SIGNATURE SEMINARS

WHATS NEXT IN MENTAL HEALTH: SEMINAR OUTCOMES

allhealthpolicy.org

ALLIANCE FOR HEALTH POLICY

TABLE OF CONTENTS

1. ACKNOWLEDGMENTS

Series Sponsors and Supporters: The Alliance for Health Policy recognizes and appreciates Bristol Myers Squibb and Otsuka Pharmaceutical for their generous support of the 2024 Signature Seminar on Mental Health program, which makes this work possible.

Thank you to those who attended at least one or more of the Workshops in this program, including:

Andrew Bertagnolli, Ph.D.
One Medical

Cindy Bigley
Otsuka America Pharmaceutical, Inc.

Mary Bordoni, M.A.
Bristol Myers Squibb

Rebecca Boss, M.A.
Technical Assistance Collaborative

Jennifer Bronson
Abt Associates

Anita Burgos, Ph.D.
National Alliance on Mental Illness

Molly Burich, M.S.
Otsuka America Pharmaceutical, Inc.

Sarah Corcoran
Guide Consulting Services

Nathaniel Counts
The Kennedy Forum

Jennifer Faerberg
Association of American Medical Colleges

Richard Frank, Ph.D.
Brookings Institute

Merrill Friedman
Elevance

Atul Grover, M.D., Ph.D.
Association of American Medical Colleges

Al Guida
Guide Consulting Services

Caren Howard
Mental Health America

Andy Imparato
Disability Rights California

Keris Myrick
Inseparable

Charley John, Pharm.D
Walgreens

Jennifer Jones, MPH
Blue Cross Blue Shield

Janice Lepore, M.A., Psy.D.
Janice C. C. Lepore, Psy.D. And Associates, LLC

Silicia Lomax
Waxman Strategies

Kyara Nichols
The Policy Center for Maternal Mental Health

Kendal Orgera
Association of American Medical Colleges
Research and Action Institute

Jill Parsons, M.A
American Association for the Advancement of Science

Aakash Patel
Pharm.D., Bristol Myers Squibb

Radha Pennotti, MPH
Children's Hospital of Philadelphia

Caroline Picher, MPH
West Health

Rachel Pryor, J.D., MSW
U.S. Department of Health and Human Services

Joshua Seidman, Ph.D., MHS
Fountain House

Ryan Springer, MPH
Technical Assistance Collaborative

Karen Studwell, J.D.
American Psychological Association

Aaron Walker
National Association of State Mental Health Program Directors

Liane Wardlow, Ph.D.
WestHealth

Sandra Wilkniss, Ph.D.
National Academy for State Health Policy

Angel Zhong
University of Michigan Institute for Social Research

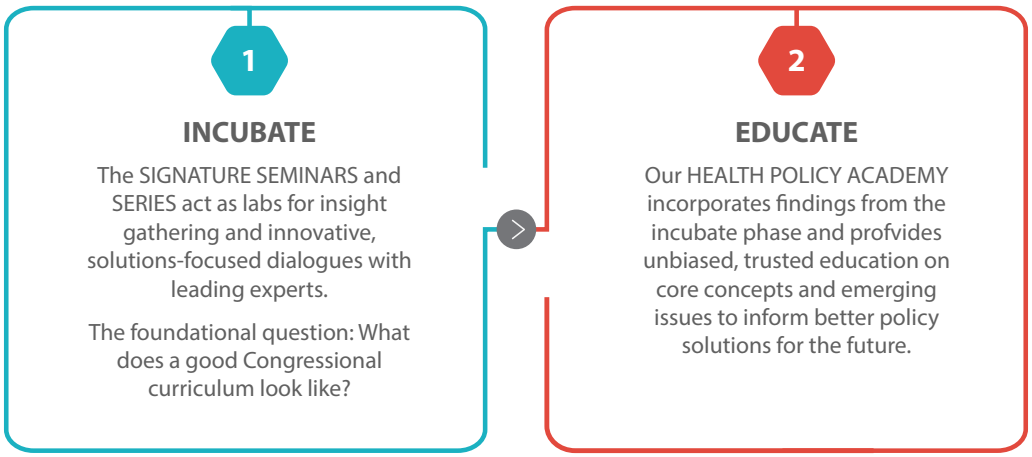
II. SIGNATURE SEMINAR: WHAT'S NEXT IN MENTAL HEALTH? BACKGROUND

About the Alliance for Health Policy and its Signature Seminars

The Alliance for Health Policy is a nonpartisan, nonprofit organization founded more than 30 years ago dedicated to the idea that policymakers who are better informed will strengthen the country's ability to face tough health care challenges.

The Alliance was founded by Senators Rockefeller (D- WV) and Danforth (R- MO), and since that time has hosted hundreds of briefings educating generations of staffers on the health care issues of the day.

In addition to the educational sessions the Alliance holds for congressional staff, the organization also convenes an annual Signature Series on a key health topic of bipartisan interest, bringing together the broader health policy community.



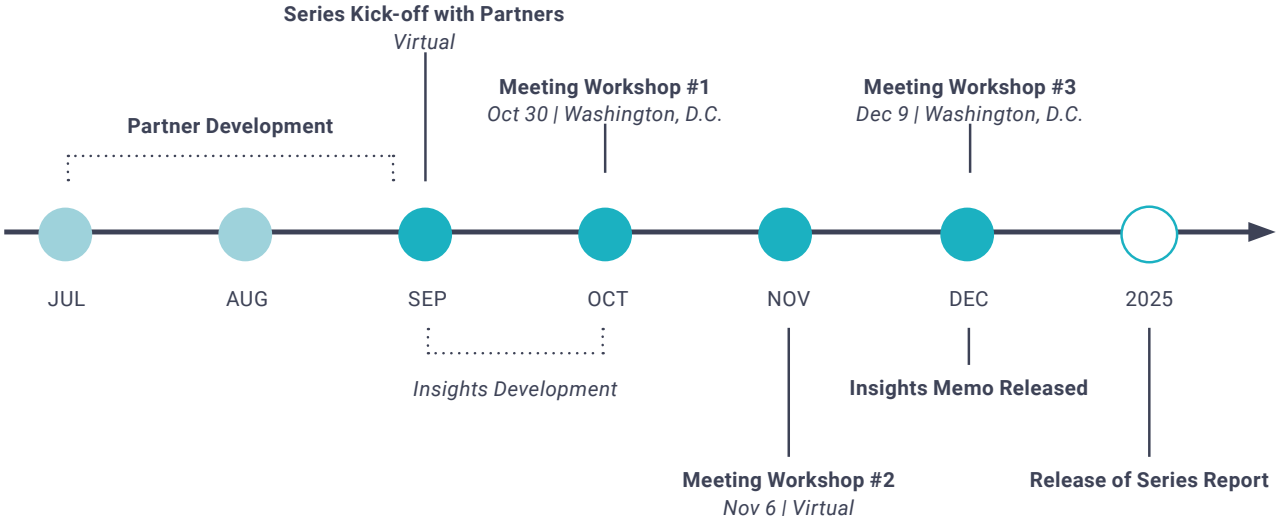
In 2024, building on the successful strategy and convening work that the Alliance pioneered as part of its annual Signature Series, the organization began hosting Signature Seminar programs aimed at gathering voices from across the health care policy community to focus on a core topic.

The Signature Seminar represents the first step of our program lifecycle, "**Incubate**," which includes gathering insights and bringing together experts to provide direction on key issues on the policy topic.

The Signature Seminar also includes discussions and shared recommendations for areas of focus for our second phase of programming, "**Educate**," in which the Alliance develops and executes informed educational programming aimed at legislative staffers and the broader health policy community.

By bringing together voices from across the mental health and policy community — those currently serving in government roles, academics, patient voices, health care providers, payors, innovators, and technical experts — the **2024 Signature Seminar: What's Next In Mental Health?** fostered an environment of active listening and collaboration among a community of experts, and provided a necessary foundation for developing nonpartisan, stakeholder neutral educational programming for the upcoming "Educate" phase.

Seminar Overview



III. INSIGHTS

The structure of the seminar began with a listening tour designed to gain valuable insights from the Alliance community to help inform the programming. The listening tour shed light on the areas of interest, evolution, and promise in mental health policy, as well as identified relevant potential invitees and topics of discussion for the group workshops.

INTERVIEW FINDINGS FROM LISTENING TOUR

The Alliance's listening sessions with experts in the community highlighted key areas of interest in advancing mental health policy. These include:

- Key areas of interest include telehealth adoption and innovative care models that integrate mental health into primary care.
- Experts we talked to emphasize that addressing stigma, improving equity, and engaging individuals with lived experience are critical to fostering effective policy change.

In addition, interviewees highlighted challenges, including:

- While bipartisan interest in mental health remains strong, public focus has declined since the COVID-19 pandemic.
- Systemic issues such as siloed funding streams and fragmented approaches persist, creating barriers to seamless and equitable care.
- Workforce shortages and delays in care were cited as significant challenges.

They also shared perspectives on opportunities on the horizon:

- Experts underscored the opportunities for improving mental health care by exploring quality measurement, and piloting metrics such as those that account for relapse and recovery cycles while ensuring equitable delivery.
- Innovative solutions like telehealth and alternative workforce models are seen as an opportunity to help address accessibility issues, though interviewees were careful to note they are not a "silver bullet."
- Topic areas identified as high potential for bipartisan collaboration were: addressing youth mental health, supporting vulnerable populations, and improving crisis stabilization.
- Experts also recommend enhancing congressional education to bridge knowledge gaps around mental health systems and policy options, including in educational efforts with both economic benefits and personal impacts.

IV. WORKSHOPS- BACKGROUND AND OUTCOMES

The workshops brought together more than 40 health policy and mental health experts and stakeholders, representing a diverse range of perspectives, for a series of three single-session group discussions about critical issues surrounding changes in mental health since 2022.

The workshop design was supported by Collective Next, a human-centered design consultancy. With support from Collective Next, the Alliance ensured the workshops addressed various points of view, had some language in common, that every perspective was heard, and that the outcome would equip participants with practical and effective tools to think critically about mental health policy.

The workshops covered three key areas:

WORKSHOP #1	WORKSHOP #2	WORKSHOP #3
Wednesday, October 30 **9:30-11:30am ET (in person)**	**Wednesday, November 6** **2:30-4:30am ET (virtual)**	**Monday, December 9** **1:30-3:30pm ET (in person)**
• Level Set on Alliance insights, Congresssional education • Adult learning key concepts discussion • Co-create Congressional curriculum on mental helath	• Reflect on role of patient journey in policy today • Discuss ideal roles for use of patient journey in policy making • Idenity potential areas for incorporation into policy	• Review case studies in key areas • Identify key attributes for success • Compare studies, identify learnings from one population that translate to others
Answer the question, *'what does good look like?'*	**Answer the question, *'how might we?'***	**Answer the question, *'how can we learn from successful cases?'***

Workshop 1: Congressional Curriculum

The first Signature Seminar on Mental Health workshop took place on October 30, 2024, and focused on co-creating a congressional curriculum on mental health policy.

The workshop began with some grounding concepts regarding best practices in adult learning, presented by Jill Parsons, M.A., who drew on her experience as the project director at the American Association for the Advancement of Science (AAAS) Science and Technology Fellowship program.

Jill went over four key elements of successful adult education, including: a) clear learning outcomes and objectives, b) incorporating adult learning principles, c) evaluation, and d) iterative design, with a focus on the first two. This background ensured the attendees had a shared understanding of the key language and concepts being used, as the groups were tasked with identifying some of the key elements of a congressional curriculum on the topic of mental health policy.

GROUP DISCUSSION: THE WORST, AND THE BEST CURRICULUM

After the presentation on learning goals, the group turned to describing the attributes of an ideal curriculum, including an exercise where they first shared the features of a terrible educational program, including both content and experience. That exercise opened the door for a comprehensive "hero brainstorm," inverting the frame of the question to describe the ideal congressional curriculum on mental health policy.

Group Breakouts: The participants were divided into five groups tasked with answering questions about the learning goals and outcomes, along with areas of focus, for a congressional curriculum on mental health. The groups emphasized the importance of understanding diverse perspectives, the continuum of mental health issues, and the interplay between federal and state systems.

Recommendations coming out of the group breakouts included leveraging interactive tools such as case studies, visual aids, and stakeholder mapping to foster engagement and practical understanding. The groups aimed to deliver actionable insights and strategies to navigate the complex landscape of mental health care, ensuring future programming reflects the diverse needs of individuals and communities.

Group 1 focused on defining key concepts and understanding the history and stigma surrounding mental health and substance abuse issues. They noted that the curriculum would benefit from including financial implications, clarifying the current legal and regulatory landscape, and emphasized the need for accurate terminology and stakeholder mapping. The group suggested using interactive tools like case studies and visual aids to facilitate learning, highlighting the importance of diverse perspectives in programming.

Group 2 focused on timely topics, delving into how mental health issues have evolved and identifying the current challenges and opportunities. They examined the continuum of mental health issues and the broader landscape of service providers, emphasizing the importance of understanding what has and hasn't worked in the past. This group recommended including a focus on workforce solutions and strategies to integrate mental health into primary care, suggesting that the curriculum include interactive tools like scenario reviews and vetted expert resources to promote active engagement and critical thinking.

Group 3 highlighted the infrastructure of mental health systems, focusing on the value of including stakeholder mapping and patient journeys. They highlighted the importance of understanding care integration, funding mechanisms, and the differences between adult and child mental health systems. The group proposed using diagrams and peer support examples as tools for learning, ensuring that programming reflects a comprehensive view of the challenges faced by diverse populations.

Group 4 concentrated on funding and the intersection of federal and state authority, including legislative and regulatory frameworks. They emphasized the need for incorporating the outcome of greater understanding of reimbursement mechanisms, cultural disparities in mental health care, and the navigation of complex systems. The group suggested incorporating jargon-busting activities and crisis scenarios into programming, ensuring participants gain practical knowledge to tackle real-world challenges.

Group 5 addressed systems and definitions, focusing on sharing the current gaps and unmet needs in mental health care. They emphasized including approaches to align policy priorities with the highest areas of need and the importance of prevention in addition to treatment strategies. The group proposed using multi-stakeholder engagement tools like website resources and collateral materials like one-pagers to facilitate learning and encourage actionable insights.

PROPOSED IDEAL CONGRESSIONAL CURRICULUM: GROUP RESPONSES

	GROUP 1	GROUP 2	GROUP 3	GROUP 4	GROUP 5
CURRICULUM CHAPTER HEADINGS	History (past/present) Stigma Finance	Timely Topics: How did we get here?, Where are we now?, Future projections	Infrastructure: Levers, History, patient journeys and care systems, Equity and access	Funding and Federal/State authority Legislative landscapes Implementation challenges	Systems and definitions Current gaps and needs
LEARNING GOALS	Use mental health and substance use as terms. Understand stigma and its impact on policy development. Discuss the role of finance in mental health policy.	Explore the continuum of mental health issues. Identify legislative milestones shaping current policy. Discuss the evolving needs of mental health care.	Understand health as a whole. Explore equity in care delivery.	Examine federal versus state roles. Identify cultural disparities in funding.	Prioritize health needs. Align strategies to address gaps.
LEARNING OUTCOMES	Understand reliable sources. Grasp the connection between historical decisions and current stigma. Recognize financial barriers in mental health care.	Crisis care definitions and landscape. Key terminology and therapy provisions.	Stakeholder mapping and system navigation. Equity challenges in mental health care.	Basic system navigation and terminology. History of funding models.	Definitions of mental health for youth and adults. Overview of current systems.
201/301 CONTENT	Advanced analysis of Medicare/Medicaid. Case studies on financial gaps and stigma-reducing policies.	Youth-focused workforce solutions. Integration of mental health into systemic care.	Comparative funding mechanisms. Disparities in care access and solutions.	Reimbursement mechanisms (public/private). Cultural disparities in care access.	Prevention versus treatment approaches. Addressing funding and systemic gaps.

RESOURCES	National and State Experts (Directory). Visualizations and infographics on stigma and finance.	Expert resources, vetted case studies, and reliable data.	Peer support networks and field specialists. Elevated tools for understanding patient experiences.	Crisis intervention case studies. Comprehensive bills and legislative tools.	Collateral such as website resources and one-pagers.
CURRICULUM DEVELOPMENT AND COMMUNICATION	Developed with experts and individuals with lived experiences.	Through a nonpartisan and ongoing process.	Communicated through patient journey diagrams.	Iterative process with feedback from Chiefs of Staff.	Collaborative, multi-stakeholder approach.

Workshop 2: Brainstorming Opportunities to Improve Mental Health Policy by Incorporating Patient Journey Mapping

The second Signature Seminar on Mental Health workshop took place on November 6, 2024, and centered around introducing patient journey mapping as a framework for understanding health care experiences.

Specifically, the workshop explored opportunities to use patient journey maps to inform health policy and identified key areas where incorporating patient journey or patient experience data into policy approaches can improve the disjointed experience of the "patchwork approach" to mental health services, as identified in our listening tour.

KEY THEMES AND OUTCOMES ACROSS GROUPS

After a discussion of the definition of patient journey map as a tool that defines the experience of a person or patient as they experience mental health conditions and interact with the health care system, participants were divided into four groups assigned with a focus on integrating diverse stakeholder points of view.

Each group was tasked with reviewing the key areas of mental health policy in two of the following four categories: 1) Data sharing and communication, 2) Quality performance measurement, 3) Process improvement and administrative burden reduction, and 4) reimbursement & cost sharing.

The workshop represented the first time many participants in the meeting had considered the question of how policy would be different if patient experience could be reliably characterized and understood.

There was also consensus that there are not consistent or comprehensive modes for gathering patient experience data. Any such resource, the group noted, should be created responsibly and holistically with attention to the uniqueness of every individual and the larger context of experience.

While no one approach will deliver a universal picture of patients' experiences in mental health, the group concluded journey mapping is one approach for helping drive patient interests in policy discussions.

The discussion also raised many issues related to the provider experience, and provider experience journeys are another area that may be a useful exercise in areas like preventing burnout.

The groups collaborated to brainstorm opportunities for incorporating patient journey data to improve current policy approaches, as well as potential solutions to the challenges illuminated by a journey map exercise. Interactive team exercises yielded a multitude of insights into areas for potential improvement:

EXAMPLE:

Group 1 identified the following areas for improvement:

- **For Quality Performance Measurement:** they emphasized using patient journeys to identify gaps in care delivery and assess outcomes, incorporating experience measures into quality metrics for difficult to measure patient outcomes in mental health.
- **In Process Improvement & Administrative Burden Reduction:** the group highlighted how mapping patient journeys can uncover inefficiencies, such as documentation overload and care coordination gaps, while streamlining workflows and reducing provider burdens that result in poor patient experience. They stressed the need to incorporate financial implications, align regulatory clarity with patient-centered improvements, and encourage the use of visual tools to optimize system efficiency.
- Across both areas, the group underscored the value of interactive programming and actionable strategies that leverage patient journeys to drive measurable improvements.

Group 2 highlighted the policy areas below:

- **For Information & Data Sharing:** they emphasized the importance of integrating patient experience data to make the case for improving data accessibility and transparency, something that is often difficult for patients to access. They recommended the use of standardized frameworks and digital tools to share meaningful insights across stakeholders. They suggested that journey maps would identify key areas of highest risk and sensitivity for patients in prioritizing their privacy while not forgoing the opportunity for real-world data to drive policy improvements and care decisions.
- **In Reimbursement & Cost-Sharing Outcomes:** the group highlighted how patient journeys can illuminate financial challenges and gaps in coverage, such as mapping cost barriers to demonstrate the real-world impact on access to care. They proposed incorporating milestones with financial impacts into journeys, suggesting the need for tools that measure out-of-pocket expenses and aligned reimbursement models to reduce patient burdens and improve equitable outcomes.

Group 3 identified the following:

- **For Process Improvement & Administrative Burden Reduction:** they emphasized how patient journeys can identify inefficiencies in care coordination and documentation processes, uncovering the need for tools to streamline workflows, reduce redundant tasks, and minimize provider burdens. Short-term solutions included mapping administrative pain points and standardizing processes, while long-term efforts centered on leveraging technology and cross-team collaboration to optimize systems.
- **In Reimbursement & Cost-Sharing Outcomes:** the group highlighted how patient journeys reveal the real-world financial burdens patients face, showcasing the need for tools that measure out-of-pocket costs and uncover barriers to accessing care. They suggested short-term strategies like cost mapping and policy alignment to address immediate gaps, while long-term solutions focused on redesigning reimbursement models to ensure affordability, equity, and improved outcomes.

Group 4 focused on the following areas:

- **For Information & Data Sharing:** they emphasized that journey maps could show the continuum of experience between differing settings, bringing up use cases for workflow improvements like inter-organizational data sharing and responsibility hand-offs. They noted a need for data sharing across settings, such as pediatric, school, and clinical care, to improve continuity and care coordination. Short-term solutions included aligning data formats, improving access to actionable information, and ensuring clarity around data ownership and use. Long-term strategies focused on creating a fully integrated and interoperable data system that breaks down silos and enables a holistic understanding of patient needs, while maintaining privacy and equity.

- **In Reimbursement & Cost-Sharing Outcomes:** the group highlighted how patient journeys can illustrate the financial challenges individuals face when navigating care. Short-term actions included mapping patient cost burdens, identifying disparities, and creating tools to measure out-of-pocket expenses more effectively. Long-term solutions centered on advocating for adaptive reimbursement models that promote affordability, equitable cost-sharing, and improved health outcomes.

Workshop 3: Specific Populations / Case Studies

The third Signature Seminar on Mental Health workshop was held on December 9, 2024, and brought together a diverse group of stakeholders to learn from case studies about programs serving youth, elderly, and those exiting the criminal justice system, and look for transferable lessons that could be applied in mental health care.

The case studies included:

- **The HARP Re-Entry Project**[1] presented by Silicia Lomax, MPH from Waxman Strategies,
- **The Collaborative Care Model (CoCM) at Northwestern Medicine**[2] presented by Liane Wardlow, Ph.D. from West Health.
- **The Healthy Steps at Children's Hospital of Philadelphia (CHOP)**[3] presented by Radha Pennotti, MPH, and

After the presentation of case studies, participants were divided into three groups to discuss key themes that cut across the case studies of the specific populations and could be applied in mental health.

UNIQUE CHARACTERISTICS:

CASE 1: THE HARP RE-ENTRY PROJECT

- **The collaboration between the many state and federal, county, and local organizations in the HARP model** was seen as a key differentiator. Participants noted that the involvement of so many government entities with differing systems created unique barriers to adopting change. In addition, collaboration across health entities and law enforcement agencies is not typical.
- The group identified that the HARP model's **potential positive impact on substance use and the opioid epidemic** was distinctive among the cases and represents an area of bipartisan policymaker interest.
- Groups highlighted that the **interruptions of primary care access and the complications that come from the relocation elements that incarcerated people experience** created specific challenges in this case.
- The strict prohibitions of the **Medicaid Inmate Exclusion Policy (MIEP) creates unique challenges**. The MIEP prohibits states from billing Medicaid for any inmate care unless the covered individual requires a hospital stay of at least 24 hours. This prohibition creates complicating factors for individuals in the system, who cannot access Medicaid services, including many who are in pretrial detainment.

CASE 2: THE COLLABORATIVE CARE MODEL (COCM) AT NORTHWESTERN MEDICINE

- **Groups noted that the West Health Accelerator in the CoCM case has a distinctive partnership model**. West Health Institute is a nonprofit medical research institute that provides funding and expertise rather than traditional grants. The nonprofit has a formal collaboration with Northwestern Medicine to fund and collaborate on the CoCM work. As part of the agreement, both organizations have ownership rights regarding the intellectual property created. West Health plans to apply the to their other efforts with the intent to and help catalyze the spread and scale of the model nationally.
- The groups noted that projects of this type are most successful in **specific payment environments**, and that a large system like Northwestern Medicine (or similar systems) and those more aligned with value based payment, are especially well suited to employ this type of model.
- The **maturity of the collaborative care model, along with the body of evidence** and studies, were noted as differentiating. The group noted that what was needed in this space was application and scaling rather than more evidence generation, and that there

---

1 The HARP Re-Entry Project case study can be found on page 16

2 Further reading on the CoCM at Northwestern Medicine can be found on page 20

3 The Healthy Steps at CHOP case study can be found on page 20

was less of a need for "convincing" about the collaborative care approach than among those that may have fewer supporting studies.

CASE 3: THE HEALTHY STEPS AT CHILDREN'S HOSPITAL OF PHILADELPHIA (CHOP)

- **The setting of a teaching hospital** was distinguisher in this case. Participants noted that academic hospitals have infrastructure and institutional support not common to every care setting.
- **The pediatric "roadmap" for care** was a notable feature in the CHOP model – the predictability and expectation to routinely interact with the health system was noted as particular to the pediatric population. With 10 visits in the first two years recommended for healthy patients by the American Academy of Pediatrics, this created a unique and consistent set of milestones for CHOP to incorporate into its programming, while adult care is often more intermittent and less predictable.
- **A focus on early intervention** was distinctive in the Healthy Steps approach, which participants noted was related to prevention and an important piece of a comprehensive set of policy solutions.

LEARNINGS THAT APPLY ACROSS CASES:

- **Designing for more than one affected person:** The CHOP model, referred to a "dyadic care model," was designed to engage with parents and children simultaneously. It assumes multiple people are involved rather than focusing only on the individual and provides tailored resources for both the parent and the child. Two groups noted that this model would be welcomed in many parts of the mental health system, where friends or family play a role but may not formally identify as "caregivers." Multiple groups voiced the opportunity to broaden the benefits of this model and rethink who qualifies as a "caregiver"..
- **Adequate staffing:** Workforce issues persist in health care, and are compounded when combined with other understaffed fields, such as criminal justice. Models such as CHOP and CCoM include dedicated additional coordinators to ensure that those enrolled experience continuity of care and benefit from the programs. There was also discussion of provider burnout.
- **Adequate financial resources:** Change and improvement to the status quo require considerable time, energy, and sustainable investment of funds. Making an impact on a large population requires mobilizing significant resources.
- **Scalability and sustainability:** Participants noted that for each of these cases, making a long-term positive impact on outcomes across the country will depend on embedding programs like Healthy Steps and CoCM into dependable funding, such as Medicaid or CHIP structures. This involves creating robust financial models that support ongoing program costs, such as Medicaid enhanced payment mechanisms or dyadic benefit packages. Discussions emphasized the role of public-private partnerships and philanthropic support in bridging initial funding gaps to enable program scalability. Groups also noted here that building on existing initiatives, such as value-based care initiatives or other health care system priorities, is a lesson for those seeking to integrate mental health into systems.
- **Stakeholder engagement:** Groups agreed that each case study programs' success rested on engaging diverse stakeholders effectively. This ranged from policymakers, health care providers, community organizations, departments of justice, and more. Building new connections and workflows between groups that don't already collaborate requires investment of time and resources. Even within a single health system, the barriers between specialties need to be broken down to facilitate efficient collaboration, and programs need to spend adequate attention on engaging the various stakeholders and creating an environment favorable to collaboration. Collaborative models foster stronger buy-in, clearer communication, and the ability for programs to function, and allow these programs to reach their stated goals.
- **Navigating stigma:** All programs dealt with societal stigma around mental health care, ranging from attitudes about substance use to lack of trust for mental health providers- even among other providers. The coordinated care models helped overcome potential barriers by providing widespread screening for common mental health conditions as part of primary care engagement and building a team of providers spanning primary and mental health care to encourage information sharing.
- **Change management:** Participants noted that the three models all encompassed the need for systems change and employing best practices in change management. In particular, they discussed that these kinds of programs cannot simply be added onto existing workloads, but allow for the training and support needs of providers and administrators as well as managing buy-in, communicating expectations, and progress, ensuring the reason for the change and their role in it.
- **Creating a means of support that doesn't require a clinical diagnosis:** The CHOP and West Health examples of integrated care both have the advantage of not requiring the step of formal diagnosis, which can be a barrier, to provide resources for those who need support. This has both prevention benefits in engaging with people before conditions worsen and helps sidestep stigma, cultural, and time barriers between people and needed services.
- **Overlap with the issues of housing and homelessness:** Groups noted that mental health care at every stage of life and setting often intersects with issues of adequate and dependable housing.

- **Focus on specific populations results in broader positive outcomes:** Each case study emphasized addressing systemic inequities, particularly for marginalized populations, and outcomes showed progress in meeting their needs. But it was not just children who benefitted in the CHOP model, or even just the children and their parents. Physicians in the program consistently reported it improved their ability to deliver quality care and prevent burnout. The CCoM model improved rates of depression screening for patients who needed it, and also more effectively leveraged technologies and integrated psychiatry into primary care models. While the Medicaid waiver programs are new, previous studies have shown that avoiding terminating Medicaid coverage helps not only the person being released from jail or prison, but also decreases the probability of returning to prison, which has multiple positive effects including lowering the financial burden on the system.

When the group was asked to share their key takeaways, they highlighted the following:

KEY TAKEAWAYS

Pay for prevention: Mental health is an area where earlier identification and treatment can improve outcomes and experiences dramatically.

Americans want mental health integrated into their primary care: This is a majority opinion in the U.S.

Financing is key: The details matter. The success of all programs rest on the ability to be adequately and sustainably resourced.

There are scalable solutions: While mental health policy can seem vast and sometimes the challenges appear overwhelming, the cases we reviewed show that progress is possible, and we can build on it.

V. CONCLUSION

The Alliance's 2024 Signature Seminar on Mental Health employed listening tours, workshops, and collaborative discussions to highlight significant advancements, persistent challenges, and actionable opportunities to improve mental health outcomes and experiences.

Through creating connections between voices in multiple perspectives and areas of expertise, the Seminar produced key insights, fostered community among policy experts, and forged a first draft for educational curricula for policymakers on the topic of mental health.

How we address mental health remains a pressing national issue, therefore the insights and strategies developed during this seminar series provide a robust foundation for those who want to learn more about how to drive meaningful progress in policymaking, and will inform future Alliance educational programming.

RESOURCES

1. Case Studies and Further Readings Identified by Participants
2. The HARP Re-Entry Project - presented by Silicia Lomax, MPH from Waxman Strategies: Paving the Path to Healthier Re-entry: How New Medicaid Policies Can Improve Mental Health and Substance Use Support as People Return to Communities
3. The Healthy Steps at Children's Hospital of Philadelphia (CHOP) - presented by Radha Pennotti, MPH: Sustaining HealthySteps: States' Approaches to Financing an Evidence-based Model for Healthy Early Childhood Development
4. The Collaborative Care Model (CoCM) at Northwestern Medicine - presented by Liane Wardlow, Ph.D. from West Health: Collaborative Behavioral Health Program Addresses Need For Integrated Health Care

ALLIANCE
FOR HEALTH POLICY