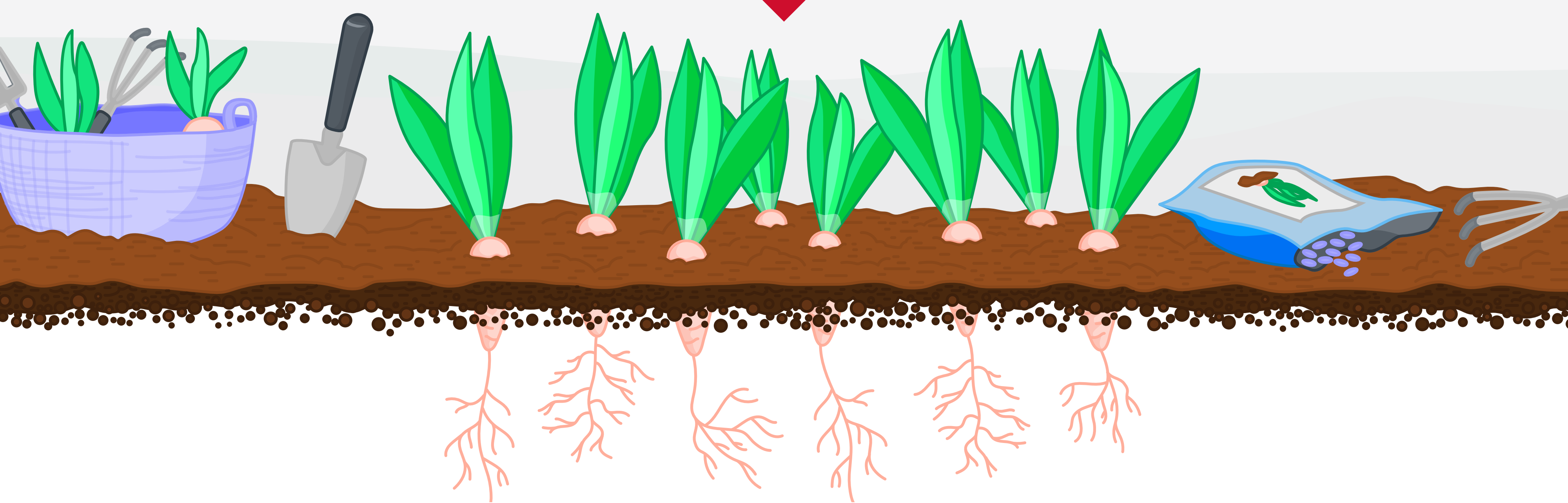# Growing your organization's
behavioral health strategic function

Demand for mental health and substance use care is on the rise. And that's pushed behavioral health to the top of the list of priorities for leaders at provider organizations and health plans.

But many organizations are still developing a comprehensive strategy for their behavioral health lines of business or service lines. This is hard on behavioral health teams, who feel swamped by the crisis and have no capacity to strategize toward long-term goals.

And the impact goes beyond behavioral health leaders. Unmet behavioral health needs interfere with today's biggest priorities for provider organizations and health plans: reducing total cost of care, meeting quality standards for patients or members, and improving workforce retention and resilience.

Use this tool to assess the maturity of your behavioral health strategic function and identify near-term focus areas across four key domains:

1 Governance **2** Data

3 Goal setting **4** Partnerships

Start with these core areas to effectively tackle the biggest **challenges** in behavioral health. For each line, determine which stage most accurately reflects your organization's current state. Progressing along the continuum will strengthen your internal infrastructure for behavioral health strategic planning and operations.

	Performance category	Just starting	Hitting the basics	Driving change
Governance	**Organizational design and authority**	We have a dedicated behavioral health leader at the director level who is supported by a relatively small team compared to our other business functions.	We have staff a well-resourced behavioral health team led by a VP who conducts regular strategic planning and partners with other functions (e.g., health equity and population health teams) to maximize impact.	We ensure behavioral health representation in the C-suite with a leader who provides input into broad organizational decision-making to integrate a behavioral health focus into every function, line of business, and service line.
	Patient, member, and community input	We offer occasional opportunities for patients and the community to share their perspective on our services.	We collect patient input through a variety of channels, including surveys and community forums, which we consider when making strategic decisions.	We reserve dedicated, board-level positions for patient representatives, prioritizing those with serious mental illness and who are from historically marginalized groups.
Data strategy	**Data collection**	We collect some patient demographic data but have not yet expanded to all the REGAL (race, ethnicity, gender and sexual orientation, age, language) domains. We rely on process metrics (e.g., medication adherence) to track our progress toward quality and cost goals.	We continue to actively build out our standardized patient REGAL and SDOH (social determinant of health) database. We use a range of process and outcome metrics (e.g., utilization rates, patient-reported symptom management, patient-reported quality of life) to track progress toward goals and make strategic decisions about our offerings.	We use a comprehensive database that tracks key equity, quality, and utilization metrics and stratifies outcomes by demographic domain. We share our findings with academic, health plan, and provider partners to build out the industry's understanding of how to define behavioral health quality and recovery.
	Data sharing	We struggle to share and receive data from other entities and may have separate internal behavioral and physical health data sets.	We can connect our behavioral health and physical health data sets to understand the impact of each on the other for outcomes and costs. Sharing data externally is cumbersome but not impossible.	We use a completely integrated behavioral and physical health data set that can clearly quantify the impact of behavioral health on our strategic goals. We can share the data seamlessly with other entities.
Organizational goals	**Setting goals**	We set broad and often qualitative goals for improving behavioral health care but do not track our progress with specific metrics.	We combine quantitative and qualitative data to set specific, actionable, and measurable goals to improve behavioral health equity, quality, and utilization at the organization level. We can identify key indicators to track our progress.	We use organizational-level goals as guideposts for measuring progress toward our long-term goal: system-wide structural change to improve behavioral health outcomes and equity.
	Accountability	We communicate our goals with behavioral health leaders but do not formalize them in performance expectations.	We formalize goals for behavioral health leaders to improve behavioral health equity, quality, and utilization. We cascade those goals down to individual teams. We use a dashboard to bring visibility to our progress across the organization.	We incorporate one or more behavioral health goals into annual performance reviews for all leaders. We ensure that our performance on behavioral health goals is visible both internally and externally. We regularly update the C-suite and board on these goals.
External partnerships	**Health care industry partners**	We have a handful of health care partners to point patients to for services that fall outside of our offerings.	We use a structured process to evaluate and prioritize potential partnerships and have processes in place for warm handoffs.	We initiate innovative partnerships designed to use our leverage over other entities to improve the equity and quality of their operations—and vice versa.
	Community partners	We maintain a directory of organizations that offer a variety of social services that fall outside of our organization's scope, but patients must proactively search for these resources.	We use a standardized process for connecting patients with our community partners (including K-12 schools) who we've selected based on their quality and community trust.	We support the capacity of community partners to expand their impact (e.g., with funding, data, technology) and incorporate their expertise into strategic planning. We partner with higher education institutions to help shape behavioral health training and build a diverse pipeline of talent.
	Policy advocacy	We rarely include behavioral health in our policy advocacy agenda.	We advocate for behavioral health policies that directly impact our organization's bottom line (e.g., licensing laws, reimbursement rates).	We push for policies that benefit our community partners, raise industry standards, address SDOH, and support the most marginalized patients, including via Medicaid expansion and criminal justice reform.

As you build out these capabilities, your organization will be better positioned to take meaningful steps toward structurally changing the behavioral health system.

Review your sector's specific role **here**.

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