



The Urgent Need to Address the Behavioral Health Crisis

VISION: A health care system that connects behavioral and physical health, supports value-based care models and uses technology strategically to ensure that all Americans have access to high-quality behavioral health services.



NCQA RECOMMENDATIONS
FOR THE TRUMP ADMINISTRATION



PROBLEM.

Over 20% of American adults live with mental illness, and more than 5% experience serious mental illness. Recent estimates place the resulting economic strain at over \$280 billion. Americans with chronic diseases are more likely to face mental health challenges. Individuals with diabetes are 2–3 times more likely to develop depression, which also affects 42% of cancer patients and 17% of cardiovascular patients. We must intensify our efforts to address this crisis through increased funding for fundamental quality improvement, national standards and technological advancement.

CHALLENGES.

The rise of chronic conditions that contribute to poor mental health, coupled with increased awareness of mental illness and substance use disorder treatments, are escalating demand for behavioral health services, particularly among younger generations. This surge in demand strains state and county behavioral health systems, pushing more patients to seek behavioral services in settings that may not be adequately equipped to support them, such as emergency rooms and urgent care centers.

Measurement of quality in behavioral care is inadequate and is falling behind other health services, due to limited investment. Stigma surrounding mental health and substance use has created a lack of transparency, limiting data for health services improvement and impeding adoption of value-based care.



Our Experience.

NCQA's Health Plan Accreditation and HEDIS® programs are prominent market-oriented solutions aimed at improving health and health care. We introduced 25 HEDIS measures to drive improvement in behavioral health outcomes, and approximately 160 million Americans are in NCQA-Accredited Managed Behavioral Healthcare Organizations. These efforts highlight our long-standing commitment to evidence-based practices and high-quality behavioral care. We are now developing the next generation of accountability programs and tools that can be used to improve behavioral health.



THE PATH FORWARD.

Integrating behavioral health, primary care and specialty care is essential to advancing behavioral health. New telehealth and virtual treatment modalities improve access to behavioral health services, but HITECH investment in EHRs has largely bypassed behavioral health. **We urge the Trump administration to collaborate with Congress to appropriate funds to incentivize behavioral health provider adoption of certified EHRs**, with appropriate safeguards for patient privacy and measures to prevent fraud, waste and abuse.

We applaud the Trump administration's commitment to addressing the opioid epidemic, demonstrated by mandating OTP treatment under the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act, signed into law in 2018. **We encourage the administration to build on this effort by expanding access to medication for opioid use disorder as first-line, evidence-based treatment, and by supporting states in evaluating prevention, treatment and recovery efforts through development, collection and reporting of opioid use disorder quality measures.**

States and counties recognize that opioid use disorder, and more broadly, substance use disorder, are chronic, relapsing conditions. To support patients effectively, we need multiple providers and a broad network of specialties connecting patients to clinically appropriate, financially effective care. Appropriate care maximizes outcomes and long-term benefits to patients and the health care system. It is essential to evaluate new care models for their impact on costs and outcomes, enabling their integration into value-based care arrangements. This will support the growing shift toward integrated care delivery in primary care settings. Use of quality measures must be carefully balanced to ensure that practitioners' workflows are uninterrupted and administrative burdens are minimized.

We urge the Trump administration to instruct HHS to fund creation of a quality measures cascade framework for substance use disorder care, ensuring the establishment of quality standards at every appropriate level of care. This framework will guide patients to high-quality care while facilitating the transition to value-based care among providers. By developing a measure continuum, HHS can support value-based care for lower-acuity populations and establish a foundation for more cost-effective care at higher levels. In turn, insurers and states may be better equipped to implement quality improvement initiatives across Medicaid-funded and other local care networks. This framework can have far-reaching impacts across the behavioral health spectrum, from low-cost early intervention services to high-intensity crisis services.

We commend the Trump administration for its commitment to accessible services for all Americans, exemplified by the introduction of the 988 Suicide and Crisis Lifeline and the expansion of Certified Community Behavioral Health Centers (CCBHC) grants through the CARES Act in 2020. **We encourage the administration to build on these efforts by requiring independent, third-party accreditation for SAMHSA's CCBHC certification.** National accreditors support the CCBHC program to standardize and bring transparency to the quality of services funded by taxpayer dollars. Encouraging and evolving the CCBHC model, with national accreditors providing oversight, can limit government investment in workforce development and support the model's growth. This approach will inspire states to adopt the model and support the efforts of standards organizations to ensure accountability and transparency for federal investment.

Although we support the Trump administration's previous efforts to remove barriers to behavioral health treatment and ensure the adequacy of health plan networks, provider directories don't represent the actual supply of behavioral health providers available to patients. NCQA recently published research on [opportunities to strengthen behavioral health networks and access](#), and **we encourage HHS to support development and testing of network adequacy measures. We also encourage future inclusion of such measures in the Medicare Advantage Star Ratings program.**

We urge the administration to collaborate with Congress to finalize policies that ensure telehealth and virtual care become permanent fixtures of American health care. With the administration's leadership and focus, innovators can develop methods of care delivery that reduce fragmentation, provide more accessible care and address the needs of rural and underserved communities that lack adequate networks for both medical and behavioral care. NCCA recently launched a Virtual Care Accreditation program for primary and urgent care to bring consistency to this emerging area through quality standards and measures. Such programs help providers and payers better understand virtual care capabilities. We are excited to add a behavioral health component to the program in 2026, and to be developing new programs supporting diabetes management.

NCCA is eager to support the Trump administration as it drives innovation and works to create a more cohesive, less fragmented experience for all stakeholders across the American health care ecosystem.