


# SAMHSA
# Strategic Plan

***FY 2006 – FY 2011***

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov





# FOREWORD

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Substance abuse disorders and mental illnesses have a major impact on the health and well-being of many Americans. The Substance Abuse and Mental Health Services Administration (SAMHSA), United States Department of Health and Human Services (HHS), is committed to improving the lives of people with or at risk for these disorders.

SAMHSA's Strategic Plan addresses the *HHS Priorities for America's Health Care* area of Personalized Health Care. The Plan implements multiple strategies within Objectives 1.4 and 3.5 of the HHS Strategic Plan, and many of the 20 Department-Wide Objectives. These documents are available at **www.hhs.gov**.

SAMHSA's **vision** is *A life in the community for everyone*, based upon the principle that people of all ages with or at risk for substance abuse disorders and mental illnesses should have the opportunity for a fulfilling life that includes a job, a home, and meaningful relationships with family and friends. Working with our constituents, we have examined our programs and activities to align them with the objectives and strategies that will achieve our **mission**—*to build resilience and facilitate recovery*.

SAMHSA's "ACE" **goals**—Accountability, Capacity, and Effectiveness—align the agency's organization and budget structure with the mission.

With input from a variety of SAMHSA's stakeholders, including Advisory Councils, national associations, and consumer and community-based organizations, SAMHSA developed a **matrix**—the *Programs and Principles Matrix*—that is a visual summary of the issues and cross-cutting principles that drive SAMHSA's key initiatives.

Matrix **priority areas** for the past several years have been: Co-occurring Disorders; Substance Abuse Treatment Capacity; Seclusion and Restraint; Strategic Prevention Framework; Children & Families; Mental Health System Transformation; Disaster Readiness & Response; Homelessness; Older Adults; HIV/AIDS & Hepatitis; and Criminal & Juvenile Justice. SAMHSA examines the matrix annually to determine whether changes are needed. In 2006, the matrix was revised to add Suicide Prevention and Workforce Development as priority areas. The revised matrix also moves Disaster Response from a priority area to a crosscut, as these activities now are fully integrated within SAMHSA's policy and programmatic activities. Finally, the Collaboration with Public and Private Partners crosscut now explicitly includes International activities.

**Two year plans**—the *Matrix Action Plans*—are updated annually and available at SAMHSA's web site. These plans contain more detailed strategies for accomplishing Matrix priorities.

SAMHSA implemented an array of new programs in FY 2001-2005, redirecting its activities from the mixture of services programs and services research activities that were created by the 1992 ADAMHA Reorganization to a focused services mission. SAMHSA initiated four major new capacity programs: *Access to Recovery; Mental Health Transformation State Incentive Grants; Strategic Prevention Framework State Incentive Grants; and Co-occurring State Incentive Grants*.

SAMHSA's FY 2006 -2011 Strategic Plan capitalizes on these gains. Within resource limitations, SAMHSA will strengthen major programs and continue to address the areas represented on the matrix by designing new programs and initiatives where appropriate and ensuring the most effective use of existing resources. The Plan will be implemented through the decisions reached in the annual budget development process and the annual review of the Matrix Action Plans.

SAMHSA is developing a data strategy to ensure accurate information that measures real outcomes such as employment, housing, and social interaction by a set of National Outcome Measures (NOMs). Most NOMs are now being implemented in SAMHSA's Block Grant programs, following years of work with the States. Similar measures are being implemented across SAMHSA's discretionary programs. SAMHSA plans to issue a separate Data Strategy document in 2006.

SAMHSA continues to establish solid management processes and accountability systems that focus on measurable outcomes and performance goals. A Management Priorities Matrix provides a visual summary of management priority areas and key management systems. These systems drive how we develop and implement programs, conduct daily activities, focus the efforts of our staff across Centers and Offices, and align work with the Administration's priorities. Results from the President's Management Agenda scorecard thus far have validated SAMHSA's management approach.

I am pleased to share SAMHSA's Strategic Plan for Fiscal Years 2006 through 2011, our blueprint for how we will achieve the steady, enduring advances that will ensure SAMHSA's vision of a life in the community for everyone.

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# SAMHSA Strategic Plan

## VISION

**A Life in the Community for Everyone**

## MISSION

**Building Resilience and Facilitating Recovery**

### ACCOUNTABILITY

**Measure and report performance**

- Track national trends
- Establish measurement and reporting systems
- Achieve excellence in management practices

### CAPACITY

**Increase service availability**

- Support needs assessment, planning, and system improvements
- Promote appropriate outreach, assessment, and referral
- Support service expansion
- Promote consumer choice

### EFFECTIVENESS

**Improve service quality**

- Improve client outcomes in SAMHSA programs
- Identify and promote evidence-based approaches
- Support recruitment, education, and retention of workforce

# Introduction

The Substance Abuse and Mental Health Services Administration (SAMHSA), United States Department of Health and Human Services (HHS), is the lead Federal agency addressing substance abuse and mental health services. These issues have a far reaching and critical impact. To ensure that the agency utilizes public resources as effectively as possible, SAMHSA has developed this strategic plan. The Strategic Plan covers Fiscal Years 2006 through 2011. The six year period (the current fiscal year and five years forward) spans the minimum time period for a strategic plan as prescribed by the Government Performance and Results Act (GPRA).

SAMHSA's Strategic Plan directly supports the *HHS Priorities for America's Health Care* area of Personalized Health Care. SAMHSA supports HHS Strategic Plan Objectives 1.4, *Reduce substance abuse*, and Objective 3.5, *Expand access to health care services* (which explicitly includes mental health services). The HHS Strategic Plan may be found at **www.hhs.gov**. The SAMHSA Plan also supports many of the HHS 20 Department-Wide Objectives. SAMHSA "cascades" the HHS objectives through the performance plans of senior management to the performance plans of all staff. See Appendix A for further information regarding the relationship of SAMHSA's strategic plan to several Departmental and national strategies: the HHS Strategic Plan; Healthy People 2010; the National Drug Control Strategy; and the President's Management Agenda.

The SAMHSA Strategic Plan vision, mission, goals and strategies are displayed on the facing page. SAMHSA utilizes a three-part program and management strategy. The key program element of the Strategic Plan is a matrix of priority areas and crosscutting principles that guides agency program directions (see page 12). 2-year Matrix Action Plans identify key action steps for each matrix area and are updated annually (see these plans at **www.samhsa.gov**.) Specific action steps from the Matrix Action Plans are included in staff performance plans across SAMHSA. The key management element of the Strategic Plan is a matrix of management priorities (see page 15). A third element, a Data Strategy, bridges the program and management areas and will be completed in 2006. The Data Strategy will emphasize completion of implementation of a set of National Outcome Measures (NOMs), which ensure program accountability. The Data Strategy also covers management information systems. The program and management strategy ensures continuing program and management accountability.

# I. VISION

SAMHSA's vision is *A life in the community for everyone*. The vision is based upon the principle that people of all ages with or at risk for mental illnesses or substance abuse disorders should have the opportunity for a healthy, fulfilling life that includes a job, a home, and meaningful relationships with family and friends. To make this vision a reality, SAMHSA promotes and supports services which improve outcomes that matter most in people's lives—the ability to hold a job, to have a safe and stable place to live, to complete schooling, and to be an integral part of a community. SAMHSA promotes resilience and recovery—a full life in a supportive community.


# II. MISSION

SAMHSA's mission is to build resilience and facilitate recovery for people with or at risk for substance abuse and mental illness. SAMHSA was established as a services agency in 1992, though its predecessors have existed within the Public Health Service since 1930. The Agency administers competitive and block/formula grant programs; and data collection, evaluation, and technical assistance activities. Programs are carried out by the Center for Mental Health Services (CMHS); the Center for Substance Abuse Prevention (CSAP); the Center for Substance Abuse Treatment (CSAT); and the Office of Applied Studies (OAS). The FY 2006 appropriation is $3.205 billion, with 558 staff.

Mental illnesses rank first among illnesses that cause disability in the United States, Canada, and Western Europe (World Health Organization, 2001). According to the National Comorbidity Survey, among patients aged 18 to 54 with a diagnosable mental disorder, more than two-thirds (67.1%) did not seek treatment (Kessler, R., Demler, O., Frank, R., et al., 2005). According to the 2004 National Survey on Drug Use and Health (NSDUH), the estimated number of persons aged 12 or older needing treatment for an alcohol or illicit drug use problem was 23.48 million (9.8 percent of the total population). An estimated 2.33 million of these people (1.0 percent of the total population and 9.9 percent of the people who needed treatment) received treatment at a specialty facility. Thus, there were 21.15 million persons (8.8 percent of the total population) who needed treatment at a specialty substance abuse facility in 2004 (OAS, 2005).

SAMHSA's resources and programs are designed to promote service capacity expansion and service and infrastructure improvements to address these prevention and treatment gaps. SAMHSA provides direct support to State and local service systems, funding activities to implement practice improvements through grants and contracts. SAMHSA also provides support through federal leadership and policy direction. The Agency's vision and mission is being achieved by increasing the availability of effective services, by ensuring that national policies promote access to needed services, and by ensuring accountability for outcomes.

# III. GOALS

SAMHSA has three strategic goals: **Accountability**, **Capacity**, and **Effectiveness** (ACE). The goals are connected to SAMHSA's performance budget submissions and to the Administrator's performance contract. This Strategic Plan contains a limited number of strategies, measures, and targets, organized by the ACE goals, that represent major programmatic and management accomplishments. Consistent with OMB guidance, the projected levels of goal achievement are consistent with anticipated resources.

SAMHSA's budget submission aligns each major program with the strategic goal that best represents the program's primary purpose. Program level performance measures with annual targets track contributions toward achievement of that goal. Program types include:

- Block/formula grants primarily support Capacity and are awarded to States or other entities designated by the program's authorizing legislation. The legislation prescribes a formula used to determine allocations. A 5% set-aside from each of the two block grants supports technical assistance, data collection, and evaluation.
- Competitive grant programs provide funding to address targeted needs. Major types of competitive grant programs include services grants and infrastructure grants, which support the Capacity goal; and best practice planning and implementation grants and service to science grants, which support the Effectiveness goal. Specific funding opportunities are announced at **www.grants.gov**. SAMHSA's web site, which contains information about SAMHSA's programs, including how to apply for funding, may be accessed at **www.samhsa.gov**.
- Substance abuse and mental health surveys provide critical demographic, epidemiological, and other information to the agency, to the substance abuse and mental health fields, and to the public, supporting SAMHSA's Accountability goal.

# Accountability: Measure and Report Performance

The Accountability goal ensures a focus on tracking national trends; establishing measurement and reporting systems; and achieving excellence in management practices. The most important programmatic accountability initiative of the agency over the past several years has been the development of SAMHSA's Data Strategy, which will be completed in 2006. The central element of the Data Strategy is development and implementation of National Outcome Measures (NOMS), which will collect key outcome data across SAMHSA programs. Several of the NOMs had been implemented in individual SAMHSA programs and refined over the past decade. Others are now being implemented, and a few remain under development. By 2011, SAMHSA will have fully implemented the NOMs, refined the measures as necessary, and assessed their usefulness to SAMHSA as well as to the States and other grantees. Each year, the NOMs will be reviewed to ensure continued coverage of the programmatic areas included in the Matrix.

All SAMHSA data systems must produce quality data on time; SAMHSA reports these measures for several key surveys as part of the annual Performance Budget. Success in the area of accountability is measured through a variety of assessment mechanisms: the Office of Management and Budget (OMB) Program Assessment Rating Tool (PART) reviews; the Administrator's annual performance contract and the annual HHS assessment of agencies; results from program performance measures; and other program and management assessments and evaluations.

### Strategies and Performance Measures: Accountability

1. Track national trends
    - Major SAMHSA surveys, including the National Survey on Drug Use and Health, report timely and reliable data
2. Establish measurement and reporting systems
    - All States report all National Outcome Measures by the end of FY 2007
    - Implement National Outcome Measures in new competitive grant programs beginning in FY 2006
3. Achieve excellence in management practices
    - Achieve and maintain an overall assessment of "Excellent" on the annual HHS Operating Division Organizational Assessment.
    - Achieve and maintain a PART score of "Adequate" or better for all SAMHSA programs by the end of 2011.

# Capacity: Increase Service Availability

The Capacity goal contributes to increased service availability for people with or at risk for substance abuse and mental illnesses. The first general Capacity strategy is focused on infrastructure development and improvement. Many SAMHSA programs are intended to reach difficult to serve populations (e.g., rural; homeless; racially and ethnically diverse.) SAMHSA's most important programmatic activity within the Capacity goal is the implementation and future growth of a set of four major new capacity programs (Access to Recovery; Mental Health Transformation State Incentive Grants; Strategic Prevention Framework State Incentive Grants; and Co-Occurring State Incentive Grants) designed to enhance access and service delivery to consumers, and result in sustained recovery. All four programs focus on infrastructure change as a means of implementing evidence-based practices, ensuring a well trained workforce, and ensuring that services are delivered within a structure that is as effective and efficient as possible. Ultimately, these infrastructure changes should increase the number of people who can be served and improve outcomes. The four capacity programs include sound outcome measures and data collection from the outset. All were implemented by the end of FY 2005. The second general Capacity strategy focuses on the capacity expansion that will result from these and other SAMHSA programs.

The capacity goal is supported by block and formula grant programs, and by two types of discretionary grant programs: services programs and infrastructure programs. Success is determined by measures of service expansion and/or infrastructure improvements (e.g., individuals served; community-based organizations funded; providers trained; cross system collaboration). The ability to collect unduplicated counts of persons served has been a major challenge for the substance abuse and mental health fields. Many services programs also collect and track client outcome data. To ensure quality, capacity programs utilize services that have been determined to be effective.

### Strategies and Performance Measures: Capacity

1. Support needs assessment, planning, and systems improvements.

    - Complete implementation, report baseline data, and establish annual targets for two new infrastructure improvement programs (Strategic Prevention Framework State Incentive Grants, with first grants awarded at the end of FY 2004; Mental Health Systems Transformation State Incentive Grants, with first grants awarded at the end of FY 2005) by the end of FY 2006.

2. Promote appropriate outreach, assessment, and referral.

    - GPRA (Government Performance and Results Act) Performance Measure: Increase the number of homeless persons contacted by the PATH program, which provides services to homeless individuals with serious mental illnesses, from 133,657 (FY 2002 data, reported 2004) to 157,500 (FY 2007 target, data to be reported 2009). Meet GPRA targets for FY 2008 through FY 2011.
    - GPRA Performance Measure: Increase the number of persons served by the substance abuse treatment Screening, Brief Intervention, Referral, and Treatment program from 69,161 (FY 2004 baseline) to 158,388 (FY 2007 target, data to be reported 2007). Meet GPRA targets for FY 2008 through FY 2011.

3. Support service expansion

    - GPRA Performance Measure: Increase the number of persons served by the Substance Abuse Prevention and Treatment Block Grant from 1,882,584 (FY 2002 data, reported 2004) to 2,003,324 (FY 2007 target, data to be reported 2009). Meet GPRA targets for FY 2008 through FY 2011.
    - GPRA Performance Measure: Decrease the cost per 1000 persons served/ impacted by the Protection and Advocacy for Individuals with Mental Illness program from $2431 (FY 2004 baseline) to $2000 (FY 2007 target, data to be reported 2008). Meet GPRA targets for FY 2008 through FY 2011.
    - Develop an outcome measure for individuals with co-occurring disorders that will be added to SAMHSA's list of NOMs by the end of FY 2007.
    - Develop a workforce outcome measure that will be added to SAMHSA's list of NOMs by the end of FY 2007.

4. Promote consumer choice.

    - GPRA Performance Measure: Serve 125,000 persons over three years through the FY 2004 cohort of substance abuse treatment Access to Recovery grants, which provide individuals seeking drug and alcohol treatment with vouchers for a range of appropriate community- and faith- based services. A feature of the program is that individuals choose the provider(s) that will deliver the services. Baseline data will be included in the FY 2008 budget submission, at which time annual targets will be set for 2007 and 2008. Meet GPRA targets for FY 2007 through FY 2011.

# Effectiveness: Improve Service Quality

The Effectiveness goal contributes to the improvement of service quality by improving outcomes in programs that provide funds for direct services, as measured by SAMHSA National Outcome Measures (NOMs); and by contributing to the documentation of effective practices through the National Registry for Effective Programs and Practices. The Effectiveness goal also is supported by Best Practices Planning and Implementation programs and Science to Services programs.

Success in Best Practices Planning and Implementation programs is measured primarily through evidence that the grantee has implemented an identified change successfully. Success in Science to Services requires adequate documentation and dissemination of potential service improvements to the field, and transfer of information about practices needing further study to services researchers.

## Strategies and Performance Measures: Effectiveness

1. Improve outcomes in SAMHSA services programs as measured by SAMHSA National Outcome Measures (NOMS).
    - GPRA Performance Measure: Increase the number of adults receiving services through CSAT Programs of Regional and National Significance who are currently employed or engaged in productive activities from 45% (FY 2004 data) to 53% (FY 2007 target, data to be reported 2007). Meet GPRA targets for FY 2008 through FY 2011.
2. Increase the number of documented service improvements that are included in the SAMHSA National Registry for Evidence-Based Programs and Practices.
    - By FY 2007, increase the number of candidate programs applying to the SAMHSA National Registry for Effective Programs and Practices by 12 (6 each year) from a FY 2005 baseline of 18. Meet targets for future years through FY 2011.
3. Improve outcomes in SAMHSA Science to Services programs.
    - GPRA Performance Measure: Increase number of persons provided Technical Assistance services through CSAP's Programs of Regional and National Significance Centers for the Application of Prevention Technologies from 19,911 (FY 2004 data) to 32,000 (FY 2007 target, data to be reported 2007). Meet GPRA targets for FY 2008 through FY 2011.

# IV. STRATEGIES

SAMHSA's overall program strategy to reach its strategic goals and general measures has two major elements:

- A matrix of priority areas and crosscutting principles, developed in consultation with the field. The matrix ensures that Federal resources are focused on current priorities toward improving the nation's public health (Capacity and Effectiveness).
- Two year Action Plans in each matrix priority area, which are updated annually.

## Key Factors Affecting Achievement of Goals

External factors beyond the Agency's control could significantly affect the achievement of performance targets, positively or negatively:

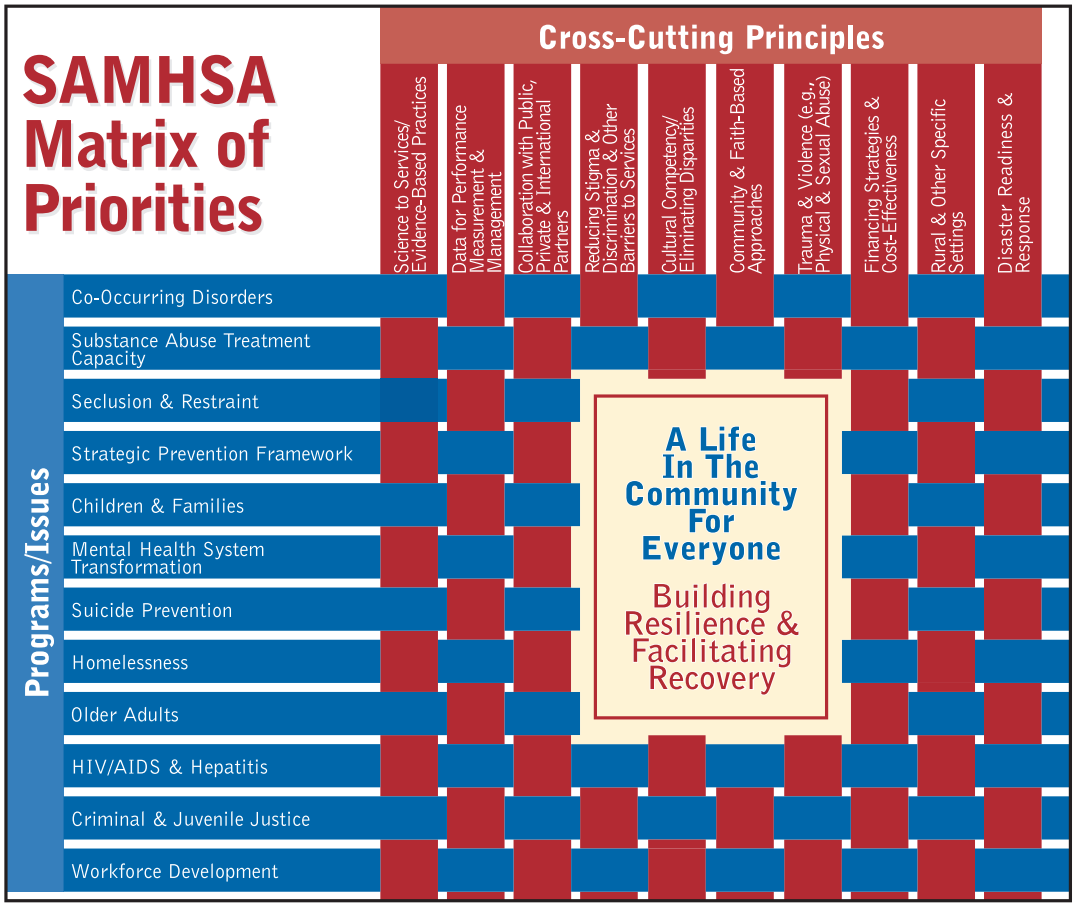
- Changes in the number of people who receive prevention or treatment coverage through private insurance, e.g., through the loss or acquisition of jobs; through changes in the type of coverage provided by employers or health plans. *(Capacity)*
- Effect of the economy on the ability of State and local communities to maintain expenditures for prevention and treatment services, and to maintain availability and access to ancillary services, e.g., vocational services, education and employment, access to child care, available and affordable housing. *(Capacity, Effectiveness)*
- Stigma and discrimination attached to substance use and mental health disorders, which often make it difficult to acknowledge the problem and/or seek treatment. *(Capacity)*
- Changes in drug use patterns, including the availability of new or cheaper drugs, and in the effectiveness of supply reduction efforts. *(Capacity, Effectiveness)*
- World, national and local events, including terrorism, threats of terrorist attacks, war or a natural disaster. *(Capacity, Effectiveness)*
- Availability of substance abuse and mental health prevention and treatment services for criminal and juvenile justice-involved populations. *(Capacity, Effectiveness)*
- Action of the Congress, other Federal agencies, States, local governments, or other non-Federal entities, including availability of funding. *(Capacity, Effectiveness)*
- Changes in available human resources at Federal, State, and local levels. *(Accountability, Capacity, Effectiveness)*

# Setting Priorities: The Matrix

SAMHSA's matrix brings greater focus to the work of the Agency. SAMHSA initiated a dialogue with representatives of the substance abuse and mental health fields to help shape priorities for the immediate and longer-term future. The guidance and insight of the members of SAMHSA's National Advisory Councils, constituents, staff, and other stakeholders were utilized to create a matrix that visually depicts SAMHSA's priority programs and cross-cutting principles.

The matrix is an evolving tool. While it highlights SAMHSA priorities and reflects both HHS Departmental priorities and a public health approach to services, it does not preclude activities targeting other critical or emerging issues. The matrix will be reviewed annually and revised periodically. The decision making process takes into account the needs of the field. Recommendations are discussed by SAMHSA's Executive Leadership Team. The Administrator makes the final decision regarding any change to the matrix.

The matrix guides current program, policy, and resource allocation for the Agency. A senior SAMHSA official leads each matrix priority area. By focusing resources on fewer activities, SAMHSA can better leverage funds for maximum impact.



## Matrix Area Action Plans

Each matrix area lead (with the help of a cross-agency workgroup) developed an initial two-year action plan that covered FY 2004 and FY 2005. Action plans include a purpose statement; performance goals; policy and program parameters/ drivers; and action steps. Action steps must support SAMHSA's strategic goals and objectives; be consistent with the priorities of the Department of Health and Human Services (HHS); and, for substance abuse activities, be consistent with the Office of National Drug Control Policy (ONDCP). The plans are updated each year. The plans that cover FY 2006 and FY 2007 may be found on the SAMHSA web site, **www.samhsa.gov**.

SAMHSA utilizes the matrix action plans as the primary means of implementing its strategic plan, consistent with Office of Management and Budget Circular A-11 guidance. This guidance requires that strategic plans contain one or more strategic goals, and brief descriptions of the means and strategies that will be used to achieve the goals.

SAMHSA's approach allows the agency to focus on a relatively few key action items. As those items are accomplished, matrix leads must update plans to identify the next critical steps. This approach simplifies the task of documenting progress over the six-year span of the strategic plan, while making the agency's priorities and accomplishments transparent to the public via the SAMHSA web site.

## Program and Budget Planning

Matrix area leads participate directly in the Agency's budget planning process, ensuring that matrix priorities drive budget proposals. Each major proposal or program is associated with the Accountability goal, the Capacity goal and/or the Effectiveness goal.

## Four Key Initiatives

The **President's Drug Treatment Initiative** to increase treatment capacity, which began in FY 2002, resulted in a major new treatment program in FY 2004, the *Access to Recovery (ATR)* program. This program will increase substance abuse treatment capacity, consumer choice, and access to a comprehensive continuum of treatment options.

The **Strategic Prevention Framework**, which SAMHSA developed and began to implement in FY 2003, aims to: increase substance abuse prevention programming throughout the United States; support the implementation of effective prevention programs in communities; and promote the use of performance measures and evaluation tools by substance abuse prevention providers. The concept is now being expanded to include mental health promotion issues. SAMHSA has a range of programs in place that can, assuming adequate support, accomplish movement toward these objectives. A new Strategic Prevention Framework State Incentive Grants program was implemented in FY 2004.

**Mental Health System Transformation** is SAMHSA's response to the President's Executive Order creating the New Freedom Commission on Mental Health, which issued its final report in July 2003. Report recommendations include reorientation of the system to the hope of recovery; prompt transfer of state-of-the-art treatments from research to community settings; and improved access to community based treatment and supports that are consumer and family driven and tailored to community needs. SAMHSA is implementing an action plan to respond to this matrix priority. A new Mental Health State Transformation State Incentive Grant program was implemented in FY 2005.

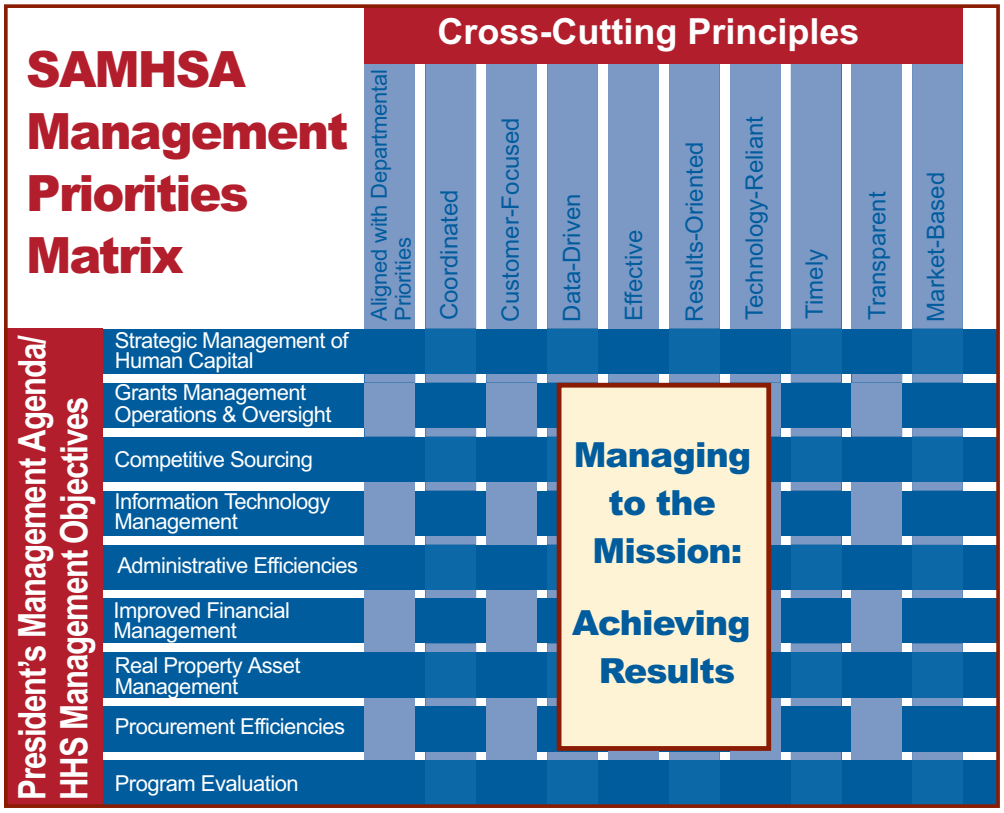
The **Co-occurring Initiative** is SAMHSA's response to the needs of individuals with both a mental disorder and a substance abuse disorder. Only a small percentage of these individuals receive treatment that addresses both disorders. In 1998, SAMHSA and the States entered into a collaboration to address problems associated with co-occurring disorders, culminating in the Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Disorders. In FY 2003, SAMHSA initiated a Co-occurring State Incentive Grants program to enable States to develop and enhance their service system infrastructure to increase access to appropriate services and to reduce impairment for individuals affected by co-occurring disorders.

# V. ENSURING RESULTS

SAMHSA's management strategy has two key elements:

- a data strategy, including partnership with States in developing and implementing performance measures for public substance abuse and mental health service programs administered by the States.
- a management priorities matrix, supported by a variety of evaluations and assessments. These assessments provide information to improve agency program and management efficiency and effectiveness.

Management performance supports Goal 8 of the HHS Strategic Plan, tracked through the Administrator's Performance Contract and results of HHS and OMB management reviews.



# Measuring Performance: The Data Strategy

Within available resources, SAMHSA collects incidence, prevalence, service system, and other critically important data at the national level, as well as program performance data.

The vision of SAMHSA's data strategy is an integrated system that will eliminate unneeded or duplicative data elements and consolidate information technology platforms and software within SAMHSA. This system will better meet the analytical and data needs of SAMHSA and its grantees. The data strategy development process has included a thorough examination of SAMHSA's data collection and analysis systems. The goal of the strategy is to ensure that decisions related to SAMHSA's priorities are based on the most comprehensive and accurate information available.

The results of the data strategy will be used for GPRA reporting, consistent with OMB PART reviews of SAMHSA's programs. Reporting results will become more streamlined and cost effective.

A central element to the data strategy is the collection of National Outcome Measures (NOMs) for substance abuse and mental health. Through collaboration with the States, SAMHSA has identified a set of key domains: increased abstinence from drug use and alcohol abuse or decreased symptoms from mental illness; increased or retained employment and/or school enrollment; decreased criminal justice involvement; increased stability in housing; increased access to services; increased retention in services for substance abuse treatment, or decreased utilization of psychiatric inpatient beds for treatment of mental illnesses; and increased social supports/social connectedness. The NOMs also include three domains added by the OMB PART review process: client perception of care; cost effectiveness; and use of evidence based practices.

These National Outcomes already are being implemented through the Access to Recovery program and the Strategic Prevention Framework State Incentive Grants. Ultimately, they will be aligned across all of SAMHSA's services programs, and by FY 2007 they will be implemented within the Community Mental Health Services Block Grant and the Substance Abuse Prevention and Treatment Block Grant.

## Program Accountability

Current SAMHSA efforts include ensuring that each major new program includes plans for adequate evaluation. See Appendix B for a current list of actual and planned evaluations.

Annual GPRA planning and reporting has been in place since 1997. Results are reported in the annual Congressional Justification for major agency programs.

Processes conducted by entities outside SAMHSA (e.g., the OMB PART review and President's Management Agenda assessments) reinforce SAMHSA's efforts to develop common goals, a common understanding of desired results, and performance data.

PART reviews have now been completed for all SAMHSA programs. Assessments generally have been positive, with the exception of the SAPT Block Grant and the Mental Health Programs of Regional and National Significance, which could not report performance data that met the standards of the review.

## Management Accountability

Several internal workgroups have assessed selected operational areas (e.g., competitive grants; publications clearance) to improve agency efficiency while maintaining quality.

The Administrator signs a performance contract with HHS that includes performance objectives with defined results. Responsibility for meeting the Administrator's goals and objectives "cascades" to the performance plans of SAMHSA's matrix leads (including Center Directors), Division Directors, Branch Chiefs, and staff. In addition, matrix leads have developed two year action plans (see **www.samhsa.gov**) for which they are accountable in their own performance plans. Staff performance plans include elements that track back to the Administrator's performance contract.

# VI. CONCLUSION

Substance abuse and mental illnesses exact an enormous toll on the health of the Nation. SAMHSA's vision of a life in the community for everyone with or at risk of substance abuse disorders and mental illnesses depends upon the achievement of SAMHSA's mission of building resilience and facilitating recovery. The nation must ensure that effective and efficient substance abuse and mental health prevention and treatment services are available to Americans who need these services and cannot now obtain them.

SAMHSA's strategic plan sets an ambitious agenda for the next six years toward the accomplishment of SAMHSA's vision and mission. Goals and priority areas have been identified; key performance objectives have been set; and resources are focused on key programs and initiatives. Annual progress, in the form of performance targets and accomplishments, will continue to be reported in SAMHSA's annual budget submission to

Congress. Specific performance measures will be updated as the plan is revised every three years.

With a strategic plan, matrix area action plans, a management matrix, a data strategy, and management and program accountability tools in place, SAMHSA expects to continue to realize and document major progress.

# Appendix A: Related Departmental and National Strategies

## Relationship to the Department of Health and Human Services (HHS) Strategic Plan

The HHS Strategic Plan may be found at **www.hhs.gov**. SAMHSA's substance abuse prevention and treatment activities directly support Goal 1 of the HHS Strategic Plan, *Reduce the major threats to the health and well-being of Americans, and directly support Objective 1.4, Reduce substance abuse*. Objective 1.4 encompasses both substance abuse prevention and substance abuse treatment activities. SAMHSA's mental health activities directly support Goal 3 of the HHS plan, *Increase the percentage of the Nation's children and adults who have access to health care services, and expand consumer choices*, and directly support Objective 3.5, *Expand access to health care services for targeted populations with special health care needs*. Objective 3.5 includes a specific section for mental health services which covers treatment as well as prevention issues.

HHS also has developed 20 Department-Wide objectives. Ten are management items that reflect the President's Management Agenda. The remaining ten are programmatic objectives. SAMHSA programs contribute to six (#1, #7, #9, #11, #17, and #19).

SAMHSA's goals, objectives, and areas of emphasis have been determined with HHS priorities clearly in mind. While SAMHSA will continue to contribute to goals, objectives, and strategies in the HHS plan beyond the two areas identified, the specific objectives that relate directly to SAMHSA's mission have eliminated the need for elaborate crosswalks from SAMHSA's strategic plan to the HHS strategic plan. HHS objectives include research as well as service strategies that are critical to supporting the improvement of services, and promoting collaboration among HHS agencies around services issues.

## Relationship to Healthy People 2010

Healthy People 2010, published in November 2000, sets national targets for an array of objectives covering many areas of health. Substance abuse and mental health are two of the priority categories addressed by Healthy People 2010. As is the case with the National Drug Control Strategy, Healthy People 2010 sets national, not program level goals. SAMHSA, along with other federal agencies, State and local service providers, and many other entities, contributes to the achievement of these objectives. SAMHSA is also responsible for the data systems that track some of the objectives. Information on Healthy People 2010 may be found at **www.health.gov/healthypeople**.

## Relationship to National Drug Control Strategy

SAMHSA is a National Drug Control Program Agency, directly supporting the National Drug Control Strategy. SAMHSA's substance abuse prevention and treatment activities support Priorities I and II of the National Drug Control Strategy and contribute to achievement of the Strategy's two-year and five-year goals.

Priority I of the Strategy, *Stopping Drug Use Before It Starts*, is supported in part by SAMHSA's substance abuse prevention activities. For example, the 20% Prevention Set-aside from the Substance Abuse Prevention and Treatment Block Grant program supports the entire prevention service system in some States; others use the funds to target gaps and enhance existing program efforts. In FY 2004, SAMHSA's Strategic Prevention Framework State Incentive Grant Program awarded 19 new grants to States and territories to develop comprehensive, State-wide prevention systems and better use prevention resources to implement effective prevention program models. In FY 2005, five additional new grants were awarded.

Priority II of the Strategy, *Healing America's Drug Users*, is supported in part by SAMHSA's substance abuse treatment activities. For example, the portion of the Substance Abuse Prevention and Treatment Block Grant program that is directed toward treatment activities supports a major part of the substance abuse treatment system, providing approximately 40% of public funds expended by State alcohol and drug agencies for prevention and treatment, and funding more than 10,500 community-based organizations. The Screening, Brief Intervention, Referral, and Treatment program, initiated in FY 2003, expands access to clinically appropriate treatment for at risk substance abusers. Services are matched to the person's stage of illness and problem severity, with emphasis on screening and brief intervention for non-dependent users. A new drug and alcohol treatment voucher program, Access to Recovery, was implemented in FY 2004. This program serves additional individuals in need of substance abuse treatment and monitors outcomes, ensuring that clients have a genuinely independent choice of appropriate treatment providers including faith-based programmatic options.

SAMHSA's substance abuse prevention and treatment programs contribute directly to the National Drug Control Strategy's two-year and five-year substance abuse reduction goals. Measuring this contribution requires continued attention to substance use outcomes in SAMHSA programs.

## Relationship to the President's Management Agenda

The President's Management Agenda was announced in August 2001 as a means for reforming the management of the government and establishing a strict system of accountability. The Agenda focuses on five areas where the need and opportunity to improve were found to be greatest. The Strategic Management of Human Capital initiative focuses on preparation for the large number of staff projected to retire over the next several years and on improving the skills of employees. The Competitive Sourcing initiative seeks the most efficient sources to perform commercial activities. The Improved Financial Performance initiative improves the quality of financial information. The Expanded Electronic Government initiative improves the management of information technology, seeking in particular to streamline and simplify the delivery of government services through use of the Internet. The Budget and Performance Integration initiative enhances the quality of information on program results in order to improve resource allocation. SAMHSA's Accountability goal explicitly includes achieving excellence in management practices.

# Appendix B: Actual and Planned Program Evaluations

## Community Mental Health Services Block Grant (MHBG)

The Community Mental Health Services Block Grant Program (MHBG) is currently being evaluated. The MHBG underwent a PART review in 2003. It received a rating of "Adequate". One of the recommendations was to conduct an evaluation to remedy the fact that the MHBG has not had an independent evaluation since its inception in 1981. SAMHSA conducted an evaluability assessment of the MHBG which was completed in August 2004. The study helped to pinpoint and clarify evaluation questions, methodology, costs, and uses prior to expending further evaluation resources. OMB also asked CMHS to complete a pilot study to consider cost efficiency in relation to the implementation of Evidence-Based Practices (EBPs) within states. The EBP study directly addresses this recommendation.

## Protection and Advocacy for Individuals with Mental Illness (PAIMI) Program

In 2005, the Protection and Advocacy for Individuals with Mental Illness (PAIMI) program underwent a PART review and received a rating of "Moderately Effective." The review noted that the program had not been evaluated. Accordingly, the PAIMI program began the evaluation of PAIMI with an evaluability assessment which was completed in June of 2005. The assessment determined that a full evaluation was feasible and a program evaluation was begun in 2005. The program evaluation includes measures of the program's inputs/resources, processes, outputs and outcomes which will be collected from a representative cross-section of Stakeholders of the PAIMI program through surveys and interviews. In addition, secondary data collection of key program reports such as the annual application, program performance reports (PPRs) and site visit monitoring reports are also being reviewed and assessed as part of the evaluation.

## Comprehensive Community Mental Health Services for Children and Their Families Program

This program is evaluated on an ongoing basis, and produces an annual report to Congress on evaluation results. The Children's MH Program underwent a PART review in 2002. It received a rating of "Moderately Effective". OMB recommended that the Children's program:

1. Provide a budget presentation that clearly ties the impact of funding decisions on expected performance or explains why the requested performance and resource mix is appropriate;
2. Develop data for long term measures; and
3. Improve efficiency data.

The evaluation addresses recommendations (2) and (3).

## Projects for Assistance in Transition from Homelessness (PATH) Program

The PATH program underwent a PART review in 2002. It received a rating of "Moderately Effective". Two of the recommendations were to develop data for long term measures and to improve efficiency data. The evaluation project will address these recommendations by reporting results, identifying impediments and assessing the utility of continuing the voluntary data collection effort on a larger scale. Section 528 of the Public Health Service (PHS) Act requires SAMHSA to evaluate the expenditures of PATH program grants at least once every three years. The current PATH program evaluation began in FY 2004 and is scheduled to be completed in FY 2006.

The pilot testing of the outcome measures has been completed and the final report is expected by the end of June. The purpose of this evaluation is to test the feasibility of PATH-funded programs to obtain data on outcomes related to housing, continuing mental health treatment, substance use and employment provided and funded by sources other than PATH.

## CMHS Programs of Regional and National Significance

The CMHS PRNS program underwent OMB PART review for the FY 2007 budget year, and has received a rating of "Results Not Demonstrated," primarily because performance reporting has not yet been implemented in many PRNS activities. The program is implementing an automatic data collection system to address this issue.

The cross-site evaluation of the National Child Traumatic Stress Initiative (NCTSI) was awarded in September 2005. The effort's overarching purpose is to assess the impact of the multilevel network of grantees on the access to care and quality of care for children exposed to trauma. The specific goals of the cross-site evaluation are to describe the children and families served by the NCTSI centers; describe the behavioral and clinical outcomes of children served; describe services utilized; assess the development and dissemination of effective products, treatments, and services; assess intra-network collaboration; and assess the network's national impact.

The Safe Schools/Healthy Students National Evaluation began October 2005. A previous evaluation of the program by the Department of Justice was completed. The current evaluation is working to identify practices related to the seven required components of the Department of Education/Department of Justice/Substance Abuse and Mental Health Services Administration grants that are related to positive systems and student behavior change at the 42 Local Education Agency sites receiving FY 2005 funding.

The Garrett Lee Smith (GLS) Memorial Suicide Prevention National Cross-Site Evaluation, awarded September 2005, will serve as a primary mechanism through which the initiative, and its two programs, will be understood, improved, and sustained. The two programs to be to be evaluated are the State/Tribal-Sponsored Prevention and Early Intervention Program and the Campus Suicide Prevention Program. The GLS Cross-site Evaluation will focus on the context, products and services, process, and impacts for these programs.

The HIV Services collaborative will be evaluated as part of a new contract effort. The evaluation supports SAMHSA's health oversight role, providing CMHS/SAMHSA with the data and analyses needed to fulfill the Program's GPRA and other data reporting requirements; and providing definitive documentation of the benefits of program efforts to assist clinicians and program administrators to strengthen programs; tailor outreach and recruitment efforts; better document the DSM-IV diagnoses within treatment populations; and assist in determining mental health staffing needs. The proposed contract will be awarded in FY 2006.

The Minority Fellowship Program (MFP) evaluation started in September of 2005 and is expected to conclude in September of 2007. The evaluation has three major objectives:

1. Recommend an evaluation design for the MFP Program using commonly accepted assessment methodologies including the development of a logic model;
2. Conduct a comprehensive evaluation of the structure, processes, and outcomes associated with the MFP Program to determine how well the program is accomplishing its mission; and
3. Provide a written evaluation report of the comprehensive evaluation of the MFP Program that highlights program strengths, challenges, and opportunities for improvement, for use in future program planning and operations.

The Evaluation of the Mental Health Transformation State Incentive Grant (MHT SIG) will begin in 2006 and will continue for 5 years. The evaluation will include the following:

1. Analysis of the State NOMS data for the SIG States vs. data prior to the beginning of transformation activities and/or vs. data from non-SIG States;
2. Collection and analysis of 7 GPRA Infrastructure Indicators described in the MHT SIG grant announcement;
3. A process measure of the degree to which the transformed system is recovery-oriented;
4. A recovery outcome measure;
5. A measure of cost-efficiency; and
6. An analysis of process information based on grantee reports, site visits, and possibly one or two measures of critical aspects of transformation, such as leadership or collaboration.

## CSAP Programs of Regional and National Significance

CSAP's Programs of Regional and National Significance received an OMB PART review in FY 2004, receiving a rating of "Moderately Effective". CSAP, in collaboration with the National Institute on Drug Abuse (NIDA), is conducting an evaluation of the largest CSAP PRNS program, the Strategic Prevention Framework State Incentive Grant (SPF SIG) program. CSAP and NIDA have developed a cross-site design that addressed two principal levels of SPF SIG change: 1) change in State and Community systems, particularly improved targeting of and more appropriate service delivery via systematic needs assessment, through the use of the Strategic Prevention Framework; 2) change in levels of substance use and related risk factors, and substance-related problems, among program participant and population outcomes at the State and Community levels.

## CSAT Programs of Regional and National Significance

CSAT Programs of Regional and National Significance underwent a PART review in 2002, and received a rating of "Adequate". One of the recommendations was "Fund independent and comprehensive program evaluations of the national program." These evaluations will specifically address this recommendation, as well as the recommendation to develop data for performance measures. Several programs within CSAT's Programs of Regional and National Significance are being evaluated in FY 2004-2008.

A contract was awarded in September 2005 to conduct an evaluation of the Co-Occurring State Incentive Grant (COSIG) program. This evaluation will determine to what extent SAMHSA's goals and objectives for the COSIG program were met; the strengths and weaknesses of the "state infrastructure grant" approach to helping states improve their systems of services for specific populations; lessons learned that may be of use to other states; and how SAMHSA can structure and support similar future programs.

An evaluation of the Family Drug Treatment Courts Program (FTDC) will examine the effectiveness of FTDCs in four sites which represent two distinct models: a stand-alone family treatment drug court that serves some substance-abusing families involved with the child welfare system; and a system-wide approach to serving these families.

A study evaluates the Drug Addiction Treatment Waiver Program, a new program that allows qualified physicians to obtain waivers from federal law to use certain new medications in the office-based treatment of opiate addiction.

An evaluation of the Opioid Treatment Program (OTP) Accreditation will gauge the impact of accreditation on Opioid Treatment Programs (OTPs) now that accreditation has become mandatory.

The Screening, Brief Intervention, Referral and Treatment (SBIRT) program will be evaluated in FY 2004-2008. This is a new CSAT PRNS activity that was not in existence at the time of the PART review. The study will provide an understanding of how SBIRT will work best in various settings and under somewhat different approaches and will examine which models of SBIRT offer the greatest potential to improve the U.S. service system. Included in the evaluation will be information on the cost, cost-effectiveness, and cost-benefit of the interventions.

The Addiction Technology Transfer Centers (ATTC) study will evaluate both the process and impact of the ATTCs, specifically the impact of the ATTCs on increasing and developing the substance use disorder treatment workforce. Data collection will begin in FY 2008.

The Rehabilitation and Restitution Program study is evaluating two sites in Ohio to determine what factors may contribute to the successful completion of all criminal supervision and the ability of first time non-violent felony offenders to remain in the community without committing additional crime or engaging in substance use/abuse.

The Hepatitis A and B Vaccination Project Performance Monitoring Evaluation is an evaluation of basic clinical information to determine the feasibility and level of success of delivering the combined Hepatitis A and B vaccination (Twinrix) in nontraditional facilities such as substance abuse, methadone and primary care settings to reach clients infected with or at-risk of Hepatitis.

The Cross-Site Accountability Assessment of the Residential Treatment for Pregnant and Post-Partum Women and Their Minor Children Program (PPW) will use outcome data to measure the success of clinical treatment and recovery support services. The results will be used to assess the need to continue SAMHSA's targeted pregnant and post-partum women's programs, to design programs, to coordinate systems of care, and to provide assistance that will ensure such programs can contribute appropriately to treatment and prevention of substance abuse among pregnant women and the prevention of health and educational problems among the offspring of these women.

Beginning in FY 2007 and continuing in FY 2008, CSAT is positioned to facilitate a program review that examines the experiences of grantees to date in implementing the Access to Recovery (ATR) program. This would involve review and analysis of grantee GPRA data provided to SAMHSA, as well as examination and analysis of whether the ATR program is helping States support systems changes to incorporate recovery support services as an integral component of their service delivery systems. The results of this review would provide lessons learned that would then be used to inform the subsequent proposed evaluation.

## Substance Abuse Prevention and Treatment (SAPT) Block Grant

The SAPT Block Grant underwent a PART review in 2003, and received a rating of "Ineffective." A key recommendation was to conduct an independent and comprehensive program evaluation of the national program because an independent evaluation "of sufficient scope and quality" had not been conducted to establish the SAPT BG program as effective and functioning as intended. After an evaluability assessment (EA) showed that the SAPT BG program can be evaluated, both CSAT and CSAP have initiated and co-funded a 2-year comprehensive evaluation of the SAPT Block Grant program. This project is intended to be a comprehensive and independent examination of the management, implementation, and outcomes of the SAPT BG.

# SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

1 Choke Cherry Road
Rockville, MD 20857
(240) 276-2000

## Substance Abuse Resources

SAMHSA'S National Clearinghouse for
Alcohol and Drug Information (NCADI)
P.O. Box 2345, Rockville, MD 20847-2345
1 (800) 729-6686 (English and Spanish) or
1 (800) 487-4889 (TDD)
**http://www.ncadi.samhsa.gov**

## Mental Health Resources

SAMHSA's National Mental Health
Information Center (NMHIC)
P.O. Box 42557, Washington, DC 20015
1 (800) 789-2647 or 1 (866) 889-2647 (TTY)
**http://www.mentalhealth.samhsa.gov**

The Substance Abuse and Mental Health Services Administration (SAMHSA), part of the U.S. Department of Health and Human Services (HHS), focuses attention, programs and funding on promoting a life in the community with jobs, homes and meaningful relationships with family and friends for people with or at risk for mental or substance use disorders. The Agency is achieving that vision through an action-oriented, measurable mission of building resilience and facilitating recovery.

For detailed information about current grant opportunities, browse the SAMHSA Web site at **www.samhsa.gov** and click on "Grants." Visit regularly for updates.

A Life in the Community for Everyone
SAMHSA
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services