
• **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**	• 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
• **Safe, effective treatments are developed for the earliest stages of MH/SUD**	• Create consistent processes/standards for ensuring people receive precise diagnoses and personalized interventions
• **Evidence Based Assessment to improve differential diagnosis, treatment planning and progress monitoring**	• 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
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.**	• Require all delivery sites to make assessing social needs a part of any screening process
• **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:**	• Require federal agencies to work with mental health stakeholders to revise instrumental activities of daily living (IADLs) to incorporate psychiatric impairments
– **Affordable, stable, and appropriate housing**	• Align federal policies and structures to support effective supported employment and education services
– **Competitive employment or other income supports**	• Require federal agencies to work together to develop effective housing and employment supports
– **Completion of educational goals**	
– **Essential transportation**	
– **Food security**	

Goals

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 trauma-informed**

Possible Pathways for Success*

- Provide routine MH/SUD screenings through health systems, primary care providers, and schools
- 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)

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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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 and focusing on primary health (rather than public safety) to respond to crisis.

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**	• 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
• **Crisis planning and services facilitate patient choice and continuity of care**	• Integrate crisis response within 911
• **People receive services and supports that facilitate stable housing, benefits and continuity of care post-crisis**	• Implement fully the 988 number and response that is driven by healthcare, not public safety
	• 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 IMDs, while also improving transitions and access to outpatient treatment
Adverse Outcome Prevention	
• **Suicide and overdose rates trend rapidly downward for all groups of people**	• Implement federal incentives and systemic requirements for all hospital systems to achieve zero suicides, overdose; accrediting bodies e.g. URAC, JACHO will also require health systems to work on these issues.
• **Reduced rates of morbidity and mortality for people with co-occurring MH/SUD and chronic medical conditions**	• 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

Criminal Justice System Diversion

- **People with MH/SUD-related crises are met with a health 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**

Possible Pathways for Success*

- 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
- 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], Mental Health First Aid [MHFA])
- 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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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 also experience poor rates of access to care and typically poor health and life outcomes. For people of color and other marginalized communities, access to care and outcomes are generally 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

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**

Possible Pathways for Success*

- 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
- 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

Goals

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**

Possible Pathways for Success*

- 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 from custody to reentry
- Apply federal standards for constitutional health care to treatment of MH/SUD for incarcerated persons

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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

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**

Possible Pathways for Success*

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
- 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

Possible Pathways for Success*

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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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

Parity Coverage and Payment

- **Every health plan provides parity mental health and substance use coverage on par with medical/surgical and enforces those standards**
- **MH/SUD providers, including the peer workforce, are paid on par with comparable health care providers**

Possible Pathways for Success*

- 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
- Require all health plan medical necessity determinations to be fully consistent with generally accepted standards of care for MH/SUD
- Apply MHPAEA to all current and future public and private payers (including Medicare, Medicaid Fee-for-Service, TRICARE and Indian Health Services)
- Increase funding for parity enforcement of Employee Retirement Income Security Act (ERISA) plans by the US Department of Labor
- Ensure that state and federal regulators and lawmakers are requiring compliance with MHPAEA and requiring transparency by health plans about benefit design and application
- Eliminate all restrictions on SUD care, including limitations on providers prescribing medication-assisted treatment (MAT) and telehealth restrictions limiting access for people with SUD
- Monitor and enforce standards to eliminate non-quantitative treatment limitations (NQTLs)
- Eliminate caps that government payers e.g. Medicare, place on mental health e.g. eliminating lifetime 190-day limit on Medicare coverage for services in free-standing psychiatric hospitals and improve network performance

Goals

Coverage Expansion

- **All people with mental health and substance use conditions are covered for care**
- **All quantitative and non-quantitative limitations to care are eliminated**

Possible Pathways for Success*

- 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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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

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**
- **People can compare health plans and mental health facilities and programs through public reports on meaningful MH/SUD quality measures**
- **Trauma-informed early intervention, symptom remission, and recovery are all central tenets of MH/SUD services and require reporting on these factors**
- **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**

Possible Pathways for Success*

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

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

Goals

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**

Possible Pathways for Success*

- 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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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

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**

Possible Pathways for Success*

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

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 to recruit, hire, 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 behavioral health clinicians out of insurance-based care

Possible Pathways for Success*

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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