

*National Association of State
Mental Health Program Directors
Strategic Plan*



An Evolving
Document

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NASMHPD Strategic Plan

MISSION

NASMHPD works with states, territories, Pacific jurisdictions, federal partners, and stakeholders to promote wellness, recovery, and resiliency for individuals with mental health conditions, co-occurring mental health and substance related disorders, or other conditions that may co-occur with mental health, across all ages and racial, ethnic, and cultural groups, including: youth, older persons, LGBTQ+, tribes, veterans and their families, and people involved in the criminal justice system and under the jurisdiction of the court.

VISION

Wellness, resiliency, and recovery through an easily accessible, equitable, and seamless quality system of integrated care.

VALUES

The values underpinning this system are:

(1) HUMAN RIGHTS AND JUSTICE

Persons with mental health conditions, co-occurring mental health and substance related disorders, and other co-occurring mental health conditions have the same rights and obligations as other individuals. People with lived experiences have the right to choose, to retain the fullest possible direction over their own lives, and to have opportunities to be involved fully in their communities. All ages, racial, ethnic, and cultural groups should have a full and fair opportunity to access mental health, substance use, and physical health care systems. Behavioral health leadership and workforce should include people with lived experience and reflect the diverse populations served.

(2) HEALTH AND WELLNESS

Integration of care is necessary to treat the whole person. Physical health impacts behavioral health and behavioral health impacts physical health.

(3) RECOVERY ORIENTED AND PERSON-CENTERED SYSTEM

The public mental health system provides a unique and meaningful safety net of services, including a crisis services continuum and community services, such as employment and housing, that assist in helping individuals stay out of crisis and stabilize post crisis. Services should include peer support at all levels of the behavioral health system. Information and access should be readily available for individuals to easily access and proceed through the system in a responsive, appropriate, and timely manner.

(4) *LIVED EXPERIENCE AND EMPOWERMENT*

People with lived experience provide a unique perspective on what may be most helpful for providing services and operationalizing a service system and should be provided meaningful opportunities to participate in providing input related to all aspects of services and systems. People with lived experience should be integrated throughout all levels of the behavioral health system to provide peer support services. People receiving services should be involved in decision-making processes and service delivery, individually at the treatment level and collectively in the planning and operational aspects of the mental health system.

(5) *COMMUNITY EDUCATION*

Promoting wellness through public education increases public awareness and understanding of mental health and substance related disorders. Such public education efforts should include information on promoting positive behavioral health, prevention, early intervention, suicide prevention, 988, crisis services, peer support services, and how to access care.

(6) *A CONTINUUM OF SERVICES THAT MEETS LEVEL OF NEED*

Services should be inclusive of a continuum of services that are trauma-informed, integrated, person-centered, easily accessed, and provided at the level of care appropriate for the individual's need.

(7) *ZERO SUICIDE*

Suicide is preventable. Zero suicide and thriving in the community is the goal.

(8) *WORKING COLLABORATIVELY*

Collaborations with stakeholders, tribes, and partners at the local, state, and federal levels should continue to be strengthened and maintained to help state mental health agencies achieve their goals for the people they serve.

(9) *EFFECTIVE AND EFFICIENT MANAGEMENT AND ACCOUNTABILITY*

Services should be high quality and provided at reasonable costs. Behavioral health services should be provided at parity to physical health through the reimbursement of public and private insurance. Approaches to care should be data-informed, outcome-oriented, and evidenced-based.

(10) *CULTURALLY AND LINGUISTICALLY RESPONSIVE*

Services should be responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. Meaningful participation and input

from the diverse cultures and populations served should be sought starting from the beginning of a process or design of service.

(11) HIGH QUALITY WORKFORCE CAPACITY

There should be the capacity of well-trained practitioners and providers, including peer support providers, to assist individuals wherever they are on the continuum of need and wherever they may reside. Workforce should be reflective of populations served with respect to culture, language, diversity of experience, etc. Equitable practices should be used to recruit and retain a diverse workforce.

In collaboration with states, federal partners, and stakeholders, NASMHPD will work to accomplish the following goals and objectives:

GOAL I. PROMOTE 988 AND BUILDING OUT A CRISIS SERVICES CONTINUUM FOR ALL AGES, KEEPING INDIVIDUALS OUT OF UNNEEDED HIGHER-LEVEL SERVICES OR JAIL.

Objective 1.1. Promote implementing 988 best practices and building out crisis services systems reflected in *SAMHSA's National Guidelines on Behavioral Health Crisis Care* for adults, *SAMHSA's National Guidelines for Child and Youth Behavioral Health Crisis Care*, and *A Safe Place to Be: Crisis Stabilization Services and Other Supports for Children and Youth* to provide an appropriate treatment response, diverting individuals from unneeded higher-level services or jail.

Objective 1.2. Promote best practices on 988 related to sustainability, technology, workforce, communications, inclusivity, acceptability, accessibility, working with law enforcement, integrating peer support, and 988/911 coordination and collaboration.

Objective 1.3. Continue to identify and address policy and system barriers to ensure efficient and cost-effective implementation of 988 and crisis service best practices.

GOAL II. PROMOTE BEYOND CRISIS BEST PRACTICES THAT INCLUDES INTEGRATED CARE

Objective 2.1. Continue to promote an integrated system of care that helps individuals stay out of crisis and stabilize post crisis that includes the expansion of recovery support services, supported employment, supported education, and affordable safe housing. Improve access to these services for people who are homeless or at-risk of being homeless.

Objective 2.2. Promote wellness, prevention and early intervention activities for individuals with or at risk for mental health or co-occurring mental health and substance use related conditions.

Objective 2.3. Facilitate meaningful linkages across diverse child and family-serving sectors (e.g., maternal and child health, child welfare, education, etc.) to support healthy child development strategies to reduce risks for the onset of mental health and substance use related conditions.

Objective 2.4. Promote a biopsychosocial approach to determine appropriate treatment for individuals with complex needs who present in crisis while ensuring equitable treatment for a diverse population and understand personal narratives.

Objective 2.5. Support psychiatric medication, medically supervised withdrawal management, Medication Assisted Treatment (MAT) for individuals with substance use disorder to overcome provider bias, discriminatory bias, and perceptions around substance abuse disorders.

GOAL III. PROMOTE EQUAL ACCESS TO AND QUALITY OF CARE

Objective 3.1. Promote best practices in states for ensuring there is fair and just access to high-quality behavioral health care across systems that serve people with or at risk for mental health and substance use related conditions.

Objective 3.2. Ensure that policies and practices across the behavioral health system and at NASMHPD reflect value every person and their health and correct imbalances caused by unfair treatment.

Objective 3.3. Encourage states and territories to assess and develop internal policies and practices for recruiting, retaining, and providing a diverse workforce.

Objective 3.4. Provide meaningful opportunities for input from specific populations being served starting from the beginning and throughout the development of activities.

GOAL IV. PROMOTE TRAUMA INFORMED APPROACHES

Objective 4.1. Ensure that services and supports across multiple sectors and in all settings that serve persons with or at risk for mental health and substance use related conditions are trauma responsive.

GOAL V. PROMOTE THE RECRUITMENT, DEVELOPMENT AND SUSTAINABILITY OF AN EFFECTIVELY TRAINED BEHAVIORAL HEALTH WORKFORCE.

Objective 5.1. Promote workforce best practices that meet the needs of a changing system, including the expansion of professional and licensed roles, the integration of peer support services throughout the behavioral health system, and innovations that are culturally and linguistically responsive.

Objective 5.2. Promote best practices for recruiting and retaining a diverse and culturally responsive behavioral health workforce.

Objective 5.3 Promote technology that reduces demand on workforce. Develop initiatives that train workforce on providing services through the use of technology.

Objective 5.4. Promote training that assists workforce in how to prevent suicide and address suicidality in people with mental health and substance use related conditions.

GOAL VI. PROMOTE THE ENFORCEMENT OF PARITY BETWEEN BEHAVIORAL HEALTH AND PHYSICAL HEALTH

Objective 6.1. Promote policies and practices that strengthen parity and parity enforcement for public and private insurance.

Objective 6.2. Promote policies and practices that strengthen the enforcement of the Emergency Medical Treatment and Labor Act (EMTALA) for individuals with mental health and substance related conditions.

GOAL VII. PROMOTE THE USE OF DATA, HEALTH INFORMATION AND TECHNOLOGY TO IMPROVE THE QUALITY OF MENTAL HEALTH SERVICES.

Objective 7.1. Develop and/or promote the implementation of models of best practices for mental health and substance use related conditions in community programs and facilities.

Objective 7.2. Develop and/or promote initiatives that utilize data and health information technology to evaluate and improve the quality, cost effectiveness, and outcomes of mental health and substance use related services.

Objective 7.3. Promote the use of technology such as tele-health services to improve the quality of services.

GOAL VIII. IN COLLABORATION WITH STATE MENTAL HEALTH COMMISSIONERS/DIRECTORS, NASMHPD STRENGTHENS THE COLLABORATION IN AND AMONG NASMHPD DIVISIONS TO SUPPORT THE GOALS OF STATE MENTAL HEALTH AGENCIES AND IMPROVE THE SYSTEMS AND SERVICES FOR THE PEOPLE THE STATE MENTAL HEALTH AGENCIES SERVE.

Objective 8.1. Provide opportunities for state-to-state sharing to exchange approaches, information, and ideas related to promising practices.

GOAL IX. NASMHPD CONTINUES INTERNAL POLICIES AND PROCEDURES THAT PROVIDE CHECKS AND BALANCES

Objective 9.1. NASMHPD continues to undergo a comprehensive financial audit conducted by an independent Certified Public Accountant (CPA) firm. This audit includes an in-depth review of NASMHPD's Federal expenditures, billings, and compliance. The audit firm issues an opinion on the presentation of NASMHPD's financial statements in conformity with generally accepted accounting principles. The annual audit report and Internal Revenue Service (IRS) Form 990 is available for public inspection on NASMHPD's website.