

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



A Living  
and Evolving  
Document

Approved by the  
NASMHPD Board of  
Directors

December 4, 2015  
(updated January 14, 2016)

# NASMHPD Strategic Plan

## MISSION

NASMHPD will work with states, federal partners, and stakeholders to promote wellness, recovery, and resiliency for individuals with mental health conditions or co-occurring mental health and substance related disorders across all ages and cultural groups, including: youth, older persons, veterans and their families, and people under the jurisdiction of the court.

## VISION

Wellness, resiliency, and recovery through a seamless quality system of integrated care.

## VALUES

*The values underpinning this system are:*

### ***(1) HUMAN RIGHTS AND HEALTH EQUITY***

Persons with mental health conditions or co-occurring mental health and substance related disorders have the same rights and obligations as other citizens. People with lived experiences have the right to choice, to retain the fullest possible direction over their own lives, and to have opportunities to be involved fully in their communities. There should be equity across the mental health, substance use, and physical health care systems across all ages, racial, ethnic, and cultural groups.

### ***(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 employment and housing. Information and access should be readily available for individuals to enter and proceed through the system in a responsive, appropriate, and timely manner.

### ***(4) EMPOWERMENT***

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 psychiatric and substance related disorders. Such public education efforts should include information on prevention.

**(6) LEAST RESTRICTIVE AND MOST INTEGRATED SETTING**

Services should be trauma-informed and provided in the least restrictive, most integrated, and appropriate setting.

**(7) ZERO SUICIDE**

Suicide is preventable and zero suicide is the goal.

**(8) WORKING COLLABORATIVELY**

Collaborations with stakeholders, 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. 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.

**(11) HIGH QUALITY WORKFORCE CAPACITY**

There should be the capacity of well-trained practitioners, including peer support providers, to assist individuals wherever they are on the continuum of need and wherever they may reside.

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

## **GOAL I. PROMOTE PREVENTION AND EARLY INTERVENTION**

**Objective 1.1.** Initiate educational activities and disseminate current information related to mental health, co-occurring mental health and substance related disorders, prevention strategies, early identification for children at-risk of foster care, treatment services, crisis services, suicide prevention, and recovery supports, including employment and housing.

**Objective 1.2.** Continue efforts that facilitate recovery and resiliency, and develop mechanisms to promote health and wellness for persons with or at risk for mental health conditions or co-occurring mental health and substance related disorders. These efforts should include suicide prevention, addressing obesity, and tobacco cessation.

**Objective 1.3.** Promote opportunities for inclusion of people with lived experience into the decision-making processes and service delivery.

## **GOAL II. PROMOTE THE INTEGRATION OF CARE**

**Objective 2.1.** Continue to promote the integration of care for mental health, substance related disorders and physical health for all individuals served in the public behavioral health system.

**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 related conditions.

**Objective 2.3.** Improve access and quality of services for individuals with co-occurring mental health and substance related disorders, and provide linkages to appropriate treatment and supports.

**Objective 2.4.** Monitor the activities of national and state health reform and work with states on appropriate responses.

**Objective 2.5.** 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 related conditions.

**Objective 2.6.** Promote an integrated system of care that includes crisis services and suicide prevention.

### **GOAL III. PROMOTE TRAUMA INFORMED APPROACHES**

**Objective 3.1.** Ensure that services and supports across multiple sectors and in all settings that serve persons with or at risk for mental health and substance related conditions are trauma informed.

### **GOAL IV. PROMOTE MODELS AND INTERVENTIONS THAT MINIMIZE INDIVIDUALS' CONTACT WITH POLICE, JAILS, PRISONS, JUVENILE CORRECTIONAL FACILITIES, AND COURTS.**

**Objective 4.1.** Encourage a sequential intercept model that includes crisis services and suicide prevention to divert individuals into treatment to minimize individuals' contact with police, jails, prisons, juvenile correctional facilities, and courts.

**Objective 4.2.** Work across systems to promote models that ensure individuals are served in the least restrictive setting possible.

**Objective 4.3.** Provide justice system-involved youth with comprehensive family-based services and supports that strengthen positive parenting practices and nurturing home environments.

**Objective 4.4.** Work with police departments to ensure that people picked up by the police for non-violent offenses directly related to their illness are diverted to community services.

### **GOAL V. PROMOTE THE DEVELOPMENT AND SUSTAINABILITY OF AN EFFECTIVE BEHAVIORAL HEALTH WORKFORCE.**

**Objective 5.1.** Promote the expansion and sustainability of peer support services, including supported employment, peer run organizations, and other meaningful roles for peers throughout the behavioral health service system.

**Objective 5.2.** Develop initiatives to recruit and retain mental health professionals, including Certified Peer Support Specialists.

**Objective 5.3. Develop initiatives that promote a culturally and linguistically responsive workforce.**

**Objective 5.4. Develop initiatives that train workforce on providing services through the use of technology such as telehealth.**

**Objective 5.5. Promote training that assists workforce in how to prevent suicide and address suicidality in people with mental health and substance related conditions.**

**GOAL VI. PROMOTE THE INCREASE IN THE AVAILABILITY OF EMPLOYMENT AND HOUSING AND REDUCE HOMELESSNESS FOR INDIVIDUALS WITH MENTAL ILLNESS AND/OR ADDICTIONS**

**Objective 6.1. Develop opportunities to promote access to employment and affordable safe housing for individuals with mental health and substance related conditions.**

**Objective 6.2. Improve access to mental health and substance related services for individuals who are homeless or at risk for homelessness.**

**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 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 related services.**

**Objective 7.3. Promote the use of technology such as tele-mental 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 SMHAs serve.**

**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 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 IRS Form 990 is available for public inspection on NASMHPD's website.**