

2022
**Signature
Series**

Mental Health in America

Series Summary

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ACKNOWLEDGEMENTS

The Alliance for Health Policy recognizes and appreciates the generous support of the sponsors of the 2022 Signature Series. It is more important than ever that we bring the health policy community together for courageous conversations to break through challenges.

VISIONARY



CHAMPION



PREMIER



CONVENER



We also acknowledge and thank CollectiveNext for facilitating discussions and Elizabeth Cronen for writing the Mental Health Care and Substance Use Treatment System chapter of the [Health Policy Handbook](#).

MENTAL HEALTH IN AMERICA

The American health care system has long struggled to effectively and holistically address mental health and substance use disorders (SUD), but in recent years these challenges have emerged as a critical national health priority for citizens and policymakers alike. Even prior to the COVID-19 pandemic, mental health was a significant source of public policy concern. The pandemic has subsequently contributed to, and laid bare, even more widespread challenges and disparities in Americans' mental wellness.

To better understand the reality of this challenge and to equip policymakers to address it head on, the Alliance for Health Policy selected *mental health* as the theme for the 2022 Signature Series. We convened a diverse group of stakeholders with a broad range of expertise, lived experiences, and

ideological perspectives to engage in an evidence-based series of conversations focused on the question “What would good look like?” for the mental health care system. Participants considered that question across three major themes: Innovation, Delivery, and Access, while also examining health equity implications across all domains. Those discussions became the foundation of our interactive year-long programming on topic areas including mental health conditions, substance use and addiction medicine, and workforce challenges.

Mental wellbeing affects all aspects of our lives and our society. Through the 2022 Signature Series, the Alliance centered a robust discussion of policy options, trade offs, and challenges around the experience of patients and their families by taking a listen first approach.

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SERIES OVERVIEW

The Signature Series is Alliance for Health Policy's largest annual initiative with key elements designed to listen, engage, and educate. Throughout the year, each consecutive event builds upon the last, taking knowledge gained from the previous activity to inform the next. Our programs are founded upon diverse viewpoints and perspectives, ensuring each topic is approached in a balanced manner.

What follows is a review of the 2022 Signature Series and a collection of the various resources developed in partnership with the Alliance community throughout the year, as well as educational resources and background on mental health in America.

APRIL

Thought Leader Workshop

During this interactive session, a diverse group of thought leaders, experts, and policymakers convened to discuss key topics and themes for our Series on mental health in America.

JULY

Summit Welcome Reception

Community members from across the country gathered for a social evening of networking and connection

JULY

Summit

The Summit on Mental Health in America examined key themes identified by our group of thought leaders. This in-person event highlighted cutting edge thinking and innovative solutions through a series of panels and keynotes featuring the brightest minds in the mental health space.

AUGUST

Thought Leader Debrief

Thought leaders reconvened to debrief conversations from the Summit to further refine and articulate the characteristics and hallmarks of an ideal mental health care system.

JANUARY

Congressional Briefing

This Capitol Hill briefing focused on educating policymakers on the key funding streams available to improve mental health care in America.



THOUGHT LEADER DISCUSSIONS

Over the course of two workshops in April and August of 2022, the Alliance convened leaders representing multiple perspectives in mental health, including patient advocates, providers, payers, life sciences, academics, technology/startups, as well as former state and government leaders.

These two, three-hour meetings leveraged small-group brainstorming sessions and large-group discussions that attempted to answer the following questions:

1. What are the Hallmarks of a high functioning mental health system? What attributes would we find in an imagined future ideal mental health approach?
2. How does it impact our perspective when looking at these characteristics through the eyes of individual patient journeys?
3. What are core statements about these Hallmarks that represent shared values in the group?

The Alliance contracted with Collective Next, a strategy and design firm with a commitment to human-centered design principles and a high-touch team of trained facilitators, to ensure every voice was heard and each exercise carried impact. The first Thought Leader took a future-focused approach to envisioning a high-functioning mental health system. Thought Leader participants worked individually and in small breakout groups to identify key themes and traits and then reported out to the main group with their findings. Through this iterative and collaborative process, the Thought Leader participants identified seven key Hallmarks of a high functioning mental health system.

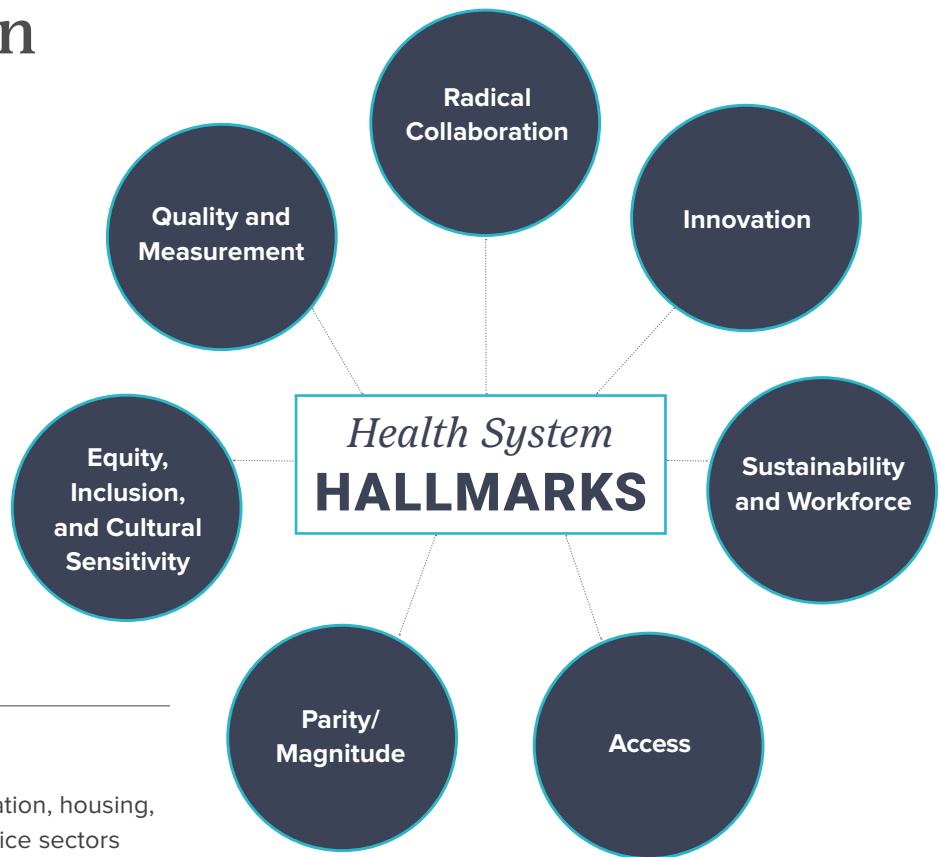
In the second Thought Leader discussion, the participants reconvened to refine and test the Hallmarks through application of insights gained from the Summit. They also took a focused look at the patient-experience and interaction with the mental health system through a review of case studies.

At the end of the two Thought Leader discussions, the groups emerged with value statements—or “We Believe” statements—for each of the seven Hallmarks that capture what is uniquely important about each Hallmark as it relates to mental health.



THOUGHT LEADER DISCUSSIONS

Hallmarks of an Ideal Mental Health System



RADICAL COLLABORATION

- Coordination across health care, education, housing, law enforcement, and other social service sectors
- Braiding & blending (especially funding models)
- Collaborative care models, integrating payment systems, specialists, etc.
- Timely and integrated throughout the patient lifespan

We believe that radical collaboration must include not just primary care physicians and mental or behavioral health providers, but also professional groups like educators, community safety, and all the professions that affect the communities patients live and work.

INNOVATION

- Fostering an environment for consistent research agendas and more breakthrough mental health therapies
- Delivery system and payment reform (tying payment to complexity and performance)
- Responsive, evidence-based mental health and SUD systems that evolve and improve over time

We believe that innovation needs to begin with the needs of and voice of the patient.

SUSTAINABILITY AND WORKFORCE

- Properly funded
- Affordable (price to value) value-based payment model adopted universally
- Funding and support for peer mental health and SUD providers
- Adequate, diverse mental health and SUD workforce
- Geographically accessible services (underserved urban and rural areas)
- Equitable access to culturally sensitive services through either a diverse workforce and/or workforce has access to appropriate training
- Appropriate resources and workforce across the patient lifespan

We believe the evidence supports engaging and appropriately paying a wider array of providers in the behavioral health care team than most people have access to today, and that the level of care should map to individual severity of needs/condition.

THOUGHT LEADER DISCUSSIONS

Hallmarks of an Ideal Mental Health System

ACCESS

- Emphasis on early intervention and preventative care
- No “wrong door” for access to mental health across health care entities and sectors, including education, primary care, criminal justice, etc.
- Access to care across the patient lifespan from pediatric to end-of-life and across different types of payers
- Finding the right mental health service is as easy as finding the right restaurant
- Timely deployment of resources (the right care at the right time)
- Improved access through workforce development and evidence-based integration of technology

We believe that the mental health system should meet all people where they are, wherever they are in their patient journey. Everyone should have access to culturally and linguistically responsive services, providers, and psychosocial supports that are evidence-based or promising practices. People should receive appropriate, compassionate, and patient-centric treatment without cost driving them away.

PARITY/MAGNITUDE

- Widespread mental health/SUD literacy across sectors
- National priority and grassroots support
- Lifelong from youth to end-of-life, etc.
- Mental health care during pregnancy
- Recognition of scale and prevalence of mental health and SUD needs
- Mental health and SUD stigma eliminated
- Equal prioritization of mental health and SUD on par with medical care

We believe that there is no health without mental health.

EQUITY, INCLUSION, AND CULTURAL SENSITIVITY

- Eliminated disparate outcomes for traditionally underserved populations
- Focus on equity as an outcome
- Widespread understanding and integration of social determinants of health
- Emphasis on culturally appropriate options and choices

We believe that equity, inclusion, and cultural sensitivity establish trust for the patient.

We believe that delivering on equity, inclusion, and cultural sensitivity means that demographics (geography, age, etc.) are not barriers to receiving quality care.

QUALITY AND MEASUREMENT

- Responsive, evidence-based mental health and substance use disorder (SUD) systems that evolve and improve over time
- Holistic, measurable, outcomes-focused approach
- Shared, uniform data
- Commitment to consistent quality outcomes across the ecosystem

We believe that shared and uniform data is helpful, but the interpretation should be tailored to a patient’s unique experience.

SUMMIT ON MENTAL HEALTH IN AMERICA

The Summit on Mental Health in America, another fundamental element of the 2022 Signature Series, featured industry visionaries, administration executives, and a host of experts for a one-day educational program in Washington, DC. Designed from feedback received from previous thought leader discussions, as well as Capitol Hill listening tours, the Summit explored a future-focused vision of mental health care in America by examining cutting-edge thinking and innovative solutions through a series of panels and keynotes.

Several innovative ideas were shared during the Summit. Most concepts were intended for various stakeholders throughout the industry. Explore key takeaways from each of the panels and keynote discussions below.

Answering the Call: Barriers & Opportunities as the U.S. Adopts a New Mental Health Crisis Line

The National Suicide Hotline Designation Act was signed into law in 2020, creating 988 as a 3-digit go-to number for people experiencing a mental health crisis. This panel, featuring lived experience and leadership perspectives from behavioral health providers and services, discussed the significance of this legislation and the challenges it brought during implementation.

KEY TAKEAWAYS:

1. 988 is a helpful resource for many experiencing substance use disorders who may be fearful of calling 911 due to law enforcement involvement.
2. 87% of mental health crises calls are managed over the phone with crisis counselors. For those who call 988, the goal is to provide the immediate and safest level of care the person needs with 911 and law enforcement being the last resort.
3. Before and after the launch of 988, states were hurrying to address many operational logistical hurdles, stemming from workforce shortages and financial constraints to ensure quality care for the expected increase in calls to the crisis line.
4. Additionally, the issue is not only insufficient numbers of staff but also concerns about ensuring staff quality of life and avoiding burnout.

Honoring Lived Experiences

Many panelists infused their commentary with their own lived-experiences. Makalynn Powell, a featured participant in the recently released Ken Burns documentary, *Hiding in Plain Sight: Youth Mental Illness* spoke about her personal experience navigating the mental health system, the challenges she faced in accessing care, and how her experience has motivated her to become a mental health advocate.



SUMMIT ON MENTAL HEALTH IN AMERICA

Strengthening Our Core: Investing in Workforce to Develop a Sustainable System

This session reviewed key strategies that health care leaders are using to recruit, train, and retain a culturally knowledgeable, engaged health care workforce, and the impact of telehealth on access to mental health providers and services.

KEY TAKEAWAYS:

1. Health and education departments working together could create an intentional, streamlined pipeline into the workforce.
2. Lived experience could offer exceptions to training and education for peer supporters (reducing barriers).
3. Expanding and targeting grant funding may encourage new entrants into mental health career paths.

Innovating Towards the Ideal

This session discussed the opportunities and challenges of developing an evidence-based and innovative mental health care system and the multitude of ways organizations are propelling change to accommodate person-centered needs.

KEY TAKEAWAYS:

1. There is an industry-wide need to develop accessible digital therapeutics that will increase access to mental health services without compromising the quality of care.
2. Innovation can be achieved in multiple ways such as exploring new models of care (collaborative care model), or taking an existing model (feedback informed model) and scaling it in a way that has not been done before.
3. Industry-wide collaboration and partnerships will be key in achieving innovation and equity within the behavioral health space.



SUMMIT ON MENTAL HEALTH IN AMERICA

Radical Collaboration: Breaking Down Barriers, Driving Towards Equity

This panel highlighted innovative ways in which stakeholders across multiple sectors are partnering and coordinating to improve the mental health and substance use disorder ecosystem.

KEY TAKEAWAYS:

1. An ideal collaborative mental health system is based on prevention, early-identification, intervention and is trauma-informed and recovery-oriented.
2. Housing is essential to mental health. Most individuals are not homeless because they have a mental illness, most are experiencing a mental health condition because of housing instability.
3. Many people often end up in the criminal justice system because of mental illness and experience in the justice system does not prioritize trauma-informed care.
4. We must shift away from residential treatment and long-term care because these prioritize a one-size model. We must alter the infrastructure to have intersectional, accessible, and equitable solutions.



Policymaker Perspectives

The Summit on Mental Health in America welcomed several key policymakers, including Senate Finance Committee Chairman Ron Wyden (D-OR) and Ranking Member Mike Crapo (R-ID). They provided a Congressional point of view of next steps bipartisan legislators can undertake to continue making progress on mental health challenges in the United States.

U.S. Department of Health and Human Services Secretary Xavier Becerra spoke with Alliance for Health Policy President and CEO Sarah Dash on the agency's top priorities in mental health.

CONGRESSIONAL BRIEFING

After a year-long exploration into mental health care in America, the 2022 Signature Series concluded with a briefing on Capitol Hill for policymakers highlighting federal funding streams for mental health and substance use disorder services and treatment. This briefing explained how federal funding is allocated, distributed, and ultimately used by states and community organizations. Speakers also explored new opportunities for 2023, including updates on the recently announced Certified Community Behavioral Health Clinics grant opportunities.

Understanding SAMHSA Block Grants

In 1992, The Alcohol, Drug Abuse and Mental Health Services Administration (ADAMHA) Re-organization Act allowed Congress to establish Substance Abuse and Mental Health Services Administration (SAMHSA) block grants. These noncompetitive **block grants** provide funding for substance use disorders and mental health services.

SAMHSA is responsible for two block grant programs:

- **Substance Abuse Prevention and Treatment Block Grants (SABG):** Used to plan, implement, and evaluate activities that prevent and treat substance use disorder and promote public health.
- **Community Mental Health Services Block Grants (MHBG):** Supports its grantees in providing comprehensive community mental health services.

KEY TAKEAWAYS:

1. While the influx of new funds for behavioral health is helpful for state and local officials, work will need to be done to prepare providers for the influx of resources to help build capacity and cross-sector networks.
2. Workforce and staffing shortages persist across the behavioral health system, and improved retention and recruitment of the behavioral health workforce will be crucial.
3. Many patients struggling with behavioral health issues also struggle with housing, food insecurity, other health needs, and interact with the criminal justice system more frequently than the general population. Federal and state governments need to work across sectors to address patients' health and well-being.



MORE INFORMATION

Read Two Case Studies

- Behavioral Health Education Center of Nebraska: Coordinating Across Partners to Address the Workforce Shortage
- 988: A Front Door to Care in Times of Crisis