

The College for Behavioral Health Leadership (CBHL) – “Advocacy for the National Behavioral Health Strategy” Member Leadership Conversation Report

President Biden announced on March 1, 2022, [a strategy to address the national behavioral health crisis](#). This strategy centered around three main components: 1) strengthening system capacity, 2) connecting Americans to care, and 3) supporting Americans by creating healthy environments.

On March 29, 2022, the College for Behavioral Health Leadership (CBHL) hosted a virtual member leadership conversation entitled “Advocacy for the National Behavioral Health Strategy.” This member-led leadership conversation provided an overview of the recently announced national behavioral health strategy and allowed CBHL members to provide input into this plan, with the intention to guide advocacy efforts and ensure that the plan is effective. This report summarizes key themes and recommendations that arose from this conversation, as well as provides a brief overview of the three main components in the national strategy.

Component 1 - Strengthen System Capacity

Overview as framed in national strategy

“At the center of our national mental health crisis is a severe shortage of behavioral health providers. More than one-third of Americans live in designated Mental Health Professional Shortage Areas, communities that have fewer mental health providers than the minimum their level of population would need. Even outside of these shortage areas, the fragmentation of the current system makes it hard for mental health providers to meet people where they are. We must dramatically expand the supply, diversity, and cultural competency of our mental health and substance use disorder workforce – from psychiatrists to psychologists, peers to paraprofessionals – and increase both opportunity and incentive for them to practice in areas of highest need. Our crisis response infrastructure must also be strengthened to ensure that those facing acute behavioral health challenges can be seamlessly connected to necessary services.”

The President’s national strategy will:

- Invest in proven programs that bring providers into behavioral health. The FY23 budget will invest \$750 million in programs that provide training, access to scholarships and loan repayment to mental health and substance use disorder clinicians committed to practicing in rural and other underserved communities.
- Pilot new approaches to train a diverse group of paraprofessionals. In the fall of 2022, HHS expects to award over \$225 million in training programs to increase the number of community

health workers and other health support workers providing services, including behavioral health support, in underserved communities.

- Build a national certification program for peer specialists. The Biden-Harris Administration will convene stakeholders, launch development, and support implementation of a national certified peer specialist certification program, which will accelerate universal adoption, recognition, and integration of the peer mental health workforce across all elements of the health care system.
- Expand the availability of evidence-based community mental health services. Specifically, make Certified Community Behavioral Health Clinics (CCBHCs) permanent while granting states funding to expand CCBHCs for the communities that need them most. The President's budget will also permanently extend funding for Community Mental Health Centers, which provide essential mental health services to vulnerable communities that would otherwise lack access.
- Invest in research on new practice models. The President's FY23 budget will call for investing \$5 million in research into promising models for treating mental health conditions.

Brief excerpts were pulled from the national strategy fact sheet. For further detail, read the [fact sheet](#).

Recommendations from CBHL Member Leadership Conversation:

Recommendations that arose from this conversation were related to:

Regulatory changes. Behavioral health is overregulated in comparison to other parts of the larger healthcare system. This can lead to negative impacts for both individuals seeking treatment and providers. Individuals who have sought out behavioral health treatment commonly identify paperwork as a barrier to getting into services. Additionally, paperwork has been cited as one of the top reasons for why providers exit the public behavioral health sector workforce. Specific solutions that can be implemented to begin to correct the current state of regulatory requirements are:

- Removing the many front-end barriers that currently exist, specifically components that are required before providers are able to deliver care. In particular, the requirement for a comprehensive psychosocial assessment before providing services. The front door to the behavioral health system needs to become human-centered and focused on the individual receiving services, rather than centered around provider and payer needs. Regulatory changes can and should aim to prevent the trauma that individuals may experience at the front door of the behavioral health system, which may prevent some individuals from receiving services at all.
- Built-in capacity for peers and community health workers to provide pre-engagement services.

Expanding the behavioral health care workforce. Specific strategies include:

- Building team-based approaches to behavioral health treatment, including increasing care management capacity. Leveraging peers, community health workers (CHWs), and other trusted community partners will allow for expansion of the workforce. This will be of particular importance in areas with populations who may experience disparate treatment, in part due to a lack of trust with the behavioral health and larger healthcare system. Proactive engagement needs to be built into workforce, as well as shifting away from the current framing of peers and community health workers as their own separate category apart from treatment providers.
- Supporting a robust workforce that allows non-licensed staff to grow in their non-licensed careers and provide additional services (i.e., peers, case managers, outreach staff, etc.).

- Shifting to bundled payment models or team-based rates for evidence based practices. Peer support is often very constrained by payment, either due to not being reimbursed or not being reimbursed at a high enough rate. Expanding the workforce will require thinking through how to include non-traditional services as being part of reimbursement mix. While the private sector has been able to find ways around this, the public sector needs to find innovative ways to shift payment structures to include these types of services.

Individualizing behavioral health care – moving away from a “one size fits all” model to a menu of flexible service options that are tailored to meet the individual. This will require training in evidence-based approaches, in particular brief interventions. Universities and provider licensure agencies are a key partner to this strategy. Providers need to become comfortable with rapid-risk assessment delivered in 15–20-minute increments, which is what many individuals seeking treatment desire rather than more traditional behavioral health treatment structures.

Ensuring leadership is grounded in equity and inclusion. Leaders need to be able to create inclusive and belonging environments for both individuals seeking or receiving treatment and providers/staff working within their agencies.

Training in culturally responsive care. Culturally responsive training should be required for all staff in behavioral healthcare settings, including front-end staff who can serve as gatekeepers to the behavioral health system.

More upstream awareness work in the early education system. Starting early to get individuals interested in careers in the behavioral health space is critical in continuing to grow the workforce.

Challenging current educational and training requirements for behavioral health career paths to become more efficient. Specifically, creating more bachelor programs/five-year programs that can lead directly to a career in behavioral health could help to address current workforce issues.

Component 2 – Connecting Americans to Care

Overview as framed in national strategy

“Less than half of Americans with mental health conditions receive treatment. The average delay from the onset of mental health symptoms to treatment is 11 years. Too often, costs prevent people from accessing care. At the same time, those with mental illness are often misunderstood, mistreated, mislabeled, and misdirected to services. It is imperative that we promote better pathways to care and make it as easy as possible for all Americans with behavioral health needs – including common and pervasive conditions like anxiety and depression – to access the resources that will improve their well-being. We must fight to ensure that every American can access mental health and substance use disorder care through their insurance coverage, while integrating mental health services and supports into a variety of other settings, online and in the community.”

The President’s national strategy will:

- Expand and strengthen parity. The President’s FY23 budget will propose that all health plans cover robust behavioral health services with an adequate network of providers, including three behavioral health visits each year without cost-sharing.

- Integrate mental health and substance use treatment into primary care settings. Equipping primary care providers with the tools to identify, treat, and manage behavioral health conditions is a proven approach for delivering quality mental health and substance use care, particularly for individuals with depression. To facilitate adoption of these models, the President’s FY23 budget will double funding for primary and behavioral health integration programs.
- Expand access to tele- and virtual mental health care options. Tele-mental health services have proven both safe and effective, while reducing barriers to care. To maintain continuity of access, the Administration will work with Congress to ensure coverage of tele-behavioral health across health plans, and support appropriate delivery of telemedicine across state lines.
- Expand access to mental health support in schools and colleges and universities. The President has committed to doubling the number of school-based mental health professionals. To help schools sustain these roles, the Department of Health and Human Services will make it easier for school-based mental health professionals to seek reimbursement from Medicaid, and the President’s FY23 budget will propose \$1 billion to help schools hire additional counselors and school psychologists and other health professionals.
- Embed and co-locate mental health and substance use providers into community-based settings. Expanding pathways to care also means creating new, low-barrier access points, in settings where Americans already live, work, and play. The President’s FY23 budget will include \$50 million to pilot models that embed and co-locate mental health services into non-traditional settings like libraries, community centers, schools, and homeless shelters.

Brief excerpts were pulled from the national strategy fact sheet. For further detail, read the [fact sheet](#).

Recommendations from CBHL Member Leadership Conversation:

Recommendations that arose from this conversation were related to:

Ensuring access to behavioral health services for people with varying needs through commercial, Medicare, and Medicaid health plans and providing an adequate networks of providers within all communities. This will require all health plans to fund evidence-based practices for people with mild, moderate, and serious conditions. Specific recommendations include:

- Starting with prevention and early intervention, with a strong focus on integrated care and culturally responsive services.
- Training of primary care providers to better understand behavioral health, including incorporating screening for behavioral health conditions in primary care settings. Additionally, incorporating specialty services and evidence-based interventions through primary care providers to reduce barriers to accessing services.
- Creating and providing more early childhood programs that will allow children and families to thrive, as well as to avoid contact with the juvenile and/or criminal justice systems which often become the de facto service system for many people experiencing behavioral health conditions, as traditional service systems fail to identify or adequately meet their needs.
- Reduce barriers related to health plans. Individuals should be able to access high fidelity wraparound and intensive family-based services such as Multisystemic Therapy (MST) and Functional Family Therapy (FFT) through health plans.
- Ensuring all hospitals have some capacity for psychiatric beds.

A full array of crisis services should be available and accessible in all communities. Specifically:

- Crisis service providers should have capabilities to respond to all people regardless of age group. This requires crisis service providers to be trained to work with children, as well as have the ability to respond to school settings.

Shift current framework in which parity focuses on volume of care rather than quality of care.

- Within the current behavioral health parity framework, critical issues such as quality of care are overlooked. Behavioral health parity needs to shift to become more similar to primary care, where outcomes are part of the focus. Specifically, looking at the array of evidence based practices available, network adequacy and determining how well programs are able to help individuals improve or recover. In many cases, there is little or no information keeping or sharing in this regard, which is a major flaw, as being able to know how various providers and health plans are doing is a key factor to improving outcomes.

Component 3 – Supporting Americans by Creating Healthy Environments

Overview as framed in national strategy

“We cannot transform mental health solely through the health care system. We must also address the determinants of behavioral health, invest in community services, and foster a culture and environment that broadly promotes mental wellness and recovery. This crisis is not a medical one, but a societal one. In December 2021, the Surgeon-General released an Advisory on Protecting Youth Mental Health that outlined a wide range of causes for the national youth mental health crisis and underscored growing concern about the harms of digital technologies, particularly social media, to the mental health and well-being of young people, as well as calling for practical action from technology companies to address these concerns. We need a whole-of-society effort to address these concerns: to expand prevention programs and actions that improve mental health at every age and across settings; and to enhance programs that support recovery, especially for populations at increased risk during vulnerable transition periods.”

The President’s national strategy will:

- Strengthen children’s privacy and ban targeted advertising for children online. Children are subject to platforms’ intensive and excessive data collection vacuum, which they use to deliver sensational and harmful content and troves of paid advertising to our kids. The President is calling on Congress to ban excessive data collection on and targeted advertising online for children and young people.
- Institute stronger online protections for young people, including prioritizing safety by design standards and practices for online platforms, products, and services. Platforms and other interactive digital service providers should be required to prioritize and ensure the health, safety and well-being of children and young people above profit and revenue in the design of their products and services.
- Invest in research on social media’s mental harms. Ample research has now emerged that social media is associated with negative mental health outcomes, particularly among young people, and that children under 18 are disproportionately vulnerable to the dangerous and

harmful content that they might encounter online. The President's FY23 budget will dedicate at least \$5 million toward advancing research on social media's harms, as well as the clinical and societal interventions we might deploy to address them.

- Increase mental health resources for justice-involved populations. In too many communities, jails and other correctional facilities have become the largest provider of mental health care. The Department of Justice will expand funding and technical assistance to local communities and corrections systems to provide behavioral health care, case management services, family services, and other transitional programming for adults returning from incarceration into the community.

Brief excerpts were pulled from the national strategy fact sheet. For further detail, read the [fact sheet](#).

Recommendations from CBHL Member Leadership Conversation:

Recommendations that arose from this conversation were related to:

Addressing determinants of behavioral health and expanding prevention and early intervention services. The national behavioral health strategy has created an opportunity to shift to a more preventative framework. The intent should be to prevent illness or injury before it has a chance to happen, which will require more intentional work around the root causes of the current behavioral health crisis. Specific recommendations include:

- Additional research on root causes of behavioral health, with a focus on mental wellbeing more broadly. While it has been clear that the pandemic has led to an increase in behavioral health conditions, it will be critical to learn more about what specific factors played a role in this.

Expanding behavioral health treatment services into new settings, with a specific focus on expanding crisis services. To effectively be able to divert individuals away from emergency departments and justice settings, there need to be reliable crisis stabilization services within communities. Specific recommendations include:

- Scaling up evidence-based treatment models such as Assisted Outpatient Treatment (AOT).
- Ensuring that health plans cover intensive outpatient and partial hospitalization, as well as subacute and step-down treatment models.
- Automatic enrollment in county health plan services in emergency room settings or inpatient behavioral health settings.
- More emphasis on diversion, with particular focus on peer-assisted services embedded with mobile crisis and law enforcement.
- Promoting parity by requiring commercial health insurers to support crisis call centers by paying a per member annual fee for call centers located in their member's geographic area, as well as paying for the array of crisis services utilized by their members.

Expanding focus onto youth and transition-aged youth. Youth and young adults have different needs, and the behavioral health system needs to reflect these differences and focus on those specific needs. Childhood and school-based intervention services need to be expanded. Strengthening children's privacy and online advertising regulations, as well as conducting research on the harm of social media to children and youth are much-welcomed components of the national behavioral health strategy.

Empower communities to work together toward collective goals through community-building.

Specifically, increasing funding capacity in local communities to engage in cross-sector dialogues. Every community is slightly different in needs, and it is through cross-sector collaboration that communities become empowered to find innovative ways to address specific needs. Community-building should be used to let emergent leaders naturally come forward. Additionally, historically excluded groups should be meaningfully involved in the process.

A Plan for Moving Forward

This is a time of opportunity for the behavioral health field. To move this work forward, leaders and communities will need to collaborate to develop a set of key strategic directions. The goal for moving forward will be to come to consensus on a set of key strategic directions and measure these strategic directions against the funding as laid out in the budget.

To help move this work forward, CBHL will be working to foster this type of needed collaboration. CBHL plans to host a series of events similar to the member-led conversation to facilitate cross-sector dialogue, as well as partner with other organizations in the larger behavioral health and healthcare fields. Ultimately, CBHL plans to develop a set of strategic directions for advocacy for the national behavioral health strategy.

CBHL invites members to provide any reflections or suggestions for additions to the specific recommendations/focus areas that arose from this conversation. Please complete this [brief survey](#) to provide any thoughts and/or feedback.

Be on the lookout for future opportunities for conversation related to advocacy for the national behavioral health strategy!