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Leading Change: A Plan for SAMHSA's Roles and Actions 2011 – 2014

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SAMHSA STRATEGIC INITIATIVES

EXECUTIVE SUMMARY

Behavioral health is essential to the Nation's health – for individuals, families, and communities, as well as for the Nation's health delivery systems.[1] SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. SAMHSA, together with many partners, has demonstrated that prevention works, treatment is effective, and people recover from mental and substance use disorders.

Substance use disorders, poor emotional health and mental illnesses take a toll on individuals, families, and communities. Like physical illnesses, they cost money and lives if they are not prevented, left untreated, or poorly managed. Their presence exacerbates the cost of treating co-morbid physical diseases[2] and results in some of the highest disability burden in the world for individuals, families, businesses and governments.[3] SAMHSA has a unique responsibility to focus the Nation's health care and social agendas on these preventable and treatable problems stemming from disease, trauma, inadequate access to appropriate care, and insufficient community and family supports. Our country can make a difference in its health, justice, social services, educational, and economic systems by addressing the prevention and treatment of mental and substance use disorders and related problems.[4]

America's people are central to SAMHSA's values and mission. While systems, services, and programs are the means, people's lives matter most. SAMHSA's goal is a high-quality, self-directed, satisfying life in the community for everyone in America. This life in the community includes:

a) A physically and emotionally healthy lifestyle (***health***);
b) A stable, safe and supportive place to live (a ***home***);

[1] The term "behavioral health" is used in this document as a general term to encompass the promotion of emotional health; the prevention of mental illnesses and substance use disorders; and treatments and services for substance abuse, addiction, substance use disorders, mental illnesses, and/or mental disorders.
[2] Stein, M.B., Cox, B.J., Afefi, T.O., Belik, S.L., & Sareen, J. (2006). Does co-morbid depressive illness magnify the impact of chronic physical illness? A population based perspective. *Psychological Medicine, 36,* 587-596.
[3] World Health Organization (2004). *Prevention of mental disorders: Effective interventions and policy options. Summary Report.*
[4] U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General—Executive Summary*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

c) Meaningful daily activities such as a job, school, volunteerism, family caretaking, or creative endeavors and the independence, income, and resources to participate in society (a ***purpose***); and,
d) Relationships and social networks that provide support, friendship, love, and hope (a ***community***).

A person's life – that is, health, a home, a purpose and a community – is compromised when emotional and mental resources are inadequate to contend with adverse events. We fail when a mental disorder is left untreated; when drugs and alcohol are abused or lead to addictive disorders; when families or communities are traumatized; when health and behavioral health care is unavailable or of poor quality; or when basic needs such as housing or employment go unmet. In these circumstances, security and hope are lost. The prevention and treatment of mental and substance use disorders restore hope for individuals, families, and communities.

The Nation's health care systems are undergoing significant change with the passage of the Affordable Care Act and parity legislation. The shifting economy continues to affect the Nation's behavioral health. States, Territories, and Tribal governments struggle to provide leadership within limited resources. Communities working to promote healthy living in safe, effective, and supportive neighborhoods are adapting to changing conditions with resources spread across a variety of systems. SAMHSA must provide leadership to address these national trends and local realities with its limited financial and human resources.

SAMHSA cannot achieve its goals or its mission alone. The talented workforce at SAMHSA needs the help of partners and collaborators within the Federal Government; at State, Territorial, Tribal, local, and community levels; and in the business and non-profit worlds. These partnerships enable SAMHSA to focus on far-reaching initiatives while identifying specific actions within larger national agendas to ensure healthy communities throughout the country. By helping and partnering with States, Territories, Tribes, and communities to prevent illness and promote recovery, SAMHSA strives to improve the lives of those it serves. This means providing a range of supports to meet unique needs across our diverse society, including youth, older adults, ethnic and racial minority groups, in rural and urban settings, with sensitivity to issues of gender, disability, culture, language, and lifestyle.

To guide its work through at least 2012, SAMHSA has identified eight Strategic Initiatives. In the years ahead, budgetary pressures mean that SAMHSA and the behavioral health field will face serious financial constraints. These initiatives will focus SAMHSA's efforts and maximize the impact of our resources on areas of urgency and opportunity. They will also enable SAMHSA to shift its programs to better complement the shifting policy landscape resulting from the Affordable Care Act and Parity.

1. Prevention of Substance Abuse and Mental Illness

Create Prevention Prepared Communities[5] where individuals, families, schools, faith-based organizations, workplaces, and communities take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide. This initiative will include a focus on the Nation's youth, Tribal communities, and military families.

Goal 1.1: Build emotional health, prevent or delay onset of, and mitigate symptoms and complications from substance abuse and mental illness.
Goal 1.2: Prevent or reduce consequences of underage drinking and adult problem drinking.
Goal 1.3: Prevent suicides and attempted suicides among populations at high risk, especially military families, youth, and American Indians and Alaska Natives.
Goal 1.4: Reduce prescription drug misuse and abuse.

2. Trauma and Justice

Reduce the pervasive, harmful, and costly health impact of violence and trauma by integrating trauma-informed approaches throughout health and behavioral health care systems and by diverting people with substance use and mental disorders from criminal and juvenile justice systems into trauma-informed treatment and recovery.

Goal 2.1: Develop a comprehensive public health approach to trauma.
Goal 2.2: Make screening for trauma and early intervention and treatment common practice.
Goal 2.3: Reduce the impact of trauma and violence on children, youth, and families.
Goal 2.4: Address the needs of people with mental and substance use disorders and with histories of trauma within the criminal and juvenile justice systems.
Goal 2.5: Reduce the impact of disasters on the behavioral health of individuals, families, and communities.

[5] Prevention Prepared Communities are communities that work cooperatively with States and Territories to implement effective mental illness and substance abuse prevention and health promotion practices, strategies, and policies to improve community- and individual-level wellness. In FY 2011, SAMHSA plans to fund the first cohort of Prevention Prepared Communities grants.

3. Military Families

Support America's service men and women **– Active Duty, National Guard, Reserve, and Veterans** – together with their families and communities by leading efforts to ensure needed behavioral health services are accessible and outcomes are successful.

Goal 3.1: Improve Military Families' access to community-based behavioral health care through coordination with TRICARE, Department of Defense, or Veterans Health Administration services.

Goal 3.2*:* Improve quality of behavioral health prevention, treatment, and recovery support services by helping providers respond to the needs and culture of Military Families.

Goal 3.3: Promote the behavioral health of Military Families with programs and evidence-based practices that support their resilience and emotional health.

Goal 3.4: Develop an effective and seamless behavioral health service system for Military Families through coordination of policies and resources across Federal, national, State, Territorial, local, and Tribal organizations.

4. Health Care Reform Implementation

Broaden health coverage to increase access to appropriate high quality care, and to reduce disparities that currently exist between the availability of services for substance abuse, mental disorders, and other medical conditions.

Goal 4.1: Assure behavioral health is included in all aspects of Health Care Reform (HCR) implementation.

Goal 4.2: Support Federal, State, and Territorial efforts to develop and implement new provisions under Medicaid/Medicare.

Goal 4.3: Finalize and implement the parity provisions in Mental Health Parity and Addictions Equity Act and the Affordable Care Act.

Goal 4.4: Develop changes in SAMHSA Block Grants to support recovery and resilience.

Goal 4.5: Foster the integration of primary and behavioral health care.

5. Housing and Homelessness

Provide housing and reduce barriers to accessing effective programs that sustain recovery for individuals with mental and substance use disorders who are homeless.

Goal 5.1: Prevent homelessness among individuals with mental and substance use disorders.
Goal 5.2: Create permanent stable housing for behavioral health populations.
Goal 5.3: Implement supportive housing services.

6. Health Information Technology

Ensure the behavioral health provider network, including prevention specialists and consumer providers, fully participates with the general health care delivery system in the adoption of Health Information Technology (HIT).

Goal 6.1: Foster provider adoption and implementation of Electronic Health Records (EHR).
Goal 6.2: Promote behavioral health EHR standards.
Goal 6.3: Address issues of behavioral health privacy/confidentiality in EHR.
Goal 6.4: Engage State and Territorial HIT leaders to develop and disseminate behavioral health functionality within provider EHR systems.

7. Data, Outcomes, and Quality

Realize an integrated data strategy that informs policy and measures program impact leading to improved quality of services and outcomes for individuals, families, and communities.

Goal 7.1: Implement an integrated approach for SAMHSA's collection, analysis, and use of data.
Goal 7.2: Create common standards for measurement and data collection to better meet stakeholder needs.
Goal 7.3: Improve the quality of SAMHSA's program evaluations and services research.
Goal 7.4: Improve quality and accessibility of surveillance, outcome/performance, and evaluation information for SAMHSA staff, stakeholders, funders, and policymakers.

8. Public Awareness and Support

Increase understanding of mental and substance use disorder prevention and treatment services and activities to achieve the full potential of prevention and assist people in accessing/getting help for these conditions with the same urgency as any other health condition.

Goal 8.1: Increase capacity for Americans to understand and to access treatment and recovery supports for behavioral health conditions.
Goal 8.2: Create a cohesive SAMHSA identity and media presence.
Goal 8.3: Lead the field through communication around SAMHSA's Strategic Initiatives and HHS Priorities
Goal 8.4: Get information to the workforce.
Goal 8.5: Increase social inclusion and reduce discrimination.

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SAMHSA STRATEGIC INITIATIVES

INTRODUCTION

As part of the U.S. Department of Health and Human Services (HHS), the Substance Abuse and Mental Health Services Administration's (SAMHSA's) mission is to reduce the impact of substance abuse and mental illness on America's communities. SAMHSA – in collaboration with other Federal agencies, States, Territories, Tribes, local organizations, researchers, providers, and individuals including consumers, families, and the recovery community – has demonstrated that:

- *Behavioral health is an essential part of health;*
- *Prevention works;*
- *Treatment is effective;* and,
- *People recover from mental and substance use disorders.*

Despite the simplicity of these messages, they are not well known or accepted by most Americans.

Behavioral health is an essential part of health.[6] Individuals and families cannot be healthy without positive mental health and freedom from addictions and abuse of substances. Behavioral health prevention and treatment services are important parts of health service systems and community-wide strategies that work to improve health status and lower costs for individuals, families, businesses, and governments. Through continued improvement in the delivery and financing of prevention, treatment, and recovery support services, SAMHSA -- with its partners -- can advance and protect the Nation's health.

Substance abuse, addictions, poor emotional health and mental illnesses take a toll on individuals, families and communities. They cost money, and they cost lives as surely as do physical illnesses that are not prevented, left untreated, or poorly managed. Their presence exacerbates the cost of treating co-morbid physical diseases and results in some of the highest disability burden in the world for individuals, families, businesses, and governments compared with other causes of disability. SAMHSA has a unique responsibility to focus the Nation's health care and social agendas on these preventable and treatable problems stemming from disease, trauma, inadequate access to appropriate care, and insufficient community and family supports. Our country can make a difference in its health, justice, social services, educational, and economic

[6] The term "behavioral health" is used in this document as a general term to encompass the promotion of emotional health; the prevention of mental illnesses and substance use disorders; and treatments and services for substance abuse, addiction, substance use disorders, mental illness, and/or mental disorders.

systems by addressing the prevention and treatment of mental and substance use disorders.

SAMHSA can help with these endeavors. To guide the Agency's work through at least 2012, SAMHSA has identified critical goals, partners, and opportunities to further its mission and to assist States, Territories, Tribes, and communities in their respective roles. This document outlines how SAMHSA will achieve the goals of its Strategic Initiatives.

SAMHSA focuses on people. America's people are central to SAMHSA's values and mission. While systems, services, and programs are the means, people's lives matter most. SAMHSA's goal is a high-quality, self-directed, satisfying life in the community for everyone in America. This life in the community includes:

a) A physically and emotionally healthy lifestyle (***health***);
b) A stable, safe and supportive place to live (a ***home***);
c) Meaningful daily activities such as a job, school, volunteerism, family caretaking, or creative endeavors and the independence, income, and resources to participate in society (a ***purpose***); and
d) Relationships and social networks that provide support, friendship, love, and hope (a ***community***).

A person's life – that is, health, a home, a purpose and a community – is compromised when emotional resources are inadequate to contend with adverse events; when a mental disorder is left untreated; when drugs and alcohol are abused or lead to addictive disorders; when families or communities are violent; when health care is unavailable; or when basic needs go unmet. In these circumstances, security and hope are lost. SAMHSA's role is to restore hope for individuals, families, and communities by helping service delivery systems to prevent and improve these conditions so every American has the opportunity to find and define a high-quality, satisfying life in his or her own community. This is the essence of prevention and the value of recovery from mental and substance use disorders.

SAMHSA works through partnerships. SAMHSA cannot achieve its goals or its mission alone. We need the help of partners and collaborators within the Federal Government, at State, Territorial, Tribal, and local levels, and in the private business and non-profit worlds. Working with others will enable SAMHSA to focus on far-reaching initiatives of its own while identifying specific actions within larger national agendas to assure healthy communities throughout the country. Through partnerships such as the HHS Behavioral Health Coordinating Committee, SAMHSA will guide a National behavioral health response to the changing healthcare landscape.

As U.S. health care systems are undergoing significant change, the economy also is affecting the Nation's behavioral health. States, Territories, and Tribal governments struggle to provide leadership within significantly limited resources. Communities struggle to adapt and to promote healthy living in safe, effective, and supportive neighborhoods.

SAMHSA must address these national trends and needs with its limited financial and human resources. For each Initiative outlined in this plan, SAMHSA is committed to building on existing efforts and forming strategic partnerships wherever possible. We will offer and enlist support to/from those interested in and responsible for improving the behavioral health of the Nation.

***SAMHSA embraces challenge and opportunity*.** Today is a historic time in America's approach to health care policy. The Affordable Care Act -- passed by Congress and signed by the President in March 2010 – makes significant steps to include behavioral health in the Nation's health delivery system; to increase access to health and behavioral health care; to grow the country's health and behavioral health workforce; to reduce physical and behavioral health disparities experienced by low-income Americans, racial and ethnic minorities, and other underserved populations; and to implement the science of behavioral health promotion and of prevention, treatment, and recovery support services. Given the scope of the Affordable Care Act, significant work lies ahead in order to help the field progress and thrive. SAMHSA is poised to ensure that behavioral health is a priority as America prepares to implement health care reform; therefore, Health Reform Implementation will be a Strategic Initiative that provides a context for all of SAMHSA's work.

With the unprecedented challenges of health care reform come unprecedented opportunities:

- Through the Affordable Care Act, prevention and promotion activities at community and State/Territorial levels will expand significantly; therefore SAMHSA has identified Prevention of Substance Abuse and Mental Illness as its leading Strategic Initiative.

- A troubled national economy, violence and trauma experienced by youth and families, and an overburdened criminal justice system require new and better approaches to address behavioral health issues across health and human service sectors. SAMHSA will support States, Territories, Tribes, and communities to address these issues through a Strategic Initiative on Trauma and Justice.

- Military families (Active Duty, National Guard, Reserve, and Veterans) are feeling the strain of frequent deployments, separation, exposure to combat, and health and behavioral health needs. For this reason, SAMHSA is committed to working with the Department of Defense, the Department of Veterans Affairs, States, Territories, Tribes, and communities as part of a Strategic Initiative on Military Families.

- Thanks to the American Recovery and Reinvestment Act and the Affordable Care Act, the Nation will finally realize the benefits of health information technology for quality improvement, cost containment, and increased patient control of personal health information. To ensure that Americans with behavioral health issues benefit from these innovations, SAMHSA is establishing a Strategic Initiative on Health Information Technology.

- Similarly, the demand for data and information is growing along with the growth in new technologies. This presents SAMHSA with an unprecedented opportunity to track results, improve quality and outcomes for the people SAMHSA serves, and increase transparency in government. For these reasons, SAMHSA is creating a new Strategic Initiative around Data, Outcomes, and Quality.

- Assuring widespread adoption of evidence-based practices and policies is a critical step of the public health model. SAMHSA also is responsible for increasing public understanding of behavioral health issues, increasing social inclusion of people with mental and substance use disorders, and eliminating related discrimination. These overarching goals will be the focus of a Strategic Initiative focused on Public Awareness and Support.

Today is a time of social change and economic difficulty which Federal agencies must address and embrace. In this challenging context, SAMHSA will lead the way to reduce the impact of substance abuse and mental illnesses on America's communities.

SAMHSA sets priorities and takes action through its Strategic Initiatives. To prioritize the Agency's work and to best use limited financial and human resources, SAMHSA will be guided by its Strategic Initiatives. This strategic plan will clarify SAMHSA's role and describe the challenges, goals, objectives, and action steps within each of these Strategic Initiatives. This plan describes what the Agency will seek to accomplish in each of these areas and what measurable improvements the public should expect to see. These Strategic Initiatives were selected based on:

1) Documented concerns of individuals, families, communities, States, Territories, Tribes and their service systems;
2) Identified need and opportunity for Federal leadership; and,

3) Availability of resources and specific action steps to address the need.

Mental and substance use disorders are complex problems that affect nearly every aspect of American life. As a result, SAMHSA's Strategic Initiatives and other pieces of the Agency's work are interconnected and sometimes overlapping. For example, Data, Outcomes, and Quality are essential components to every programmatic activity in the Agency. Similarly, Prevention is closely related to treatment and has implications across populations, including military families and individuals who have experienced trauma. SAMHSA recognizes this complexity and remains committed to working with partners inside and outside of the field to foster a comprehensive, coordinated approach to behavioral health. Where there are gaps, SAMHSA will partner and innovate. Where there is overlap, SAMHSA will increase collaboration and reduce redundancy. The lives of people with or at risk for behavioral health problems do not fit neatly into silos, so services cannot either. SAMHSA's Strategic Initiatives reflect that reality.

Given the broad reach of SAMHSA's mission as a Federal agency with responsibility for improving the quality of behavioral health services, data, and information, it is tempting to be at every policy table and address every programmatic issue. But like all Americans, SAMHSA must live within its means. As a small Agency, SAMHSA will adhere to its Strategic Plan, use limited resources wisely, and leverage the efforts of partners and collaborators. This limitation also means staging work so that urgency, opportunity, and readiness create a formula for identifying which issues come first, and which issues we will address in the future.

For example, the issues of military families are both urgent and compelling. With military suicides rising to all-time highs and increasing numbers of deployed personnel returning to their families and communities, the time to act is now. In the future, however, as community provider capacity is established and conflicts are resolved, the issues of military families may become less pressing and SAMHSA may prioritize a new Strategic Initiative. In this manner, the important issues related to jobs and the economy – including the specific employment challenges of people with mental and substance use disorders, the impact of economic downturns on individual, family and community behavioral health, and the role of employers and the workplace in fostering behavioral health – may build upon progress made by this first set of initiatives and become a priority in later iterations of the Strategic Plan. Other important aspects of the behavioral health system, such as its workforce and efforts to promote recovery and eliminate behavioral health disparities, cut across all of the initiatives, and will be addressed under each Initiative. Finally, there are those issues that will continue as priorities for SAMHSA, even if they are not identified as strategic initiatives, such as meeting the Agency's regulatory and oversight responsibilities.

SAMHSA's Roles

SAMHSA supports the HHS Strategic Initiative to Transform Health Care by helping individuals and communities to build resilience and support recovery from mental and substance use disorders. In order to achieve this goal, SAMHSA plays many roles, including providing funding and information, improving practice and capacity, leading innovation, ensuring safe, high-quality care, and being a strong national voice for the prevention and treatment of mental and substance use disorders.

These roles can be summarized as follows:

Leadership and Voice

- Developing policies, supporting policy development at other levels of government and providing input into policy development in related fields
- Convening stakeholders and the field
- Collaborating with partners inside and outside of government to discuss and come to agreement on policies and strategies
- Collecting best practices and developing expertise around behavioral health services
- Advocating for the needs of persons with mental and substance use disorders and emphasizing the importance of behavioral health in partnership with other agencies, systems, and the general public

Funding – Service Capacity Development

- Supporting States, Territories, and Tribes to build and improve basic and proven practices and system capacity
- Helping local governments, providers, communities, universities and organizations innovate and address emerging issues
- Building capacity across grantees
- Strengthening States', Territories', and communities' emergency response to disasters

Information/Communications

- Conducting national surveys and surveillance [National Survey on Drug Use and Health (NSDUH), Drug Abuse Warning Network (DAWN), Drug and Alcohol Service Information System (DASIS)]
- Vetting and sharing information about evidence-based practices - National Registry of Evidence-based Programs and Practices (NREPP)
- Using the web, print, social media, public appearances, and the press to reach the general public, providers (primary, specialty, guilds, peers), and other stakeholders in culturally and linguistically appropriate ways
- Listening and reflecting the voices of consumers and persons in recovery

Regulation and Standard Setting

- Preventing tobacco sales to minors (Synar Program)
- Administering Federal Drug-Free Workplace and Drug-Testing programs
- Overseeing opioid treatment programs and accreditation bodies
- Informing physicians' office-based opioid treatment prescribing practices
- Partnering with other HHS agencies in regulation development and review

Improve Practice (community-based, primary care, specialty care)

- Holding State, Territorial, and Tribal policy academies
- Providing technical assistance to States and Territories, grantees, providers, practitioners, and stakeholders
- Convening conferences to disseminate practice information and facilitate communication
- Providing guidance to the field
- Developing and disseminating core competencies and evidenced-based practices
- Supporting innovation in evaluation and services research, particularly among historically underserved/understudied populations
- Moving innovations and evidence based approaches to scale

Furthermore, SAMHSA approaches every activity with a focus on people, partnerships, and performance. The employees at SAMHSA are central to achieving the goals and objectives outlined in this plan. Their commitment to the mission of the Agency and passion for producing measurable improvements in the behavioral health of America are what will propel SAMHSA, together with its partners, to succeed in this era of change.

Service Recipients, Youth and Families, and Persons in Recovery

SAMHSA remains committed to the full inclusion of consumers, people in recovery, youth, and their families in meaningful roles to improve behavioral health systems. Empowerment, self-determination, and resilience are key objectives of this commitment, and SAMHSA remains at the vanguard of the recovery movement. In order to help each individual achieve his or her full potential, SAMHSA and its programs strive to model shared decision-making and support concrete strategies such as consumer-operated services, peer and family specialists, person-centered planning, and self-directed care. Building on the strengths -- and following the direction of -- individuals and families affected by behavioral health problems is essential to improving service delivery and achieving meaningful positive outcomes.

Direct service providers, the broader public sector, and the private sector must recognize the inherent worth of individuals and families, take a strong stand against

prejudice and discrimination, and promote the message that people can be resilient to and recover from mental and substance use disorders. In each individual or family's journey of recovery there is hope - hope for healing and health, for educational and economic improvement, and for social inclusion and acceptance. As individuals in recovery and families with resilient youth contribute to the health and well-being of their communities, our Nation will benefit. America needs to recognize their achievements, learn from their experience, provide support, and reach out to those still in need.

Cultural Competence and Eliminating Disparities

SAMHSA recognizes that certain racial and ethnic populations in the United States historically have been under- or inappropriately served by the behavioral health system with striking disparities in access, quality, and outcomes of care. As a result, American Indians and Alaska Natives, African Americans, Asian Americans, Native Hawaiian and Other Pacific Islanders, and Latinos bear a disproportionately high burden of disability from mental and substance use disorders. This higher disability burden does not arise from a greater prevalence or severity of behavioral health problems, but from barriers to access (including stigma and discrimination, lack of insurance coverage, language, etc.) and poor engagement in services compounded with endemic social risk factors. Across its Strategic Initiatives, SAMHSA will encourage behavioral health services and systems to incorporate respect for, and understanding of, the histories, traditions, beliefs, language, sociopolitical contexts, and cultures of diverse racial and ethnic populations.

Mental and substance use disorders also disproportionately affect individuals who are lesbian, gay, bisexual, and transgender (LGBT). Many behavioral health problems affecting LGBT youth and adults, such as substance abuse, underage drinking, depression, anxiety, suicidal ideation and suicide may be related to experiences of family conflict, bullying, abuse, discrimination and social exclusion. SAMHSA seeks to better understand these problems, increase awareness, and improve quality and effectiveness of behavioral health care for the LGBT community.

As SAMHSA moves forward with this Strategic Plan, it will address the experiences, barriers, needs, and outcomes for these and other groups including women, children, older adults, persons with disabilities, persons who are deaf or hard of hearing, people facing economic hardship, people living in healthcare workforce shortage areas, and other underserved populations. This work will be guided by the leadership of a newly established Office of Behavioral Health Equity within SAMHSA.

Intergovernmental Relationships – Partnering with States, Territories, and Tribes

States and Territories[7] have primary responsibility for sustaining and operating the public behavioral health prevention and treatment systems for the Nation. As such, it is critical for SAMHSA to work closely with them as it implements this Strategic Plan. Building on a long-history of strong collaboration and cooperative work, SAMHSA will ensure that the roles and needs of States and Territories are reflected in the goals, objectives, and action steps of the Strategic Initiatives. Health reform promises to improve access to quality health care for millions of Americans with mental and substance use disorders, the most vulnerable of whom are currently being served by State, Territorial, and community systems. As provisions of the Affordable Care Act come into effect, SAMHSA and the States and Territories will need to have a shared vision regarding the use of Federal Block Grant funds as well as discretionary investments to ensure the availability and effectiveness of comprehensive prevention, treatment, and recovery support services for these priority populations.

Similarly, SAMHSA acknowledges that American Indian and Alaska Native tribal governments are sovereign governmental entities with a unique historical and legal relationship with the Federal government. SAMHSA will honor that relationship and embrace a government-to-government approach, to the extent allowed by law, in working with Tribal governments. SAMHSA's Tribal activities will be based on early and meaningful consultation, trust, mutual respect, and shared responsibility. The Agency will seek guidance from Tribal governments about this Strategic Plan as well as other existing and planned activities. This ongoing guidance will include:

- Identifying and addressing shared priorities and issues;
- Early and meaningful consultation;
- Working through mutually convenient channels of communication;
- Sharing helpful background information and clearly defining issues;
- Building relationships with key tribal organizations and institutions;
- Fostering intergovernmental cooperation and mutual respect between States and Tribes;
- Identifying promising approaches and providing technical assistance to Tribes about behavioral health programs and broader issues like financing;
- Supporting culturally appropriate care provided by staff representative of the population served whenever possible;
- Working to develop and support programs that address the unique needs of Tribes in a culturally competent manner and build on traditional health knowledge; and
- Consulting tribal governments early in the development of programs, projects, and other activities directed to their communities

[7] In this paper, the term "Territories" includes Territories of the United States (American Samoa, Guam, and the U.S. Virgin Islands) and the United States Associated Jurisdictions (Commonwealth of the Northern Mariana Islands, Freely Associated States of the Federated States of Micronesia, Republic of the Marshall Islands, and Republic of Palau).

As needed, SAMHSA also will provide Tribal governments and providers assistance to address issues stemming from entrenched poverty, historical trauma, small or sparse populations, remote locations, lack of capacity, and differing requirements across Federal programs. Accountability will be maintained while SAMHSA looks for ways to accommodate the unique needs and strengths of American Indians and Alaska Natives. While Tribes or Tribal issues are specific foci of several parts of this plan, broad Tribal participation throughout SAMHSA's programs is expected and encouraged.

Moving Forward

These Strategic Initiatives will provide direction to SAMHSA and ensure that Agency resources are focused where need meets opportunity. Each initiative includes goals and objectives that will guide the development and implementation of SAMHSA's programs and policies. These, in turn, will lead to action steps that influence new grants, contracts, surveys, technical assistance resources, staffing patterns, and public information. The Strategic Plan will guide how SAMHSA:

- establishes budget and policy priorities;
- streamlines and allocates resources using grants, contracts, technical assistance, internal staff and interagency collaborations;
- engages partners at every level (National, State, Territorial, Tribal, local);
- organizes its programs and workforce; and,
- measures and communicates progress.

In order to maintain the current behavioral health infrastructure in States, Territories and communities during this time of shrinking budgets, SAMHSA must stay focused and disciplined. Whereas ten Strategic Initiatives had been considered in earlier communications about the Strategic Initiatives, SAMHSA will begin with the eight outlined in subsequent sections of this paper. Some of the originally proposed activities, such as those to support and grow the behavioral health workforce, will be highlighted and integrated throughout the remaining Initiatives. Others, such as Jobs and the Economy may arise as priorities in subsequent stages of the plan.

In the meantime, current activities will lay the foundation for future work. SAMHSA is committed to making its Strategic Plan a living document which will adapt to emerging priorities and accommodate changing budget and policy contexts.

SAMHSA welcomes comments and suggestions from the field regarding these Strategic Initiatives, their goals, objectives, action steps, and related measures. Through this plan, SAMHSA will guide its work and engage collaborators at every level to advance the behavioral health of the Nation.

Strategic Initiative #1: Prevention of Substance Abuse and Mental Illness
Lead: Fran Harding, Director, Center for Mental Health Services

Issue Statement

Mental and substance use disorders have a powerful effect on the health of individuals, and on the Nation's social, economic, and health-related problems. Mental and substance use disorders also are among the top conditions for disability, burden of disease, and cost to families, employers, and publicly funded health systems. Excessive alcohol use and illicit drug use are linked directly to increased burden from chronic disease, diabetes, and cardiovascular problems.[1]

The Institute of Medicine's (IOM) 2009 report Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities describes evidence-based services and interventions that build emotional health by addressing risk factors and supporting protective factors and resilience to prevent many mental and substance use disorders in children and young adults. The IOM report also documents that behavior and symptoms signaling the likelihood of future behavioral disorders such as substance abuse, adolescent depression, and conduct disorders often manifest two to four years before a disorder is actually present. If communities and families can intervene earlier, before mental and substance use disorders are typically diagnosed, future disorders can be prevented or the symptoms mitigated. Doing so requires multiple and consistent interventions by all systems touching these children and youth (e.g., schools, health systems, churches, families, and community programs). Because most adult mental and substance use *disorders* manifest before age 25, and many of the same risk and protective factors affect physical health, this focus on preventing mental health and substance abuse *problems* among children, adolescents, and young adults is critical to our Nation's behavioral and physical health now and in the future.

With the passage of the Affordable Care Act, there is increasing commitment to prevention across government and in States, Territories, Tribes, and communities. This commitment means fostering physical and behavioral health and well-being in addition to ensuring access to affordable and effective health care. Now is a perfect opportunity to engage stakeholders and partners – including AI/AN Tribes – to embrace prevention as the number one Strategic Initiative in the behavioral health field. SAMHSA will support Prevention Prepared Communities – that is, communities equipped to use a comprehensive mix of universal, selective, and indicated prevention strategies – to help States, Territories, and Tribal governments build greater social connectedness and stronger community cohesion, strengthen family environments in which future generations will live and grow, and develop a healthier and more effective workforce for the future.

Background

The promotion of positive mental health and prevention of substance abuse are key parts of SAMHSA's mission to reduce the impact of substance abuse and mental illnesses on America's communities. The World Health Organization defines health as a "state of complete physical, mental, social well-being, and not merely absence of disease or infirmity." Mental, emotional, and behavioral (MEB) health refers to the overall psychological well-being of individuals, and includes the presence of positive characteristics such as the ability to manage stress, demonstrate flexibility under changing conditions, and bounce back from adverse situations. SAMHSA plans to promote health by placing a national priority on healthy mental, emotional, and behavioral development, especially in children, youth, and young adults.

SAMHSA's efforts will include programs to assist States, Territories, Tribal governments, and communities to adopt evidence-based practices, deliver health education related to prevention, and establish effective policies, programs, and infrastructure to build resilience and prevent mental and substance use disorders. By building capacity within States and Territories and supporting the development of Prevention Prepared Communities, SAMHSA will promote the emotional health of children and youth, and provide them with skills to overcome risks experienced in adolescence and young adulthood. SAMHSA also will work to enhance the ability of health systems, schools, families, and other entities to intervene early and consistently in ways that meet the cultural and linguistic needs of diverse populations. In doing so, SAMHSA will build on scientific evidence to create understanding of what works to help young people exhibiting warning signs of mental and substance use disorders before these conditions become disabling. SAMHSA will restructure multiple prevention programs and activities to focus limited resources, to enhance collaboration, to identify strategic problems, and to develop plans for addressing the health and well-being of whole communities.

American Indian and Alaska Native communities face elevated levels of substance use disorders and experience higher suicide rates than the general population. They also face higher rates of certain risk factors for mental, emotional, and behavioral problems, including poverty, domestic violence, childhood and historical trauma, as well as involvement in the foster care and criminal justice systems. SAMHSA is committed to addressing these disparities by improving prevention programs that serve members of the AI/AN community and by working with Tribes and Tribal organizations to develop culturally focused universal, selected, and indicated prevention programs.

Public awareness and health education will be an essential part of the overall Prevention Strategic Initiative. Parents, schools, and communities have an intense

need for information to help keep their children safe and healthy. For example, problem drinking, including underage drinking, is a serious health and safety issue, but many Americans tolerate and even support it. Some adults, including some parents, mistakenly think that underage drinking is part of growing up and a harmless rite of passage. Problem drinking is not just an issue for young people. Many adults are concerned about their own, their partner's, or their aging parents' use of alcohol. Educating the public about problem drinking will likely result in better health outcomes across the lifespan.

The field of prevention science, well known for advancing the health of people at risk for illnesses such as cancer, diabetes, and heart disease, also has produced effective strategies for behavioral health. Properly implemented, prevention and wellness promotion efforts result in safer communities, better health outcomes, and increased productivity. Preventing and/or delaying initiation of substance abuse or the onset of mental illness can reduce the potential need for treatment later in life. Our prevention efforts will also address the unique needs of people living with substance abuse and mental illness. People with mental and substance use disorders are 2 to 5 times more likely to smoke cigarettes than the general population,[8] and we must also work to prevent this harmful behavior. Research shows that ongoing, community-based, comprehensive approaches to preventing specific problems or risk behaviors can achieve these goals.

Fast Facts

- By 2020, behavioral health disorders will surpass all physical diseases as a major cause of disability world-wide.[2]
- Nearly 5,000 deaths are attributable to underage drinking each year.[3]
- Each year, tobacco use results in more deaths (443,000/year) than AIDS, unintentional injuries, suicide, homicide, and alcohol and drug abuse combined; almost half of these deaths occur among people with mental and substance use disorders.[4]
- In 2008, an estimated 2.9 million persons aged 12 or older used an illicit drug for the first time within the past 12 months; an average of 8,000 initiates per day.[5]
- Half of all lifetime cases of mental and substance use disorders begin by age 14 and three-fourths by age 24.[6]
- Adults who began drinking alcohol before age 21 were more likely to be later classified with alcohol dependence or abuse than those who had their first drink at or after age 21.[7]
- Over 33,300 Americans die every year as a result of suicide, approximately one every 16 minutes.[8]

[8] Kalman D, Morissette SB, George TP. *American Journal on Addictions.* 2005;14,106-123.

- One estimate puts the total economic costs of mental, emotional, and behavioral disorders among youth in the United States at approximately $247 billion.[9]
- The annual total estimated societal cost of substance abuse in the Unites States is $510.8 billion.[10]
- In 2008, there were an estimated 9.8 million adults aged 18 or older in the United States with a serious mental illness and 2 million youth aged 12 to 17 who had a major depressive episode during the past year.[11]
- Among persons aged 12 or older who used pain relievers non-medically in the past 12 months, 55.9 percent got them from a friend or relative for free.[12]

Strategic Initiative 1 – Goals

Goal 1.1: Build emotional health, prevent or delay onset of, and mitigate symptoms and complications from substance abuse and mental illness.
Goal 1.2: Prevent or reduce consequences of underage drinking and adult problem drinking.
Goal 1.3: Prevent suicides and attempted suicides among populations at high risk, especially military families, youth, and American Indians and Alaska Natives.
Goal 1.4: Reduce prescription drug misuse and abuse.

Goal 1.1: *Build emotional health, prevent or delay onset of, and mitigate symptoms and complications from substance abuse and mental illness.*

Objective 1.1.1: Build and develop prevention prepared communities.

Action Steps:

1. Collaborate with the Office of National Drug Control Policy (ONDCP), United States Department of Education (ED), and the United States Department of Justice (DOJ) to create and implement Prevention Prepared Communities (PPCs) in conjunction with State, Territorial, and tribal governments.
2. Promote a data driven strategic prevention framework within PPCs, to include representatives from schools, businesses, and criminal justice entities.
3. Work with PPCs to develop workforce capacity to deliver specialized prevention services, and the broader human services workforce to support prevention and the promotion of social and emotional health.

Objective 1.1.2: Prevent substance abuse and improve well-being in States, Territories, Tribes, and communities across the Nation.

Action Steps:

1. Use SAMHSA Block Grant and discretionary funds in conjunction with other Federal prevention programs to build mental, emotional, and behavioral health from early childhood to young adulthood, and to implement universal, selective, and indicated prevention activities for substance abuse and mental illness in States, Territories, and Tribes.
2. Provide technical assistance to States, Territories, Tribes, and communities to develop and implement strategic plans to prevent substance abuse and improve mental, emotional, and behavioral health.
3. Coordinate SAMHSA prevention and promotion efforts with the President's National Prevention, Health Promotion, and Public Health Council.
4. Ensure a focus on communities facing behavioral health disparities, especially racial and ethnic minorities, Tribes, and LGBT youth.

Objective 1.1.3: Eliminate tobacco use among youth and reduce tobacco use among persons with mental and substance use disorders.

Action Steps:

1. Promote tobacco cessation efforts among individuals with mental and substance use disorders through Block Grant requirements to States and Territories and grants to targeted provider agencies.
2. Promote integration of State and Territorial Synar efforts with the State enforcement contracts funded by the Food and Drug Administration (FDA).
3. Promote tobacco-free initiatives in mental health, substance abuse treatment, and community-based prevention efforts through SAMHSA's 100 Pioneers for Smoking Cessation Virtual Leadership Academy.
4. Promote tobacco cessation among individuals with mental and substance use disorders through the HHS Tobacco Prevention and Control Working Group (a collaboration with the Centers for Disease Control and Prevention (CDC), FDA, National Institutes of Health (NIH), Centers for Medicare and Medicaid Services (CMS), Indian Health Service (IHS), Administration for Children and Families (ACF), Administration on Aging (AoA), Health Resources and Services Administration (HRSA), and offices within HHS).
5. Require all SAMHSA grantees to maintain a tobacco-free space.

Goal 1.1 Measures:

Measures under development

Goal 1.2: *Prevent or reduce consequences of underage drinking and adult problem drinking.*

Objective 1.2.1: Establish the prevention of underage drinking as a priority issue for States, Territories, Tribal entities, universities, and communities.

Action Steps:

1. In collaboration with the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD), develop and implement a national strategy to prevent underage drinking.
2. Collaborate with HHS and other Federal partners to develop and adopt the HHS Secretary's core underage drinking prevention messages.
3. Through the Sober Truth on Preventing Underage Drinking Act (STOP Act) program, enhance intergovernmental cooperation and coordination on the issue of alcohol use among youth and provide communities timely information regarding state-of-the-art practices that have proven to be effective..

Objective 1.2.2: Increase awareness of and reduce adult problem drinking.

Action Steps:

1. In conjunction with CDC and the National Institute on Alcohol Abuse and Alcoholism (NIAAA), develop and implement a national awareness campaign focused on adult problem drinking.
2. Educate physicians, medical students, and other health care professionals about adult problem drinking and appropriate screening, brief intervention, and referral to treatment (SBIRT) interventions.
3. Implement policy academies to assist States, Territories, communities, and universities to implement proven policies and test new policies to reduce adult problem drinking.

Goal 1.2 Measures:

Measures under development

Goal 1.3*: Prevent suicides and attempted suicides among populations at high risk, especially military families, youth, and American Indians and Alaska Natives.*

Objective 1.3.1: Improve mental, emotional, and behavioral health and well-being among military families, youth, and American Indians and Alaska Natives with a focus on ethnic minority and LGBT youth.

Action Steps:

1. Educate primary care and behavioral health practitioners, communities, schools and the public about the risk and protective factors that contribute to emotional health and the ability to manage adverse life events.
2. Develop and encourage culturally specific programs that develop strong sense of self and appropriate help-seeking among African American, American Indian and Alaska Native, Asian American, Native Hawaiian and Other Pacific Islander, Hispanic, and LGBT youth.
3. Support suicide prevention programming for high risk populations through SAMHSA Block Grant funds and other prevention programs.

Objective 1.3.2: Increase public knowledge of the warning signs for suicide and actions to take in response.

Action Steps:

1. Convene the Suicide Prevention National Action Alliance to update and implement the National Strategy to Prevent Suicide.
2. Increase the visibility and accessibility of suicide prevention services in States, Territories, Tribal entities, and communities, and work to ensure the National Suicide Prevention Lifeline program is adequately funded.
3. Increase access to suicide prevention resources by collaborating with physical and behavioral health organizations.
4. Implement and develop a strategic plan to educate parents, health practitioners, school officials, community leaders, youth, State, Territorial, and Tribal leaders, first responders, and the general public about the warning signs for suicide and about actions to take to help someone contemplating a suicide attempt.
5. Increase awareness of suicide prevention and the suicide hotline among populations at higher risk for suicide, especially military families, Tribes, and youth with a focus on racial and ethnic minorities and LGBT youth.

Objective 1.3.3: Increase the use and effectiveness of the Veterans Suicide Prevention Hotline/Lifeline

Action Steps:

1. Collaborate with States,Territories, and Tribal entities, Veterans Affairs (VA), and Department of Defense (DoD), including collaboration with the VA's National Suicide Prevention Coordinator, the VA's Center of Excellence for

Suicide Prevention, and the DoD's Center for Excellence on Psychological Health to improve access to and quality of suicide prevention resources for former and current members of the military and their families.
2. Educate and conduct outreach activities to Military families to increase awareness and use of the Suicide Prevention Hotline/Lifeline through an Interagency Agreement (IAG) and partnership with the VA.

Goal 1.3 Measures:

Measures under development

***Goal 1.4**: Reduce prescription drug misuse and abuse.*

Objective 1.4.1: Educate current and future prescribers regarding appropriate prescribing practices for pain and other medications subject to abuse and misuse.

Action Steps:

1. Collaborate with NIAAA, the National Institute on Drug Abuse (NIDA), the National Institute on Mental Health (NIMH), the Agency for HealthCare Research and Quality (AHRQ), and FDA in collaboration with the Behavioral Health Coordinating Council, as well as intermediary organizations (e.g., American Society for Addiction Medicine, Association of Medical Educators and Researchers in Substance Abuse, and Association of American Medical Colleges) to build upon and develop resources for prescribers specific to pain and other medications subject to abuse and misuse.
2. Collaborate with the NIDA, ED, FDA, and other Federal agencies in collaboration with the HHS Behavioral Health Coordinating Council, as well as intermediary organizations (e.g., American Medical Association, American Psychological and Psychiatric Associations, American Dental Association, American Association of Medical Colleges and other relevant professional organizations) to incorporate information about warning signs and consequences of prescription drug abuse, strategies for patient referral, and the critical need for appropriate prescribing practices into curricula for medical professionals.
3. Provide training and technical assistance to clinicians regarding appropriate prescribing practices for pain management, including the use of methadone.

Objective 1.4.2: Educate the public about the appropriate use of opioid pain medications, and encourage the safe and consistent collection and disposal of unused prescription drugs.

Action Steps:

1. Collaborate with NIDA, CMS, FDA, CDC, HRSA, and other Federal agencies as appropriate to build upon SAMHSA's national prescription drug abuse public education campaign, targeting consumers regarding proper disposal of unused prescription drugs and keeping prescription drugs securely out of reach from unintended users.
2. Develop a national turn in your drugs day/week campaign.

Objective 1.4.3: Support the establishment of State/Territory-administered controlled substance monitoring systems, and develop a set of best practices to guide the establishment of new State and Territorial programs and the improvement of existing programs

Action Steps

1. Collaborate with the FDA and other Federal agencies as appropriate to expand the utility of prescription drug monitoring programs, allowing more States and Territories to share information internally and regionally with neighboring States and Territories.
2. Collaborate with the FDA and other Federal agencies as appropriate to develop a set of best practices for States and Territories as they develop or enhance their prescription drug monitoring programs.

Goal 1.4 Measures:

Measures under development

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Strategic Initiative #2: Trauma and Justice
Lead: Larke Huang, Director, Office of Behavioral Health Equity

Issue Statement

Trauma is a widespread, harmful, and costly public health problem. Trauma occurs as a result of violence, abuse, neglect, disaster, war, and other emotionally destructive experiences. Trauma has no boundaries with regard to age, gender, economics, race, ethnicity, geography, or sexual orientation. Trauma is now understood to be an almost universal experience of people receiving treatment for mental and substance use disorders. The need to address trauma has become a fundamental obligation for effective behavioral health service delivery.

The effects of trauma place a heavy burden on individuals, families, and communities and create challenges for all public institutions and service systems. With appropriate supports and intervention, people can overcome traumatic experiences. However, most people go without support. Unaddressed trauma significantly increases the risk of mental and substance use disorders, chronic physical diseases, and early death[13].

Traumatic victimization often results in negative behaviors that bring both youth and adults into the criminal justice system. Studies of people in jail and prison reveal high rates of mental and substance use disorders and personal histories of trauma. Preventing trauma is a promising avenue for reducing criminal justice involvement. Treatment is also a key strategy for improving outcomes for people in jail and prison who have mental and substance use disorders.

A better understanding of the needs of trauma survivors has emerged over the past decade. Behavioral health providers have implemented “trauma specific” services to directly address the impact of trauma on people’s lives as well as create service settings that are “trauma informed.” In a trauma-informed setting, providers and clients feel safe and the possibility of retraumatization is minimized.

While much of the focus on trauma is on individuals, some communities experience historical trauma that is transmitted from one generation to the next. For example, African Americans and American Indian and Alaska Native communities have suffered historical losses of land and identity and assaults on their culture and way of life that result in intergenerational trauma. The connection between historical trauma and the undermining of the economic and social fabric of the community with associated behavioral health problems and high risk behaviors is well documented.[14]

Another growing community exposed to trauma is military service members, veterans, and their families. Dealing with the losses, fears, and injuries associated with two ongoing wars, military families with trauma-associated symptoms and disorders are increasingly coming to the attention of behavioral health providers. Repeated deployments, relocations, military sexual trauma, and serious injuries exert an emotional toll on military families.

In recent years, man-made and natural disasters such as terrorist attacks, hurricanes, floods, and oil spills have received national attention as causes of death, physical injury, environmental damage, economic hardship, and emotional trauma. Research indicates that these disasters and their aftermath are likely to have an impact on the exposed population's behavioral health, resulting in an increase in mental and substance use disorders, along with a decline in perceived quality of life. With appropriate and early behavioral health services, trauma experienced by survivors of disasters can be mitigated and deleterious effects prevented.

Addressing individual, family, and community trauma requires a comprehensive, multi-prong public health approach. This includes increasing awareness of the harmful short- and long-term effects of trauma experiences across the age span; development and implementation of effective preventive, treatment, and recovery/resiliency support services that reflect the needs of diverse populations; strong partnerships and networks to facilitate knowledge exchange and systems development; training and tools to help systems effectively identify trauma and intervene early; and informed public policy that supports and guides these efforts.

The mission of this initiative has two related parts: 1) to create trauma-informed systems to implement prevention and treatment interventions to reduce the incidence of trauma and its impact on the behavioral health of individuals and communities; and 2) to better address the needs of people with mental and substance use disorders in the criminal justice system.

Background

SAMHSA is one of the leading agencies addressing the impact of trauma on individuals, families, and communities. SAMHSA has made contributions in key areas through a series of significant initiatives over the past decade. These contributions include the development and promotion of trauma-specific interventions, the expansion of trauma-informed care, and the consideration of trauma and its behavioral health effects across health and social service delivery systems.

The SAMHSA-funded National Child Traumatic Stress Network (NCTSN) has generated an array of evidence-supported screening, early interventions and treatments for

children, youth, and families. NCTSN has provided leadership in linking researchers and provider agencies to accelerate the development of field-based trauma interventions addressing various forms and severity of trauma. Over 300 products, including manualized effective trauma treatments, have been developed by the network.

The Women, Co-occurring Disorders and Violence study led to the development of gender-specific trauma treatments and highlighted the traumas experienced by women and girls. It also laid the foundation for the National Center for Trauma-Informed Care (NCTIC), a SAMHSA-funded technical assistance center that provides consultation and education to develop trauma-informed environments in publicly funded programs. Trauma-informed, gender-specific care represents a new paradigm of service delivery which recognizes that every aspect of the service system - organization, management, and staff - must have a basic understanding of how trauma and gender affect a person needing treatment for a mental or substance use disorder. Trauma-informed, gender-specific services are based on an understanding of the vulnerabilities and triggers of trauma survivors (which may differ for women and men) that may be exacerbated in traditional behavioral health care and lead to re-traumatization.

SAMHSA's work on preventing and reducing the use of seclusion and restraint in treatment settings also has led to major changes in the cultures of treatment environments. As a result of the Alternatives to Restraint and Seclusion State grants, mental health facilities successfully eliminated or reduced the use of coercive and often re-traumatizing practices; improved the safety and morale of both clients and staff; and facilitated resilience, recovery and consumer self-directed care.

These changes are not limited to behavioral health care. Jails, forensic treatment settings, and courts have implemented trauma-informed care and in some cases have seen reductions in recidivism, fewer staff injuries, and improved adherence to treatment and involvement in care. Child welfare systems can also benefit from a trauma informed approach.

SAMHSA and its partners have provided substantial "research and development" in the area of trauma services. However, this information has had limited reach in the field. Broader dissemination, training, and technical assistance is needed for better uptake and penetration of these practices into key systems: health, child welfare, behavioral health, public health and criminal and juvenile justice. Strategies for implementation, financing and workforce development are necessary to advance the trauma work.

Fast Facts

- Trauma is strongly associated with mental and substance use disorders.[15, 16]

- More than 6 in 10 US youth have been exposed to violence within the past year, including witnessing a violent act, assault with a weapon, sexual victimization, child maltreatment, and dating violence. Nearly 1 in 10 were injured.[17]
- An estimated 772,000 children were victims of maltreatment in 2008.[18]
- Adverse Childhood Experiences (e.g., physical, emotional, and sexual abuse, and family dysfunction) are associated with mental illness, suicidality, and substance abuse.[19]
- A lifetime history of sexual abuse among women in childhood or adulthood ranges from 15-25 percent and the prevalence of domestic violence among women in the United States ranges from 9 – 44 percent depending on definitions.[20]
- The cost of intimate partner violence, which disproportionately affects women and girls, was estimated to be $8.3 billion in 2003. This includes the costs of medical care, mental health services, and lost productivity.[21]
- In a 2008 study by RAND, 18.5 percent of returning veterans reported symptoms consistent with PTSD or depression.[22]
- More than half of all prison and jail inmates (People in State and Federal prisons and local jails), meet criteria for having mental health problems, 6 in 10 meet criteria for a substance use problem, and more than a third meet criteria for having both a substance abuse and mental health problem.[23]
- The use of seclusion and restraint on persons with mental and substance use disorders has resulted in deaths and serious physical injury and psychological trauma. In 1998, the Harvard Center for Risk Analysis estimated deaths due to such practices at 150 per annum across the Nation.[24]
- Racial incidents can be traumatic and have been linked to post traumatic stress symptoms among people of color.[25]
- Evidence suggests that some communities of color have higher rates of PTSD than the general population.[26,27]
- LGBT individuals experience violence and PTSD at higher rates than the general population.[28]
- 18.9 percent of men and 15.2 percent of women in the United States reported a lifetime experience of a natural disaster.[29]

Strategic Initiative 2 – Goals

Goal 2.1: Develop a comprehensive public health approach to trauma.
Goal 2.2: Make screening for trauma and early intervention and treatment common practice.
Goal 2.3: Reduce the impact of trauma and violence on children, youth and families.

Goal 2.4: Address the needs of people with mental and substance use disorders and with histories of trauma within the criminal and juvenile justice systems.

Goal 2.5: Reduce the impact of disasters on the behavioral health of individuals, families, and communities.

Goal 2.1: *Develop a comprehensive public health approach to trauma.*

Objective 2.1.1: Create a surveillance strategy for trauma and its association with behavioral health disorders.

Action Steps:

1. Build partnership between SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ) and trauma research experts and providers to develop a standard definition and measures of individual and community trauma to be included in individual assessments and community and national surveillance systems.
2. Incorporate trauma measures into surveillance systems, e.g., NSDUH, Behavioral Risk Factor Surveillance System (BRFSS), National Health Interview Survey (NHIS), Youth Risk Behavior Survey (YRBS), etc., treatment and facility surveys, and performance measures for SAMHSA grant programs.
3. Work with SAMHSA's State, Territorial, and community epidemiological work groups to include trauma measures.
4. Develop criteria and measures for trauma-informed care that can be used with programs department-wide.

Objective 2.1.2: Build the public's awareness of the impact of trauma on health and behavioral health.

Action Steps:

1. Develop and implement a national public information, education and awareness campaign on trauma and its association to health and behavioral health. This will include targeted work with Tribes, Asian American and Pacific Islanders, African American, and immigrant/refugee communities.
2. Collaborate with other HHS Operating Divisions and other Federal partners to adopt trauma prevention messages and participate in the National Campaign.

3. Collaborate with the Indian Health Service and tribal communities to develop a specific information and awareness campaign on trauma and its sequelae (e.g., suicide, etc.) for American Indians and Alaska Natives.
4. Collaborate with SAMHSA's National Network to Eliminate Disparities in Behavioral Health (NNED) to develop and disseminate culturally relevant trauma information and materials to the diverse racial, ethnic and sexual minority communities in this Network.

Objective 2.1.3: Build a trauma informed behavioral health system.

Action Steps:

1. Coordinate the work of the NCTSN, NCTIC, Disaster Technical Assistance Center (DTAC) and the Seclusion and Restraint Coordinating Center, to streamline the availability of resource materials, training and technical assistance on trauma and trauma-informed care.
2. Engage SAMHSA grantees and technical assistance providers as well as Federal/State/Territorial/Tribal partners and stakeholders from the field, including trauma survivors, providers, and researchers, to develop and implement a national strategy for trauma-informed care.
3. Create core competencies for direct service professionals for screening, assessing and treating trauma among diverse populations. Create core competencies for administrators and managers for creating trauma-informed therapeutic environments.
4. Conduct trainings on trauma-informed care and alternatives to seclusion and restraint for behavioral health facilities in collaboration with HHS Regional Areas and SAMHSA regional staff, Addiction Technology Transfer Centers (ATTCs), the Center for the Application of Prevention Technologies (CAPT) and other technical assistance centers.
5. Provide training on trauma and trauma-informed care to SAMHSA staff and grantees.
6. Evaluate SAMHSA programs using a trauma-informed approach to determine effectiveness in reducing the incidence of trauma and its impact on the behavioral health of individuals and communities.

Objective 2.1.4: Address historical trauma through a place-based trauma project.

Action Steps:

1. Identify communities where historical trauma has contributed to intergenerational transmission of trauma and high rates of trauma, violence and incarceration.

2. Using a public health perspective, target funding streams to educate about trauma community-wide, provide screening and early intervention in multiple settings, and implement evidence-based, culturally congruent trauma interventions.

Goal 2.1 Measures:

Measures under development

Goal 2.2: *Make screening for trauma and early intervention and treatment common practice.*

Objective 2.2.1: Identify effective screening tools for trauma based on developmental age, nature of trauma exposure, culture and service context.

Action Steps:

1. Develop an annotated compendium of screening tools for trauma and a statement of principles, guidance and standard protocols for trauma screening in various settings.
2. Develop a strategy for incorporating trauma screening tools into standard practice in diverse settings (e.g., health centers, ERs, behavioral health, child welfare, criminal and juvenile justice, etc.) for diverse populations.

Objective 2.2.2: Develop a continuum of interventions that are appropriate to the severity of trauma and that are included in benefits and services addressed in Health Reform.

Action Steps:

1. Convene a Consultative Session (e.g., trauma experts, intervention developers, researchers, providers, consumers and families) to identify gaps in the continuum of trauma interventions, e.g., brief interventions, and develop a strategy to fill these gaps.
2. Work with HHS partners, e.g., NIH and CDC, to bring together trauma survivors, researchers, intervention developers, community-based practitioners and trainers from SAMHSA's technical assistance centers to develop and evaluate practice improvement tools for trauma.
3. Develop payment strategies in coordination with Affordable Care Act implementation and other funding streams to increase public awareness about trauma community-wide, provide screening and early intervention in multiple settings, and implement evidence-based trauma interventions.

Goal 2.2 Measures:

Measures under development

Goal 2.3: *Reduce the impact of trauma and violence on children, youth and families.*

Objective 2.3.1: Increase the use of programs/interventions that have been shown to prevent the behavioral health impacts (including trauma) of maltreatment and interpersonal and community violence in child serving settings.

Action Steps:

1. Reduce exposure to violence and risk factors for trauma through SAMHSA prevention programs for child serving settings, (e.g., Project LAUNCH, Prevention Prepared Communities, Safe Schools/Healthy Students, Suicide Prevention Programs, SAMHSA Block Grants and Drug Free Communities.)
2. Partner with the Administration for Children and Families (ACF) and State, Territorial, and local child welfare agencies to increase the reach of prevention programs for children in early child care, child welfare and foster care settings.
3. In the above action steps, ensure a focus on children of color who are disproportionately represented in out-of-home care in the child welfare system

Objective 2.3.2: Support programs to address trauma experienced in childhood, and its subsequent impact across the life span.

Action Steps:

1. Develop a dissemination, training, and technical assistance strategy through the National Trauma Coordinating Center to move established trauma-focused interventions beyond the NCTSN and more broadly into child-serving systems. Through this strategy, identify and address barriers to access for trauma specific treatments. Ensure that this strategy is inclusive of racial, ethnic, and sexual minorities.
2. Continue to raise the standard of care for sub-populations of children and families (i.e., those in child welfare) in need of trauma treatments through the development of specialized treatment interventions by the NCTSN. This includes the development of early intervention approaches for trauma in child-serving programs that promote the child's recovery and also help parents or caregivers address their own trauma histories.

3. Collaborate with ONDCP, HHS partners, (e.g., ACF, HRSA, CDC, IHS) and with the 12 agency Interagency Work Group on Youth Programs (Education, DOL, DOJ, USDA, etc) to promote understanding of the impact of trauma and the importance of intervening early and increasing access to trauma interventions and trauma-informed care in child serving settings such as pediatric care, home visiting, early childhood systems, and child welfare.
4. Identify and build on specific points of collaboration such as partnering with the Department of Education to create and disseminate materials related to bullying.

Objective 2.3.3: Improve policies to address the impact of trauma on children.

Action Steps:

1. Ensure that SAMHSA funded programs (discretionary and block grant) address trauma prevention and treatment for children, youth and families.
2. Collaborate with other programs and child serving systems such as Home Visiting Programs at HRSA, and Child Abuse Prevention and Child Welfare programs at ACF, to strengthen policy directives and program goals to include a trauma informed approach.
3. Develop financing models to support trauma efforts that include family-centered/multi-generational interventions and prevention efforts.

Goal 2.3: Measures:

Measures under development

Goal 2.4: *Address the needs of people with mental and substance use disorders and with histories of trauma within the criminal and juvenile justice systems.*

Objective 2.4.1: Expand alternative responses and/or diversion for people with behavioral health problems and trauma histories within the criminal and juvenile justice system.

Action Steps:

1. Partner with the Bureau of Justice Assistance and constituency groups to explore expanding beneficial behavioral health problem solving courts (e.g., alternative sanctions, links to social services, rigorous monitoring, etc.) to more people involved in the criminal and juvenile justice systems, including those served by more conventional courts.

2. Support State and Territorial planning efforts so that substance abuse, mental health and criminal justice planning are coordinated.
   a. Include language in SAMHSA justice-related grant solicitations that encourage State and Territorial Alcohol and Drug Abuse Agency, Mental Health Departments and State and Territorial Criminal Justice Agency involvement in the application process.
   b. Increase the frequency of contacts with State, Territorial and local governmental units, constituency groups, and Federal agencies to explore ways to increase State and Territorial government input into improving the State/Territorial-local coordination of grant applications.
3. Support training for judges, prosecutors, defense attorneys, probation offices, court managers, and other court staff about the complex issues of substance use, mental health disorders and trauma, and about the community context of crime to improve decision making and justice system approaches to serving the community.
   a. Collaborate with OJP, NIDA, and the National Judicial College to develop a strategy for implementing additional judicial training in this area.
   b. Initiate judicial training on behavioral health issues including trauma for State and Territorial Chief Judges and Presiding Judges.

Objective 2.4.2: Improve the ability of first responders to respond appropriately to people with mental health and substance use problems and histories of trauma.

Action Steps:

1. Partner with criminal justice and law enforcement groups, (e.g., International Association of Chiefs of Police (IACP), Associations of Sheriffs, the Office of Justice Programs (OJP), The National Association of Drug Court Professionals (NADCP), etc.) to expand the use of crisis intervention training and pre-booking diversion for people with behavioral health problems and histories of trauma.
2. Provide technical assistance and training tools such as web-based training, toolkits, and training of trainers to improve first responder preparedness for intervening with people with behavioral health crises and histories of trauma.

Objective 2.4.3: Improve the availability of trauma-informed care, screening and treatment in criminal and juvenile justice systems.

Action Steps:

1. Expand capacity of NCTIC and NCTSN to provide training and technical assistance on trauma-informed care, and trauma specific interventions

through partnerships with criminal and juvenile justice organizations, association, and agencies.
2. Work with HHS/The Office of the Assistance Secretary for Planning and Evaluation (ASPE)/The Administration on Children, Youth and Families (ACYF) to support intervention to children of incarcerated parents to address the range of trauma spectrum disorders experienced by the children.
3. Collaborate with DOJ/Office of Juvenile Justice and Delinquency Prevention (OJJDP) on their Children Exposed to Violence initiative.
4. Incorporate trauma-informed principles and practices into all criminal justice-based SAMHSA grants.
5. Collaborate with the Racial and Ethnic Disparities Issue Team of the Coordinating Council on Juvenile Justice and Delinquency Prevention to identify areas in which behavioral health issues contribute to disproportionate minority justice system contact (especially among Latino and African youth) and use SAMHSA's current grant portfolio to support services to reduce disproportionate minority involvement in the justice system.

Goal 2.4 Measures:

Measures under development

Goal 2.5: *Reduce the impact of disasters on the behavioral health of individuals, families, and communities.*

Objective 2.5.1: Ensure that behavioral health is a core element of Federal, State, Territorial, and local disaster response policies and practices.

Action Steps:

1. Convene the behavioral health experts from the IOM meeting on the Deepwater Horizon spill to identify areas requiring development in research, policies, and practice across the three phases of disaster (preparedness, response, and recovery).
2. Develop a "white paper" that collects the evidence that behavioral health is central to effective disaster response and recovery.
3. Develop a strategy to ensure that behavioral health surveillance systems are in place before, immediately after and in the recovery phase following a disaster.
4. Engage the State and Territorial Disaster Mental Health Coordinators to share training materials and resources with local disaster response personnel.

Objective 2.5.2: Build public awareness to ensure appropriate community response to disasters.

Action Steps:

1. Emphasize stress management, resilience building communications that make the link between traumatic events and health and behavioral health in public awareness materials.
2. Ensure that lessons learned from the crisis counseling program are shared broadly.

Objective 2.5.3: Enhance the approach to disasters across the three phases (preparedness, response, and recovery).

1. Connect communities to the national disaster behavioral health hotline after they experience disasters through the DTAC, the CCP program, and SAMHSA communications efforts.
2. Move lessons learned from the IOM committee white paper into appropriate SAMHSA programs such as the Crisis Counseling Program.

Goal 2.5 Measures:

Measures under development

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Strategic Initiative #3: Military Families

Lead: A. Kathryn Power, Director, Center for Substance Abuse Prevention

Issue Statement

In the eight years since September 11, more than 2 million United States troops have been deployed to Iraq and Afghanistan. A significant proportion of returning service men and women suffer from Post Traumatic Stress Disorder (PTSD), depression, traumatic brain injury, and substance abuse (particularly alcohol and prescription drug abuse), and too many die from suicide. There is a growing body of research on the impact of deployment and trauma-related stress on military families, particularly wives and children. Although active duty troops and their families are eligible for care from the Department of Defense (DoD), a significant number choose not to access those services due to fear of discrimination or that receiving treatment for behavioral health issues will harm their military career or that of their spouse. National Guard and Reserve troops who have served in Iraq and Afghanistan (approximately 40 percent of the total) are eligible for behavioral health care services from the Department of Veterans Affairs (VA), but many are unable or unwilling to access those services.

National Guard, Reserve, veterans, and active duty service members, as well as their families who do not seek care from the Department of Defense (DoD) or Veterans Affairs (VA), do seek care in communities across this country, particularly from State, Territorial, local, and private behavioral health care systems. These groups are the focus of SAMHSA's Military Families Strategic Initiative. As the Federal Agency with the mission to reduce the impact of mental illnesses and substance abuse on America's communities, SAMHSA will provide support and leadership to improve the behavioral health of the Nation's Military Families through a collaborative and comprehensive approach to increasing access to appropriate services, preventing suicide, promoting emotional health and reducing homelessness for military service members, veterans and their families.

The Mission of this Initiative is to facilitate innovative community-based solutions that foster access to evidence-based prevention, treatment, and recovery support services for military service members, veterans, and their families at risk for or experiencing mental and substance use disorders through the provision of state of the art technical assistance, consultation, and training.

Background

The President clearly has identified military families as a key priority for the Nation. In May 2010, First Lady Michelle Obama, along with Dr. Jill Biden, rolled out a national Call to Action for military families to focus on three broad areas: 1) the unique

challenges facing military families, 2) building stronger civilian-military community ties, and 3) engaging and highlighting the service and sacrifice of military families. SAMHSA is perfectly positioned to support all of these elements of the Administration's Call to Action. SAMHSA will work with States, Territories, Tribes, and communities to ensure needed behavioral health services are accessible to our service men and women and their families and outcomes are successful.

Several fundamental expectations underlie the workplan for the Military Families Strategic Initiative:

- When appropriate, military families should have access to well-prepared civilian service systems.
- Civilian, military, and veteran service systems should be coordinated.
- Suicide prevention for military families must be implemented across systems.
- Emotional health promotion for military families is important.
- Military families want and need permanent stable housing.

Fast Facts

- Approximately 18.5 percent of service members returning from Iraq or Afghanistan have PTSD or depression and 19.5 percent report experiencing a traumatic brain injury during deployment.[30]
- Approximately 50 percent of returning service members who need treatment for mental health conditions seek it, but only slightly more than half who receive treatment receive adequate care.[31]
- The Army suicide rate reached an all-time high in June 2010.[32]
- For the first time, in 2008 and 2009 respectively, suicide rates among Soldiers and Marines exceeded the expected national average.[33]
- Suicide among veterans accounts for as many as 1 in 5 suicides in the United States.[34]
- In 2007, 8 percent of soldiers in Afghanistan reported using alcohol during deployment and 1.4 percent reported using illegal drugs/substances.[35]
- Between 2004 and 2006, 7.1 percent of United States veterans met the criteria for a substance use disorder.[36]
- Mental and substance use disorders caused more hospitalizations among United States troops in 2009 than any other cause.[37]
- In 2009, on any given night, approximately 107,000 veterans were homeless.[38]
- Cumulative lengths of deployments are associated with more emotional difficulties among military children and more mental health diagnoses among United States Army wives.[39,40]
- Children of deployed military personnel have more school-, family-, and peer-related emotional difficulties compared with national samples.[41]

Strategic Initiative 3 - Goals

Goal 3.1: Improve Military Families' access to community-based behavioral health care through coordination with TRICARE, Department of Defense, or Veterans Health Administration services.

Goal 3.2: Improve quality of behavioral health prevention, treatment, and recovery support services by helping providers respond to the needs and culture of Military Families.

Goal 3.3: Promote the behavioral health of Military Families with programs and evidence-based practices that support their resilience and emotional health.

Goal 3.4: Develop an effective and seamless behavioral health service system for Military Families through coordination of policies and resources across Federal, national, State, Territorial, local, and Tribal organizations.

Goal 3.1: *Improve Military Families' access to community-based behavioral health care through coordination with TRICARE, Department of Defense, or Veterans Health Administration services.*

Objective 3.1.1: Encourage and support community-based behavioral health care providers' participation in the TRICARE network.

Action Steps:

1. Sponsor TRICARE/Behavioral Health Care Provider Organizations Forums and an ongoing dialogue to provide a mechanism for sharing information about credentialing, reimbursable services, questions about filing claims, etc.
2. Enhance communication, facilitate answers to questions, and identify system issues that need attention at senior management levels by acting as a liaison between the behavioral health field and TRICARE.

Objective 3.1.2: Increase credentialing under TRICARE for behavioral health providers.

Action Steps:

1. Implement a pilot to assess value of on site TRICARE Technical Assistance Credentialing Teams in providing consultation and support to selected

Community Behavioral Health Care Centers interested in credentialing of staff for the TRICARE network.

Objective 3.1.3: Educate and assist behavioral health care providers about the appropriate referral process to the Department of Veterans Affairs Health Care System and Department of Defense Military Treatment Facilities.

Action Steps

1. Work with DoD, VA, and HRSA to develop a user friendly resource package to guide providers in available referral sources for members of military, veterans and their families and procedures for referral.
2. Distribute package to provider networks participating in two NGB/SAMHSA MOU Pilot states.
3. Solicit feedback from providers on usefulness of the resource package.
4. Assess possible expansion of use of this resource to other States and Territories.

Goal 3.1 Measures:

Measures under development

Goal 3.2: *Improve quality of behavioral health prevention, treatment, and recovery support services by helping providers respond to the needs and culture of Military Families.*

Objective 3.2.1: Optimize SAMHSA grantees' provision of prevention, treatment, and recovery support services to military families.

Action Steps:

1. Work with State and Territorial Mental Health and Substance Abuse Authorities to focus attention on needs of service members, veterans, and their families.
2. Collect Military Families data in all SAMHSA data sets to identify military service members, veterans, and their families to track outcomes for this population.

Objective 3.2.2: Strengthen community-based behavioral health care providers' understanding of military culture and their ability to provide effective prevention and treatment services to returning combat veterans, military service members, veterans, and their families.

Action Steps:

1. Develop and conduct a webinar on Mental Health for Military Families – exploring the potential collaboration across the behavioral health field and SAMHSA programs.
2. Support Tennessee Access to Recovery grantee to develop and conduct Operation Immersion and provide training in Tennessee for all Access to Recovery grantees. Explore the lessons learned from this project to see if it is a model for replication.
3. Establish a national technical assistance behavioral health resource for behavioral health care providers, military members, veterans, and their families.

Goal 3.2 Measures:

Measures under development

Goal 3.3: *Promote the behavioral health of Military Families with programs and evidence-based practices that support their resilience and emotional health.*

Objective 3.3.1: Identify and develop activities at SAMHSA that support a public health model for psychological health services that emphasizes prevention, resilience and when necessary, delivery of high quality recovery-oriented and specialized behavioral health care.

Action Steps:

1. Continued leadership as appropriate in implementation of the proposed recommendations included in the report of the Sub-IPC Group on Psychological Health.
2. Review current inventory of existing SAMHSA Toolkits and ensure awareness of and use of these Toolkits by VA and DoD provider services.
3. Explore possibility of use of all SAMHSA TA centers for supporting training and technical assistance in regard to programs that support resilience and promote emotional health.

Goal 3.3 Measures:

Measures under development

Goal 3.4: *Develop an effective and seamless behavioral health service system for*

Military Families through coordination of policies and resources across Federal, national, State, Territorial, local, and Tribal organizations.

Objective 3.4.1: Continue and facilitate ongoing partnerships with appropriate Federal, national, State, Territorial, and Tribal agencies/organizations toward development of a full spectrum of behavioral health service system for Military Families.

Action Steps

1. Work through Sub-IPC to finalize the report from the Psychological Health Team.
2. Convene the Federal Partners Reintegration Work Group.
3. Create a SAMHSA/National Guard Memorandum of Understanding.
4. Engage the Department of Defense Suicide Prevention Task Force.
5. Develop the proposed MOU with Defense Center of Excellence.
6. Work with SAMHSA Tribal Representatives to explore possible initiatives for military families within existing tribal structures.

Goal 3.4 Measures:

Measures under development

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Strategic Initiative #4: Health Care Reform

Lead: John O'Brien, Senior Advisor for Behavioral Health Financing

Issue Statement

In March of 2010, President Obama signed into law the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 (referred to together as the Affordable Care Act) which seek to make health insurance coverage more affordable to individuals, families and the owners of small businesses. When fully implemented, the law will provide access to coverage for an estimated 32 million Americans who are now uninsured. The Affordable Care Act reforms insurance markets to make them more competitive and protects consumers' rights by prohibiting such practices as excluding people from coverage due to pre-existing conditions, placing annual or lifetime caps on coverage, banning rescission of coverage, and establishing basic minimum benefit packages. The Affordable Care Act recognizes that prevention, early intervention and treatment of mental and substance use disorders are an integral part of improving and maintaining overall health.

The passage of the Affordable Care Act assures that mental health and substance use services provided to newly covered individuals are provided at parity and consistent with the 2008 passage of the Mental Health Parity and Addiction Equity Act.

Under the Affordable Care Act, the Medicaid program will play an increasing role in the financing and delivery of mental health and substance use services. The Affordable Care Act expands the opportunity for States and Territories to use current and new provisions of the Medicaid program to offer services to current and newly eligible enrollees. This includes expanding eligibility to individuals without dependent children and whose incomes are below 133 percent of the Federal poverty level (FPL). The Affordable Care Act provides a significant focus on expanding and improving home and community based services for individuals with disabilities, including those with a mental or substance use disorder. In addition, the Medicaid program will cover prevention services, including screening for depression and alcohol. The Centers for Medicare and Medicaid Services (CMS) will enhance efforts to develop strategies for individuals who are dually eligible for Medicare and Medicaid services—a significant number of these individuals need mental health and substance use services.

The Affordable Care Act will also have an impact on SAMHSA's Block Grants. The new opportunities under the law will significantly expand mental health and substance use treatment and support services under Medicaid and insurance products offered to working class families. Some changes are already in effect while others are not yet implemented including a major expansion in Medicaid enrollment that will take place in

2014. Some of these individuals received treatment and supports funded through the Mental Health Services Block Grant (MHBG) or the Substance Abuse Prevention and Treatment Block Grant (SAPTBG). This will allow the Block Grants to purchase other needed services that support individuals and families toward their recovery and resiliency goals. Many of these services may not be covered by Medicaid or private insurance. Therefore Block Grant services will be necessary to complete the benefit package for some people with insurance and deliver the full range of services to others who will still not have coverage. Through these and other efforts, SAMHSA will consistently seek to align the efforts of public and private sectors.

Finally, the Affordable Care Act seeks to enhance the availability of primary care services, especially for low-income individuals that have complex health needs. The Affordable Care Act has many provisions that seek to identify and coordinate primary care and specialty services for these individuals through medical homes. Medical homes is a concept that has been used for many years and specifically designates a health care professional, practice, or clinic, to be accountable for identifying and coordinating a wide range of services. There are specific provisions in the law that will increase access to medical homes for individuals with serious mental illness and individuals with co-occurring addiction and other chronic conditions. Better coordinating care will reign in unsustainable costs for families, government, and the private sector making it more accessible and affordable.

SAMHSA has a prominent role in several key provisions of the Affordable Care Act. A major provision requires States and Territories to consult with SAMHSA in developing medical homes for individuals with mental health and substance use disorders. SAMHSA is also responsible for developing Centers of Excellence for Depression and Post Partum Depression. In addition, SAMHSA is taking a lead role in shaping policies regarding home and community based services for individuals with mental and substance use disorders.

Background

Reform of the health care system will be complex, challenging, and laden with competing priorities. The next three years will provide the foundation for the newly reconfigured health care system for many years. SAMHSA's focus must be to ensure that mental health and addiction services are an integral part of many health care reform efforts. In addition, SAMHSA must support States, Territories, Tribes, primary care and behavioral health providers, and individuals and families to understand and participate actively in designing and implementing local health care reform efforts.

SAMHSA will need a multi-faceted strategy for addressing health care reform. SAMHSA is already developing and implementing strategies that will address the

provisions for which it is responsible. SAMHSA will also work closely with States and Territories in developing specific strategies that will ensure individuals with mental and substance use disorders and their families have access to services that promote recovery and resiliency. SAMHSA will assist providers in their efforts to understand and incorporate changes in their practices and strategies that comport with the major themes of the Affordable Care Act: integration between primary care and behavioral health, accountability, quality home and community based services, and availability of wellness and prevention services. The changes that are proposed under the Affordable Care Act are broad. SAMHSA will ensure that individuals and families understand the tenets and implication of health care reform in order to be active participants in their health care choices and services.

The Affordable Care Act includes many provisions applying specifically to Tribes, and many of the other provisions of health care reform that disproportionately impact the AI/AN community because of their overrepresentation in groups that will benefit from health reform. Due to the complexity of these issues and the scope of the changes, special attention will be required in order to make sure that implementation efforts meet the necessary standard for Tribal consultation.

Parity between mental health and addiction services and medical/health services is also one of SAMHSA's priorities. This includes ensuring services offered under Affordable Care Act are consistent with parity and these services are managed no differently than medical and other health benefits offered by Medicaid and private insurance.

The passage of Affordable Care Act necessitates that SAMHSA and CMS work more closely than ever before in designing services to meet the needs of individuals with a wide range of mental health and substance use conditions. SAMHSA must provide the content expertise to CMS in planning, designing, reimbursing and overseeing services. Several provisions of the Act require the two agencies to provide technical assistance and guidance to States, Territories, and providers regarding critical policies and programs.

SAMHSA's reexamination of the Block Grants will be thoughtful. While the details of what services will be available to individuals under Medicaid and private insurance are still pending, SAMHSA has expressed an interest in ensuring more recovery and resiliency oriented services are purchased with Block Grant funds. SAMHSA will work closely with States, Territories, and other stakeholders to discuss and design changes to the Block Grant over the next several years to prepare for 2014 when 32 million more Americans will be covered by health insurance.

SAMHSA will also build upon its Primary and Behavioral Health Care Integration (PBHCI) program to implement new opportunities under the Affordable Care Act. This

includes planning the next generation of PBHCI with CMS, Indian Health Service (IHS), and Health Resources and Services Administration (HRSA). These efforts will include developing new or expanding current models that support this integration. SAMHSA will also be a lead investor in collaboration with HRSA in a technical assistance effort for States, Territories, and providers to spread and sustain integration efforts.

Fast Facts

- 32 million more Americans will be covered in 2014. Between 20 and 30 percent of these (6-10 million people) will have a mental or substance use disorder.[42, 43]
- CMS spends $370 billion on services for individuals who are dually eligible for Medicare and Medicaid. Almost 60 percent of these individuals have a mental disability.[44]
- Medicaid is a primary payer of mental health services. Forty-four percent of mental health funding managed by State Mental Health Authorities comes from Medicaid.[45]
- Thirty-five percent of all SAPTBG funds are used to support individuals in long term residential settings.[46]
- The Mental Health Parity and Addiction Equity Act affects 140 million individuals participating in group health plans.[47]
- Many individuals with mental health and substance use disorders will no longer pay significant out-of-pocket expenses for medication, due to the closing of the "doughnut hole" in Medicare Part D.[48]
- Some States spend 75 percent of their public behavioral health expenditures on children in residential settings.[49]
- The Affordable Care Act will increase the number of people who are insured. Currently individuals with a mental health disorder are twice as likely to be uninsured than those without a mental disorder.[50]
- Medicaid will play an increasing role in financing mental health and addiction services. Currently, Medicaid accounts for 58 percent of mental health expenditures by State Mental Health Agencies; as much as 80 percent for children.[51]
- Among the currently uninsured aged 22-64 w/family income < 150 percent of FPL, 32.4 percent had illicit drug or alcohol dependence/abuse or mental illness.[52]

Strategic Initiative 4 – Goals

Goal 4.1: Assure behavioral health is included in all aspects of Health Care Reform (HCR) implementation.

Goal 4.2: Support Federal, State, and Territorial efforts to develop and implement new provisions under Medicaid/Medicare.
Goal 4.3: Finalize and implement the parity provisions in MHPAEA and the Affordable Care Act.
Goal 4.4: Develop changes in SAMHSA Block Grants to support recovery and resilience.
Goal 4.5: Foster the integration of primary and behavioral health care.

Goal 4.1: *Assure behavioral health is included in all aspects of Health Care Reform (HCR) implementation.*

Objective 4.1.1: Implement strategies that address critical provisions in the Affordable Care Act.

Action Steps:

1. Develop and implement work plans for major provisions that are owned by SAMHSA. Major areas of focus will be the development of integrated health homes that include mental health and addiction services, primary care behavioral health initiatives, Home Visiting Program, mental health and behavioral health education and training grants, Centers of Excellence for Depression and pilots for post-partum depression.
2. Track and report progress on activities and policy decisions from HHS workgroups.
3. Co-lead an HHS workgroup to develop policies for home- and community-based services offered by Federal and State agencies.
4. Develop recommendations to HHS regarding the mental health and addiction services that should be available to individuals that receive services through essential and benchmark plans.

Objective 4.1.2: Support States, Territories, and Tribes in their efforts to understand, design and implement State, Territory, and tribe-specific health care reform strategies and reduce health care disparities.

Action Steps:

1. Develop strategies for States and Territories to implement HCR reform, including identifying model policies and lessons learned from States and Territories that have expanded eligibility.
2. Develop, coordinate and evaluate a technical assistance strategy to States and Territories regarding health care reform.

3. Support Tribes in their efforts to understand, design and implement health care reform strategies through tailored technical assistance and information resources.
4. Develop strategies for Tribes to implement HCR reform, including identifying model policies and lessons learned from States and Territories that have expanded eligibility.
5. Develop, coordinate and evaluate a technical assistance strategy for Tribes regarding health care reform (2011-2013).

Objective 4.1.3: Support providers in their efforts to understand, design and implement State and Territory-specific Health Care Reform strategies.

Action Steps:

1. Assist provider organizations to identify their programmatic and operational needs under healthcare reform (and current tools that can help them with this transition).
2. Develop strategy for addressing providers' infrastructure needs for HCR (billing, Electronic Health Records (EHR), compliance, access and retention).
3. Support SAMHSA and other HHS OPDIVs' demonstration and targeted grant programs that encourage community providers to integrate behavioral health and primary health care activities.
4. Establish a national training and technical assistance center on the bidirectional integration of primary and behavioral health care and related workforce development.

Objective 4.1.4: Ensure adults and children with mental and substance use disorders and their families understand and take advantage of HCR and parity.

Action Steps:

1. Identify immediate HCR issues and concerns, develop and conduct environmental scan of HCR issues.
2. Develop educational and other communication material based on action step 1.
3. Identify enrollment issues and effective enrollment strategies from States and Territories that have implemented expanded eligibility.
4. Provide information and technical assistance to States and Territories regarding effective enrollment strategies, through expansion of and modification to Supplemental Security Income/ Social Security Disability Insurance (SSI/SSDI) Outreach, Access and Recovery (SOAR).

5. Develop processes to track and assess State and Territory-specific educational and enrollment processes.
6. Target technical assistance for populations with behavioral health needs who may be harder to enroll.

Objective 4.1.5: Effectively communicate with States, Territories, Tribes, providers, consumers and other stakeholders about health reform implementation.

Action Steps:

1. Develop outreach materials for consumers and providers.
2. Coordinate initial webinars on high risk pools, exchanges and health homes.
3. Update SAMHSA website with new health reform section.
4. Launch SAMHSA Health Reform Blog.
5. Hold regular stakeholder meetings.
6. Conduct SAMHSA staff training on health reform.
7. Hold Monthly Brown Bag Lunches at SAMHSA related to health reform.
8. Provide input to Healthreform.gov and other Federal communication efforts related to health reform.

Goal 4.1 Measures:

Measures under development

Goal 4.2: *Support Federal, State, and Territorial efforts to develop and implement new provisions under Medicaid/Medicare.*

Objective 4.2.1: Increase SAMHSA staff's understanding of current Medicaid program coverage and potential impact of HCR on States, Territories, and Tribes.

Action Steps:

1. Develop and implement a training strategy for SAMHSA staff that work closely with States and Territories regarding Medicaid, Medicare and HCR.
2. Work with CMS to identify current coverage under Medicaid for mental and substance use disorders by State or Territory.
3. Identify current Medicaid services coverage issues that will remain even after implementation of health reform and parity.

Objective 4.2.2: Provide technical assistance to States and Territories regarding current and new opportunities under Medicaid program.

Action Steps:

1. Identify critical Medicaid strategies under HCR.
2. Develop initial informational strategies for States and Territories to take advantage of opportunities.
3. Meet with CMS to discuss information dissemination and technical assistance plans.
4. Identify internal and external technical assistance resources based on action step 3.

Objective 4.2.3: Work with CMS to develop policies and programs that expand access to mental health and substance use services.

Action Steps:

1. Review and comment on draft regulations and State and Territorial Medicaid Directors' letters prior to formal clearance.
2. Chair or participate on interagency workgroups with Medicaid (Long Term Care (LTC), health homes, dual-eligibles, mental health internal working group, Technical Advisory Group (TAG)).
3. Develop a joint CMS/SAMHSA technical assistance effort for Olmstead and Early Periodic Screening, Diagnosis, and Treatment (EPSDT) litigation.

Goal 4.2 Measures:

Measures under development

Goal 4.3*: Finalize and implement the parity provisions in MHAPEA and the Affordable Care Act.*

Objective 4.3.1: Develop additional policies that clarify parity in health care reform.

Action Steps:

1. Work with CMS and ASPE to develop Medicaid managed care regulations.
2. Work with ASPE to review Interim Final Rule (IFR) comments and propose changes to the IFR.

Objective 4.3.2: Track consumer and employer complaints regarding implementation of parity.

Action Steps:

1. Identify State, Territorial, and Federal touch points for consumer complaints regarding coverage.
2. Develop consumer and family tip sheets for parity based on action step 1.
3. Work with CMS, DOL, and ASPE to collect and analyze information regarding complaints.
4. Work with Federal partners and stakeholders to develop effective oversight and enforcement strategies.

Goal 4.3 Measures:

Measures under development

***Goal 4.4**: Develop changes in SAMHSA Block Grants to support recovery and resilience.*

Objective 4.4.1: Develop a spending baseline for current Block Grants.

Action Steps:

1. Collect and analyze current Block Grant spending information.
2. Identify information gap and develop strategies to obtain additional information.
3. Collect and analyze information.
4. Develop a report that provides baseline spending under the Block Grants.

Objective 4.4.2: Develop recommendations for spending changes.

Action Steps:

1. Based on analysis in 4.1, identify service gaps.
2. Project services that will be covered under third party reimbursement.
3. Identify service specific categories for use of Block Grant funds.
4. Identify use of Block Grant funds for non-service specific activities.
5. Review recommendations with SAMHSA's Executive Leadership Team.

Objective 4.4.3: Incorporate service definitions into Block Grants.

Action Steps:

1. Identify services workgroups (prevention, tribal services, recovery and children and family support services and residential).

2. Develop standard service definitions and/or service models.
3. Meet with stakeholders to review service models.
4. Amend Block Grant application to include new services.

Objective 4.4.4: Develop changes in application and reporting under Block Grants.

Action Steps:

1. Conduct Block Grant internal working group (bi-weekly).
2. Identify and implement changes in 2011 in preparation for FY 2012-2014.
3. Develop communication and planning strategies with State associations.
4. Identify services and infrastructure activities to be purchased with Block Grant funds in FY 2014.

Goal 4.4 Measures:

Measures under development

***Goal 4.5**: Foster the integration of primary and behavioral health care.*

Objective 4.5.1: Increase State, Territorial, and local efforts to integrate primary and behavioral health care.

Action Steps:

1. Implement a national training and technical assistance center on the bidirectional integration of primary and behavioral health care and related workforce development.
2. Increase the number of primary care and behavioral health integration sites.
3. Develop a targeted strategy for behavioral health and primary care providers to reduce the use of tobacco products by individuals with a mental illness or substance use disorder.
4. In cooperation with HRSA, provide technical assistance to Federally Qualified Health Centers and Community Health Centers to address the behavioral health care needs of individuals with mental illnesses, substance use and co-occurring disorders.
5. Develop and implement a strategy to provide technical assistance to States and Territories that seek to amend their Medicaid Plan to include health homes for persons with a mental illness or substance use disorder and to ensure that health homes screen for mental illness and substance use.
6. Award cooperative agreement for the national technical assistance center on primary and behavioral health care integration.

Objective 4.5.2: Expand Screening, Brief Intervention and Referral to Treatment (SBIRT) across primary care settings.

Action Steps:

1. Develop a workforce development plan for FQHCs, CHCs and larger primary care practices to adopt effective SBIRT approaches in collaboration with HRSA.
2. Increase efforts by federal agencies to promote the coverage of SBIRT in reimbursement and grant activities.
3. Increase third party coverage of SBIRT for depression, addiction and other diseases.

4.5 Measures:

Measures under development

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Strategic Initiative #5: Housing and Homelessness

Lead: Kathryn Power, Director, Center for Substance Abuse Prevention

Issue Statement

Homelessness can be prevented through joint collaborations between the Federal government, States, Territories, and local communities to provide affordable housing and rental assistance to low income individuals and families, rapid re-housing to individuals who become homeless, and supportive primary and behavioral health care services to those in need. Current estimates for the number of people experiencing homelessness on any given night in the United States is over 643,000 but due to the current economic downturn, this number may double or even triple over the next several years. Approximately, 63 percent of these people were individuals and 37 percent were adults with children. Although Federal, State, and Territorial policies have been successful in beginning to reduce the number of individuals and veterans who are chronically homelessness, the number of families that are homeless at some point during a year has increased about 30 percent since 2007. While Federal policies aimed at preventing and ending homelessness must continue to work to eliminate chronic homelessness among our nation's adults and veterans, they clearly must do a better job of preventing homelessness among low-income families and children and providing rapid re-housing for families who become homeless. Federal policies also must re-focus on the housing and service needs of 'at risk" populations for homelessness, including youth transitioning out of foster care and the juvenile justice system; people being released from jails or prisons; and people being discharged from psychiatric hospitals or substance use detox or treatment facilities.

While affordable housing is the key element to strategies aimed at preventing and ending homelessness, many adults and children who are homeless or at risk of homelessness experience a range of medical and behavioral health issues, which often are exacerbated by the experience of living on the streets or in crowded shelters. Previous research has indicated that approximately twenty-six percent of people who are homeless have a serious mental illness, sixty-four percent have an alcohol or substance use disorder; and over fifty percent have acute or chronic health conditions that create major difficulties in accessing and maintaining stable, affordable, and appropriate housing. Many individuals who are homeless repeatedly cycle through emergency shelters and health care systems, and do not have access to a coordinated system of care where their health and behavioral health issues can be successfully managed. Indeed, these "frequent users" of public services get caught in a revolving door of costly crisis services and temporary housing or institutional settings.

To address the need for a coordinated and consistent approach to preventing and ending homelessness, the Substance Use and Mental Health Administration (SAMHSA)

will provide leadership and expertise on how current Federal, State, Territorial, and local systems that serve individuals who are homeless or at risk of homelessness can be retooled to provide permanent housing, supportive primary and behavioral health services (when needed), and rapid re-housing. SAMHSA's Housing and Homelessness strategic initiative will support the goals and objectives in the U.S. Interagency Council's (ICH) 2010 Federal Strategic Plan to Prevent and End Homelessness by expanding the availability of permanent supportive housing options for the most vulnerable and high cost individuals who are homeless or at risk of homelessness with mental health, substance use, and co-occurring disorders.

Background

No single program, either within the Department of Health and Human Services (HHS) or anywhere else in the Federal government, can solve the problem of homelessness. Coordination of programs and the piecing together of the various resources offered throughout the Federal government are necessary to provide the full range of housing and behavioral health service options needed at the State, Territorial, and local community level to effectively serve persons and families experiencing homelessness. SAMHSA's Housing and Homelessness Strategic Initiative aligns with current Administration efforts to expand opportunities for individuals with disabilities to live in integrated, community settings. The initiative fully supports the goals in the ICH's 2010 Federal Strategic Plan to Prevent and End Homelessness, and supports the collaborative work being undertaken in the current HHS and Department of Housing and Urban Development (HUD) workgroup activities on both community living and homelessness. Research on permanent supportive housing (PSH) clearly shows that this approach successfully serves vulnerable individuals with disabilities, including individuals who are homeless or at risk of homelessness, and that PSH approaches are cost-effective. Through this initiative, the Substance Abuse and Mental Health Services Administration (SAMHSA) can serve as the lead Federal agency for promoting and increasing PSH practices for the most vulnerable individuals and families who are homeless or at risk of homelessness.

Fast Facts

- Over 643,000 Americans are homeless on any given night[53]
- Approximately 110,000 people are chronically homeless[54]
- About 170,000 families are homeless and living in shelters at some point during 2009.[55]
- 5% to 7% of youth experience homelessness each year[56]
- 26% of persons who are homeless have a serious mental illness[57]
- 64% of persons who are homeless have a alcohol or substance use disorder[58]
- Nearly 50% of persons who are homeless have acute or chronic health conditions[59]

- In one research study, providing housing for individuals with mental illness who are homeless reduces criminal justice involvement by 38% and prison days by 84%[60]
- Research also has indicated that women who are homeless experience high rates of abuse, violence, and separation from families.[61]

Strategic Initiative 5 – Goals

Goal 5.1: Prevent homelessness among individuals with mental and substance use disorders.
Goal 5.2: Create permanent stable housing for behavioral health populations.
Goal 5.3: Implement supportive housing services.

Goal 5.1: *Prevent homelessness among individuals with mental and substance use disorders.*

Objective 5.1.1: Build leadership and promote collaborations at the Federal level to prevent and end homelessness among individuals with mental and substance use disorders.

Action Steps:

1. Collaborate with the ICH and Federal Partners to implement the 2010 Federal Strategic Plan to Prevent and End Homelessness.
2. Work with Federal partners to develop policy guidance and directives that support a move to increase low-income housing capacity and primary and behavioral health services.
3. Partner with HUD and other Federal partners to increase access to mainstream housing programs for low-income individuals and families who are at risk of homelessness, and to re-align targeted homeless programs to focus on permanent supportive housing models.
4. Collaborate with the Health Resources and Services Administration (HRSA), the Administration for Children and Families (ACF), the Centers for Medicaid and Medicare Services (CMS), and Centers for Disease Control (CDC), and the Office of the Secretary within HHS to streamline and coordinate technical assistance approaches aimed at preventing and ending homelessness.
5. Collaborate with the Indian Health Service (IHS) to ensure that the specific needs of American Indian and Alaska Native (AI/AN) people are included in Administration efforts to prevent and end homelessness.
6. Collaborate with the Department of Veterans Affairs (VA) on ending homeless for our nation's veterans, including women who are veterans and are homeless.

7. Collaborate with stakeholders (advocacy groups, nonprofits, foundations, and businesses) in efforts to prevent and end homelessness.
8. Partner with SAMHSA's Office of Communication and relevant Federal Partners to develop and disseminate a coordinated and consistent set of messages about preventing and ending homelessness through the web and other communication vehicles.

Objective 5.1.2: Increase knowledge among State and Territorial agencies, local provider organizations, and tribal leadership about homelessness, how to build successful State, Territorial, and local collaborations, and evidence-based interventions aimed at preventing and ending homelessness among people with or at risk of mental and substance use disorders.

Action Steps:

1. Provide technical assistance to States, Territories, and local communities on how to create or update and implement strategic plans that include specific efforts to increase access to affordable housing for all individuals with disabilities, including those who are homeless or at risk of homelessness.
2. Provide technical assistance to local communities on specific action steps that communities can take to integrate their strategic plans with State and Territorial efforts.
3. Develop on-line curriculum and other training tools focused on creating strategic partnerships at the State, Territorial, and local levels aimed at preventing and ending homelessness.
4. Create and promote trainings to educate the behavioral health workforce about how to identify those at risk of homelessness and what supports and services exist for individuals and families who are at risk of homelessness or who are currently homeless.
5. Partner with stakeholders to create and promote leadership development training for State and Territorial agencies and local community organizations.
6. Create topic specific community sites using SAMHSA's existing web 2.0 technology capabilities to create awareness of the importance of preventing homelessness, to foster the sharing of ideas and to create virtual technical assistance resources.
7. Promote the use and possible integration of SAMHSA's on-line Substance Abuse Treatment Facility Locator and Mental Health Services Locator for increasing rapid access to behavioral health care.

Objective 5.1.3: Strengthen the capacity of SAMHSA grantees to provide permanent, stable housing and needed supportive services to individuals who are homeless or at risk of homelessness among the populations they serve.

1. Promote participation in state, Territorial, and community strategic planning for all SAMHSA grantees in targeted homeless programs.
2. Promote efforts to prevent and end homelessness specifically through the PATH formula grant program and SAMHSA Block Grant requirements to States, Territories, and tribes.
3. Partner with the Department of Justice to provide PSH for individuals leaving jails or prisons.
4. Provide technical assistance to SAMHSA grantees on how to establish collaborative programs with HUD's Continuums of Care grantees.

Objective 5.1.4: Strengthen the ability of Federal agencies to coordinate data-driven prevention efforts.

Action Steps:

1. Collaborate with ICH to develop and disseminate a common set of definitions and terminology, data standards, and uniform performance measures across Federal agencies.
2. Collaborate with relevant Federal Partners to combine and analyze data to better understand homelessness and the behavioral health care needs of the overall population and subpopulations and identify gaps in research to target additional data analyses and research.
3. Train Projects for Assistance in Transition from Homelessness (PATH) providers to collect data using Homeless Management Information Systems (HMIS) in order to standardize performance measures, data collection efforts, and annual reporting requirements with HUD's data and reporting efforts.

Goal 5.1 Measures:

Measures under development

Goal 5.2: *Create permanent stable housing for behavioral health populations.*

Objective 5.2.1: Increase knowledge of effective strategies for financing and sustaining permanent housing programs for behavioral health populations.

Action Steps:

1. Collaborate with the ICH, national homeless organizations and other stakeholders to identify, document, and disseminate information on best

practices for braiding Federal, State, Territorial, and local funding to pay for permanent supportive housing.
2. Partner with HUD to examine current policies and practices related to housing individuals who are elderly and/or disabled in institutional settings, and to provide guidance on transitioning these individuals to PSH.
3. Partner with HUD and national homeless organizations to create guidance on best practices for transitioning individuals from institutional settings into PHS in a community.
4. Collaborate with HUD and VA to develop on-line guides and web-based training tools that promote effective strategies to finance permanent housing.
5. Disseminate information using on-site technical assistance, regional training, the web and other communication approaches about effective financing strategies for creating and providing linkages to permanent supportive housing.
6. Provide technical assistance to SAMHSA grantees on financing strategies that pay for permanent supportive housing.
7. Create community sites using SAMHSA's web 2.0 technology among SAMHSA's homeless grantees to provide technical assistance and foster peer to peer sharing of ideas around financing and sustaining permanent housing.
8. Ensure that all SAMHSA RFAs (as applicable) include language that requires grantees to collaborate with housing providers and refer treatment and service recipients to permanent housing.

Objective 5.2.2: Increase access to and utilization of existing mainstream and targeted rental subsidies and housing assistance programs.

Action Steps:

1. Partner with HUD and VA to improve access to mainstream and targeted rental and housing assistance programs.
2. Partner with HUD to provide technical assistance and guidance to State, Territorial, and local public housing authorities on using housing choice vouchers to create and sustain PSH.
3. Collaborate with HUD, VA, and stakeholders to develop web-based guides and training tools to promote the use of existing rental and housing assistance programs for all disabled individuals, including those who are homeless or at risk of becoming homeless.
4. Provide technical assistance to SAMHSA grantees on utilizing existing rental and housing assistance programs.

5. Disseminate information using on-site technical assistance, regional training, the web and other communication approaches about effectively using existing rental and housing assistance programs.

Goal 5.2 Measures:

Measures under development

Goal 5.3: *Implement supportive housing services.*

Objective 5.3.1: Promote the adoption of permanent support housing programs

Action Steps:

1. Work with the ICH and Federal partners to implement the FY2011 Permanent Supportive Housing Demonstration, which combines 4,000 Housing Choice Vouchers with Medicaid and SAMHSA funding to provide PSH and behavioral health services.
2. Collaborate with VA, HUD, and the Department of Labor to provide technical assistance to their homeless grantees on implementing supportive housing.
3. Develop one Request for Applications in FY 2011 for SAMHSA's Services in Supportive Housing Program.
4. Broadly disseminate the permanent supportive housing, supportive education, and supportive employment toolkits using web technology and other marketing techniques.
5. Provide technical assistance on supportive housing to SAMHSA grantees (as applicable).
6. Create community sites using SAMHSA's web 2.0 technology among SAMHSA's homeless grantees to provide technical assistance and foster peer to peer sharing of ideas around developing permanent supportive housing programs.

Objective 5.3.2: Prepare Homeless Providers for Medicaid Expansion.

Action Steps:

1. Collaborate within HHS and with Federal partners to create a set of consistent messages around the impact of health care reform on homeless persons and services.
2. Provide technical assistance to States, Territories, and local communities on integrating behavioral health care services into State and Territorial Medicaid plans as they are revised to meet the provisions of the Affordable Care Act.

3. Partner with CMS to review and provide guidance on supportive housing and behavioral health services that could be included in States' or territories' Medicaid plans.
4. Collaborate with HRSA, CMS and other relevant partners to develop workshops, webinars and other training venues for implementing Medicaid changes.
5. Work with SAMHSA's Health Care Reform Strategic Initiative workgroup to disseminate technical assistance information to homeless service providers.
6. Provide technical assistance to SAMHSA grantees on how to become or partner with qualified Medicaid service providers, including Health Care for the Homeless (HCH) organizations and Federally Qualified Health Centers (FQHC).

Objective 5.3.3: Improve access to mainstream benefit programs and services.

Action Steps:

1. Collaborate within HHS and with other Federal agencies to review Federal policies, procedures, and regulations for mainstream benefit programs to identify mechanisms and technical assistance to improve access to mainstream benefits for individuals and families who are homeless.
2. Work with Federal partners to expand the use of proven models (such as the SSI/SSDI Outreach, Access, and Recovery (SOAR) program, the Homeless Outreach Projects and Evaluation (HOPE) program, and one-line benefit application software) to include Medicaid, SSI/SSDI, SNAPS, TANF, etc.
3. Modify SAMHSA's existing SOAR program to reflect changes occurring under health care reform.

Objective 5.3.4: Improve people's health and residential stability by integrating primary and behavioral health services.

Action Steps:

1. Partner with HRSA to promote collaborations between Health Care for the Homeless providers and SAMHSA's Services in Supportive Housing, Grants for the Benefits of Homeless individuals, and Primary and Behavioral Health Care Integration (PBHCI) grantees to encourage integration of primary care and behavioral health services.
2. Work with SAMHSA's PBHCI National Training and Technical Assistance Center to identify and disseminate effective models for integrating primary and behavioral health care.

3. Work with the Center for Co-occurring Disorders Integration and Innovations to provide training and technical assistance to SAMHSA grantees on implementing co-occurring disorders interventions.
4. Disseminate SAMHSA's resources on implementing co-occurring disorders treatment (TIP 42 and Co-occurring Disorders Toolkit).
5. Work with the Center for Trauma Informed Care to provide technical assistance to SAMHSA's homeless grantees.
6. Work with SAMHSA's Addiction Technology Transfer Center Network to provide training and technical assistance to community-based providers on integrating substance use treatment.
7. Ensure that SAMHSA RFAs encourage integration of primary health care with behavioral health care through screening, assessment, and referrals.

Goal 5.3 Measures:

Measures under development

[53] U.S. Department of Housing and Urban Development. (2010). The 2009 Annual Homeless Assessment Report to Congress: Washington, DC.
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Strategic Initiative #6: Health Information Technology, Electronic Health Records and Behavioral Health

Lead: H. Westley Clark, MD, Director, Center for Substance Abuse **Treatment**

Issue Statement

"Electronic health records will provide major technological innovation to our current health care system by allowing doctors to work together to make sure patients get the right care at the right time and want to be clear that in all our Health IT investments, patient privacy is our top priority.[9]"

"Health information technology has great potential for improving outcomes while reducing costs and empowering consumers. For electronic health records to be comprehensive, they must incorporate data related to all key components of health. Behavioral health information should be included in the process of creating secure, consumer-centered information technology systems.[10]"

Health Information Technology (HIT) provides the overall framework to describe the comprehensive management and secure exchange of health information among providers, insurers, governments, including Tribes, consumers and other entities. It also provides the matrix out of which the electronic health record (EHR) evolves.

Throughout the continuum of health care, there is a need for an integrated system where general practitioners are supported by various specialty areas. Specialty fields, such as pediatrics, cardiology, oncology, orthopedics, and behavioral health (mental health and/or substance use disorder services) need to be able to share critical information with primary care practitioners.

The use of HIT has the potential to improve health care quality, prevent medical errors, increase administrative efficiencies, decrease paperwork, and improve patient health. EHRs that link across clinical practice areas, transfer information seamlessly and improve patient care by providing complete, accurate, and searchable health information at the point of diagnosis and care.

HIT, in general, and EHRs specifically, will allow behavioral health practitioners to engage their clients without having to wait for the exchange of records or paperwork, and without requiring unnecessary or repetitive tests or procedures. Because other medical and social consequences occur simultaneously with behavioral health

[9] Secretary Sebelius - http://www.whitehouse.gov/blog/2010/02/12/going-beyond-paper-and-pencil-investments-health-it

[10] Hogg Foundation

symptoms, having access to a patient's medical history, medication history, and other information is essential to identifying potential drug-drug interactions or other potentially harmful responses to a course of treatment. By facilitating the flow of critical clinical information, improved workflow efficiency and patient monitoring becomes achievable.

The SAMHSA HIT initiative operates under the umbrella of the Office of the National Coordinator for Health (ONC) and is coordinating many different activities into a coherent HIT strategy. The goal is to ensure the behavioral health provider network participates with the general health care delivery system in the adoption of health information technology, including electronic health records. SAMHSA is providing leadership to the behavioral health community and will align HIT activities in order to participate in health care reform and the integration of behavioral and primary health care.

The necessary infrastructure and expertise to support the effective use of health information technology is lacking in nearly every community in the United States, and particularly among behavioral health providers. These deficits are likely to be more severe for Tribal communities, so special attention should be paid to ensure that these needs are met. In addition, past issues with the use of data in Tribal communities' mean that special sensitivity is needed around the protection and use of data housed in the HIT systems used by Tribes. SAMHSA is engaged in ONC-sponsored activities that include collaborating with the Indian Health Service (IHS) to ensure our HIT activities include Tribal requirements. SAMHSA will continue to collaborate with IHS and to reach out through consultation with Tribes and Tribal organizations to make sure national behavioral health HIT efforts support their special requirements.

The primary role of SAMHSA's HIT effort is to support the behavioral health aspects of the EHR based on the standards and systems promoted by ONC. EHR content must be standardized (created in a standard format with standard terminology) so that it can be readily shared among providers. Standardized data are also required to facilitate the creation of clinical decision support. To facilitate the SAMHSA modern addictions and mental health service system, the HIT initiative is working with State and Territorial partners and emphasizing the importance of creating a holistic HIT strategy that includes comprehensive recovery-oriented programs.

It is imperative that required program reporting and quality measures become based upon the clinical information managed by the providers' EHR as well as their administrative systems.

Background

Starting in 2001, in partnership with States, Territories, and counties, SAMHSA began investing in EHR systems. Starting in 2004, SAMHSA has collaborated with many other Federal agencies around the development of HIT and EHRs. SAMHSA is currently participating with the HHS Office of the National Coordinator (ONC) for HIT, Department of Veterans Affairs, Indian Health Service, Centers for Medicare and Medicaid Services, and Department of Defense on several HIT initiatives. These initiatives include the development of EHR standards for behavioral health, the integration of security and privacy protection, and the ONC-Federal Health Architecture (FHA) Federal Health Information Modeling and Standards (FHIMS) initiative to integrate HIT data models across all Federal agencies.

Electronic Behavioral Health Records

To stay in business, safety-net behavioral health agencies (providers who deliver behavioral health care services for uninsured, Medicaid, and other vulnerable populations) must automate clinical records. To help them, SAMHSA recently re-joined the open source EHR collaboration, with a new $3.2 million per year, 5-year contract, starting in FY 2009 (open source refers to software that can be used and redistributed free of charge). SAMHSA is using this project to incorporate behavioral health clinical data standards so that States, Territories, and other government jurisdictions have viable EHR options to offer providers who treat safety-net populations. Open source software reduces the start-up costs to State and Territorial authorities and providers. Technical assistance for adaptation and adoption become the principal cost centers for using open source software.

From 2000-2004, SAMHSA invested $5.5 million in collaboration with leading State, Territorial, and county behavioral health agencies to create an open source, substance abuse treatment EHR. States and county agencies invested an additional $10M. During 2009, about 20 jurisdictions hosted this EHR.

EHR Standards & Guidelines

Starting in 2004, SAMHSA staff worked on the collaborative development of behavioral health EHR standards which included activities targeted at privacy protection.

Starting in 2005, SAMHSA staff worked on the collaborative development of behavioral health EHR standards which included activities targeted at privacy protection through HL7, the premier medical informatics standards development body and the ONC sponsored Health Information Technology Standards Panel.

Starting in 2006 and culminating in 2008, SAMHSA initiated and sponsored the development of an American National Standards Institute (ANSI) recognized Behavioral Health Electronic Health Record Functional Model.

In 2009, SAMHSA developed an EHRs Acquisition Guide for State and Territorial behavioral health agencies.

State and Territorial Data Interoperability

Starting in 2008, SAMHSA has collaborated with CMS to develop behavioral health components within the Medicaid Information Technology Architecture (MITA) initiative. SAMHSA developed a guide to assist mental health and substance use agencies in obtaining assistance through CMS for information technology initiatives to integrate mental health, substance use, and Medicaid data systems.

SAMHSA is completing a study of State mental health, substance use, and Medicaid data systems to determine their conformity with Federal data standards and assess their ability to create interoperable data systems and meet EHR data requirements.

SAMHSA is supporting meetings of representatives from the National Association of State Mental Health Program Directors (NASMHPD), the National Association of State Alcohol and Drug Abuse Directors (NASADAD), and the National Association of State Medicaid Directors (NASMD) to discuss common issues in State and Territorial data interoperability and EHR adoption.

SAMHSA is working on a collaborative project with ONC to leverage their expertise in quickly developing and piloting behavioral health data standards to present to stakeholders and utilize in provider training, technical assistance efforts and information dissemination presentations.

Privacy and Confidentiality

On April 15, 2010, SAMHSA held an open meeting to discuss the implications of privacy and confidentiality in the evolving EHR framework. Representatives from ONC and CMS presented on the critical issues of privacy and confidentiality. Another meeting was held on August 4, 2010 to discuss Applying the Substance Abuse Confidentiality Regulations to Health Information Exchange (HIE).

SAMHSA is participating in Standards Development Organizations such as HL7 including co-chairing security and privacy standards development.

SAMHSA is engaged with ONC to facilitate the incorporation of privacy and confidentiality regulations into EHR systems across the continuum of care.

Fast Facts

- Twenty percent of 175 substance abuse treatment programs surveyed had no information systems, e-mail or even voice mail.[62]
- On average, IT spending in behavioral health care/human services organizations represents 1.8 percent of total operating budgets—compared with 3.5 percent of the total operating budgets for general health care services. [63]
- Fewer than half of behavioral health and human services providers possess fully implemented clinical electronic record systems.[64]
- State and Territorial laws vary on the extent that providers can share medically sensitive information such as HIV status, treatment for psychiatric conditions or rules on sharing medical data.
- A study of 56 mental health clinicians in an academic medical center revealed that their concerns regarding privacy and data security were significant, and may contribute to the reluctance to adopt electronic records. [65]

Strategic Initiative 6 – Goals

Goal 6.1: Foster provider adoption and implementation of EHR.
Goal 6.2: Promote behavioral health EHR standards.
Goal 6.3: Address issues of behavioral health privacy/confidentiality in EHR.
Goal 6.4: Engage State and Territorial HIT leaders in creating and disseminating behavioral health functionality within provider EHR systems.

Goal 6.1: *Foster provider adoption and implementation of EHR.*

Objective 6.1.1: Use national forums to disseminate HIT strategies to State and Territorial behavioral health authorities, providers, consumers, families and other stakeholder groups.

Action Steps:

1. Prepare presentations to engage State and Territorial behavioral health staff participation in State and Territorial HIT and Health Information Exchange efforts.
2. Work with States, Territories, and providers that are developing HIT programs for service recipients across safety-net systems to collect and share HIT strategies.

Objective 6.1.2: Coordinate HIT strategy across SAMHSA.

Action Steps:

1. Convene stakeholder meetings to participate in the development of the SAMHSA HIT Strategy.
2. Facilitate the adoption of EHR for States, Territories, and providers who are committed to implementing the Good and Modern behavioral health system described by SAMHSA in consultation with the field.
3. Prepare and distribute one white paper on using HIT to deliver Good and Modern services.

Objective 6.1.3: Enable the integration of modern addictions and mental health services electronic health information into primary care and related safety net services for coordinated treatment via health information exchange.

Action Steps:

1. Support the identification and promulgation of data and architectural standards, and minimum data sets for the integration of behavioral health/addictions services into certified EHR technology through collaboration with the Office of the National Coordinator for Health IT (ONC), the HIT Standards FACA Committee and other State, Territorial, and national stakeholders.

Objective 6.1.4: Create a sustainable network of providers and vendors to support SAMHSA programs.

Action Steps:

1. Distribute the ANSI Standard Behavioral Health Functional Model to States, territories, providers and vendors.
2. Distribute the SAMHSA Behavioral Health Medicaid Information Technology Architecture Framework to States, Territories, providers, and vendors.
3. Distribute SAMHSA's EHRs Acquisition Guide for State Behavioral Health Agencies and providers.
4. Organize and deliver one presentation to engage State and Territorial Chief Information Officers and State and Territorial behavioral health staff at the next SAMHSA State Substance Abuse Director's conference.

Goal 6.1 Measures:

Measures under development

Goal 6.2: *Promote behavioral health EHR standards.*

Objective 6.2.1: Develop data analysis modeling framework.

Action Steps:

1. Collaborate with SAMHSA's Priority Initiative Quality and Outcome Measures team to identify ways to improve coordination between EHR and performance management systems and use data across systems.
2. Analyze data across safety net service systems and outcome measures in State and Territorial administrative data sets.
3. Collaborate with the Center for Medicare and Medicaid Systems (CMS) to add behavioral health contributions to the Medicaid Information Technology Architecture framework.

Objective 6.2.2: Propose new behavioral health quality measures to standards bodies such as National Quality Forum (NQF) and CMS.

Action Steps:

1. Establish formal relationship with non-profit quality standards and measures organizations, (e.g., NQF and the National Committee for Quality Assurance (NCQA)), including focus on modeling tools that may be unique to behavioral health.
2. Work with other safety net behavioral health stakeholders to engage organizations like NQF & NCQA in the quality measure vetting process.
3. Collaborate with ONC to define and implement behavioral health data and interoperability standards for meaningful use.
4. Expand technical content analysis/standards development within various external, State, and Federal initiatives (including CMS).
5. Collaborate with the ONC e-record data standards initiative to support the inclusion of behavioral health data quality measures.
6. Contribute to the development of applicable Federal regulations to ensure that additional behavioral health measures are included in meaningful use quality measures.
7. Expand collaboration with behavioral health stakeholder groups around specification of core data exchange sets that promote interoperability.

8. Collaborate with CMS, ASPE, VHA, ARHQ, IHS and NQF to make sure behavioral health EHR quality measures are defined and electronic specifications are defined.
9. Engage a multi-center (CBHSQ, CSAT, and CMHS) effort to define meaningful use quality measures for 2013 and 2015 regulations to be promulgated by CMS and ONC.

Goal 6.2 Measures:

Measures under development

Goal 6.3: *Address issues of behavioral health privacy/confidentiality in EHR.*

Objective 6.3.1: Educate and train behavioral health constituent groups on the options for including 42 CFR part 2 protections and mental health privacy within the EHR and HIE environment.

Action Steps:

1. Work with behavioral health constituent groups to disseminate privacy and confidentiality information through their stakeholder and provider networks.
2. Organize and deliver one presentation to engage behavioral health constituent groups about privacy issues at the State Systems Development Program (SSDP) conference.

Objective 6.3.2: Address 42 CFR Part 2 protections and mental health confidentiality standards within the HIE environment.

Action Steps:

1. Prepare and deliver presentations to facilitate understanding related to privacy in general and 42 CFR Part 2 specifically including the need for patient confidentiality.
2. Work with the HHS/ONC Chief Privacy Officer to coordinate privacy and confidentiality policy, including 42 CFR Part 2 and collaboration around patient identity management.
3. Provide education and training for State and Territorial HIE stakeholders on how to accommodate patient consent and privacy regulations in the sharing of protected health information and patient confidentiality across the continuum of care.

4. Expand SAMHSA participation in ONC privacy standards development activities around interface between privacy protection policy expressed in HIT privacy and appropriate software language.
5. Collaborate with VA on development and testing of interoperable privacy consent directive and other privacy policy implementation.
6. Develop and disseminate model forms or electronic transaction examples to accommodate 42 CFR Part 2 consent requirements in EHRs.
7. Develop structured natural language templates standard for patients, providers, and jurisdictions to define their privacy protection policies as resources are available.
8. Ensure that Federal Health Information Modeling (FHIM) project adopts one security and privacy model that incorporates Part 2 functionality.

Goal 6.3 Measures:

Measures under development

Goal 6.4: *Engage State and Territorial HIT leaders in creating and disseminating behavioral health functionality within provider EHR systems.*

Objective 6.4.1: Promote collaboration among substance abuse, mental health and Medicaid agencies within States and Territories, focusing on HIT/EHRs.

Action Steps:

1. Sponsor meetings among interested States and Territories to discuss IT integration strategy.
2. Expand support for HL7(a private, not-for-profit- standard setting organization) and ONC/FHIM Security and privacy standards development.
3. Facilitate the adoption of EHR systems for States, Territories, and providers that are committed to implementing the SAMHSA Good and Modern addictions and mental health service system.

Objective 6.4.2 Participate in ONC, privacy standard setting organizations, and Medicaid Information Technology Architecture (MITA) software standards specification process.

Action Steps:

1. Re-start SAMHSA support for MITA development.
2. Expand monitoring and commenting on ONC HIT FACA recommendations for technology standards development and adoption.

3. Continue and expand collaboration around open source development and re-use with States, Territories, and sister Federal agencies (e.g. currently Minnesota, Oregon, National Cancer Institute (NCI), and VA).

Goal 6.4 Measures

Measures under development

[62] Deni Carise, Ph.D., 2005
[63] National Council on Community Behavioral Health, 2009
[64] Behavioral Health/Human Services Information Systems Survey, 2009
[65] Salomon RM, Blackford JU, Rosenbloom ST, et al. *J Am Med Inform Assoc*. 2010 Jan-Feb;17(1):54-60.

Strategic Initiative #7: Data, Outcomes, and Quality: Demonstrating Results
Lead: Pete Delany, Director, Center for Behavioral Health Statistics and Quality

Issue Statement

Transforming health care systems should improve the quality of life and behavioral health outcomes for millions of Americans, while significantly reducing morbidity, mortality, and overall health care expenditures in this country. However, without an adequate system to understand behavioral health needs and measure appropriate behavioral health outcomes, SAMHSA and the Nation have a limited capacity to know definitively whether the impact of mental and substance use disorders on individuals, families, and communities has been reduced. Improving the quality and availability of data and analysis and promoting the dissemination of effective, evidence-based interventions and services will facilitate efforts within States, Territories, and communities to advance policies and programs that promote better health and behavioral health outcomes for individuals, families and communities.

To this end, the current Administration has highlighted the importance of supporting programming decisions with high quality data, and has emphasized the importance of transparency in these decisions by making data readily available to the public. SAMHSA continues to strive toward improving the national, State, Territory, community and program level data it collects, but many budgetary and programmatic decisions are still made with incomplete data.

The mission of this initiative is to realize an integrated data strategy that informs policy, measures program impacts, and results in improved quality of services and outcomes for individuals, families, and communities, including Tribal communities.

Background

In 2006, SAMHSA initiated a data strategy to better promote the coordinated use of data for the formulation of policy and programming within the agency. This strategy focused on:

- Collecting information both to inform National, State, and Territorial mental and substance abuse policy decisions and the effectiveness of SAMHSA programs and activities;
- Managing programs and monitoring performance; and
- Advancing activities to promote the interoperability of data systems and the uptake of electronic health records (EHRs).

SAMHSA has made progress in each of these areas and has active and ongoing efforts with Federal, State, Territorial, community, and other stakeholders.

The current Administration has emphasized the use of and access to data to demonstrate transparency in decision-making and to encourage the sharing of new ideas and solutions. SAMHSA can take advantage of a revitalized national interest in data activities and new technologies to establish a more robust behavioral health information infrastructure for the Nation. Taking these steps now is critical to establishing SAMHSA as the lead voice in addressing mental health and substance-use conditions within national health reform efforts, and to assure that those who are most vulnerable have access to high quality prevention, treatment and recovery services.

Services need to be of high quality, but that is not enough. Quality services may or may not improve behavioral health at the population level. Policy makers must have valid outcome data to allocate resources to services that are both high quality and meet the needs of the population served. Quality and outcome measures for behavioral health services have been developed that are accepted by the field. With the emphasis on quality of care and better performance rather than more care in the Affordable Care Act, the time is now for SAMHSA to provide leadership to develop a quality and outcome framework for the field based on these accepted measures.

The mission of this initiative is to implement an integrated data strategy that allows SAMHSA to meet the Administration's goals and expectations for addressing the health and behavioral health care needs of individuals, families, and communities. Expanding access to data for policy development and decision-making is a guiding principal of this Administration's approach to transforming health care. This expansion includes collecting and assessing national, State, Territorial, community, and program-level data and information, measuring the impact and effectiveness of service investments. It will also require systems-level research to examine new strategies to improve the quality and outcomes of behavioral health care across primary care, specialty care, and social service sectors. Coordination and cooperation across the Centers and the Office of Financial Resources (OFR) will be central to achieving these goals.

Improved data systems are central to SAMHSA's goal of improving the quality of behavioral health services in the United States. Better use and availability of data will enable providers to better understand individual needs and provide person-centered care that works for consumers. Using a range of data effectively will drive accountability leading to better quality, safer, more accessible, and more reliable care. Accountability can also improve the experience of individuals receiving care and support active engagement of consumers and families.

Because American Indians and Alaska Natives (AI/AN) make up a relatively small proportion of the broader population, national surveys often do not have sufficient numbers of Tribal respondents to provide a detailed or responsive picture of their

behavioral health status and needs. Further AI/AN data collection will be required to obtain a better understanding of the behavioral health needs of the AI/AN community. Research and data collection efforts must be conducted in a collaborative fashion and protections must be in place to address the concerns of Tribes regarding the appropriate use of their data and data about tribal members. SAMHSA is committed to working with Tribes to address these issues. This issue also applies to many ethnic and minority populations.

Fast Facts

- Extensive research demonstrates that access to comprehensive health insurance coverage and the provision of services with a strong evidence base leads to improved health and behavioral health outcomes. [66, 67]
- Fragmented data systems reinforce the historical separateness of systems of care.
- Discrete systems of care can limit access to appropriate care, lead to uneven quality in service delivery and coordination, and increase information silos.
- Distinct funding streams for State and Territorial mental health, substance abuse, and Medicaid agencies underscore the importance of common measures and data collection reporting strategies.[68]
- Increasing understanding of practice-based evidence and making data and research more accessible for policy audiences significantly impact its use by policy makers.[69]

Strategic Initiative 7 - Goals

Goal 7.1: Implement an integrated approach for SAMHSA's collection, analysis, and use of data.
Goal 7.2: Create common standards for measurement and data collection to better meet stakeholder needs.
Goal 7.3: Improve the quality of SAMHSA's program evaluations and services research.
Goal 7.4: Improve quality and accessibility of surveillance, outcome/performance, and evaluation information for staff, stakeholders, funders, and policymakers.

Goal 7.1: *Implement an integrated approach for SAMHSA's collection, analysis, and use of data.*

Objective 7.1.1: Expand SAMHSA's internal analytic capacity that realizes an integrated data collection and health service system research program.

Action Steps:

1. Reorganize the new Center for Behavioral Health Statistics and Quality (CBHSQ) to include an analytic support unit with expertise in mental health and substance abuse epidemiology, survey and statistical methodology, health service systems research, and evaluation.
2. Promote collaborations across SAMHSA Centers, with other Federal partners, State, Territorial, and Tribal governments, and other stakeholders to create timely and relevant analyses to inform health care reform.

Goal 7.1 Measures:

Measures under development

Goal 7.2: *Create common standards for measurement and data collection to better document the quality and outcomes of behavioral health services.*

Objective 7.2.1: Create coordinated agency-wide performance measurement and monitoring system for SAMHSA discretionary, formula, and block grant programs.

Action Steps:

1. Award a new contract for the development and implementation of a common data collection and dissemination platform.
2. Develop and implement standard procedures for internal and external data users to successfully use data to monitor progress and outcomes of grants and Block Grant funding.

Objective 7.2.2: Build standard definitions and metrics to measure performance and quality of services.

Action Steps:

1. Work with partners and stakeholders to develop a set of systems and client level quality and performance indicators for SAMHSA block and discretionary grant programs.
2. Conduct a rigorous review of SAMHSA GPRA measures to ensure that each program included in the GPRA Report and Plan captures the numbers served, the key goal of the program and, when appropriate, an outcome to measure recovery.
3. Develop a revised set of efficiency measures for inclusion in the GPRA Report and Plan which accurately assesses the inherent value of SAMHSA programs.

4. Present proposed measures to SAMHSA leadership, Advisory Councils, Federal partners (HHS, OMB, ONDCP), and SAMHSA constituents.
5. Incorporate revised indicators into SAMHSA's performance measurement systems.
6. Include sexual identity questions in SAMHSA's national surveys and program evaluations, building on the Intra-Agency Agreement with the CDC/National Center for Health Statistics Sexual Identity Question Design and Development Center.

Objective 7.2.3: Establish standards for defining and measuring resilience and recovery for substance abuse and mental health.

Action Steps:

1. Develop initial working definitions and metrics for resiliency and recovery.
2. Present proposed definitions and metrics to SAMHSA leadership, Advisory Councils, Federal partners (HHS, OMB, ONDCP), and SAMHSA constituents.
3. Work across SAMHSA's Centers and Offices to incorporate definitions and metrics into SAMHSA programs where appropriate.

Goal 7.2 Measures:

Measures under development

Goal 7.3: *Improve the quality of SAMHSA's program evaluations and services research.*

Objective 7.3.1: Develop and implement an agency-wide evaluation policy to assess the effectiveness of agency-funded programs.

Action Steps:

1. Finalize and formalize the draft agency evaluation policy in time for inclusion, where appropriate, in FY 2011 contract plans.
2. Develop and implement a web-based proposal and tracking system for SAMHSA funded evaluations, including summaries of projects, timelines, and findings.

Goal 7.3 Measures:

Measures under development

Goal 7.4: *Improve quality and accessibility of surveillance, outcome/performance, and evaluation information for staff, stakeholders, funders, and policymakers.*

Objective 7.4.1: Create a single website for disseminating State, Territorial, and community data and information.

Action Steps:

1. Pending the development of a new searchable State/Territorial/community web page which draws from existing data systems, implement a "link farm" based on frequently asked questions.
2. Develop a web-based, dashboard-driven (dashboard model to be determined) State, Territorial, and community data link on SAMHSA's website with technical assistance and support for users.

Objective 7.4.2: Increase accessibility to data reports that demonstrate improvements in access to services and physical and behavioral health outcomes within and across populations.

Action Steps:

1. Work with Federal, State, Territorial, Tribal, community partners, and other stakeholders to encourage the use of national survey and program performance data to document and monitor progress toward improving access to physical and behavioral health services (e.g., through acquisition of health insurance).
2. Develop and implement a Data User's Conference for State, Territorial, Tribal, and community stakeholders and academic partners.
3. Create opportunities to support of behavioral health service researchers to use SAMHSA and related behavioral health data through training, accessibility, and internships.

Goal 7.4 Measures:

Measures under development

[66] Mathematica Issue Brief (2010), *How Does Insurance Coverage Improve Health Outcomes*, Number
[67] Mathematica Issue Brief (2010), *Basing Health Care on Empirical Evidence*, Number 3.
[68] HRSA, Policy Assistance Letter (2008), *Background and Purpose of the Performance Measure Implementation for Health Center Program Grantees*
[69] Brownson RC, Seiler R, Eyler AA. (2010), Measuring the impact of public health policy. Prev Chronic Dis; 7(4).

Strategic Initiative #8: Public Awareness and Support

Lead: Mark Weber, Director, Office of Communications

Issue Statement

Social marketing is a well established, science based strategy available to influence a target audience to voluntarily accept, reject, modify, or abandon a behavior for the benefit of individuals, groups, or society as a whole. For example, the National High Blood Pressure Education Program (NHBPEP) was established in 1972, demonstrates success from using a strategic planning framework and marketing techniques. The year the program began, less than one fourth of the American population knew of the relationship between hypertension, stroke, and heart disease. Today, more than three fourths of the American population is aware of this connection. As a result, virtually all Americans have had their blood pressure measured at least once, and three fourths of the population has it measured every 6 months. Just as Americans are aware of the connection between hypertension, stroke and heart disease and take action to monitor their blood pressure, they should become aware of the connection between health and behavioral health and take action to prevent mental and substance use disorders.

Opportunities for preventing or intervening early to mitigate the morbidity and mortality associated with mental and substance use disorders are often missed. Half of all mental illnesses begin by age 14 and three fourths begin by age 24. Initial symptoms typically precede a disorder by 2 to 4 years. Preventing and/or delaying initiation of substance abuse can reduce the potential need for treatment later in life. For example, among the 14 million adults aged 21 or older who were classified as having past year alcohol dependence or abuse, more than 13 million (95 percent) had started drinking alcohol before age 21. In one study, 94 percent of primary care physicians failed to diagnose substance use disorders properly. Over 33,000 people die by suicide in the United States every year. Approximately 90 percent of people who die by suicide had a mental disorder and 40 percent had visited their primary care doctor within the past month – yet the question of suicide was seldom raised.

People do not receive help for many reasons. Just over 95 percent of the 20.8 million people (19.8 million) classified as needing substance use treatment because of the problems they experienced did not feel they needed treatment. People who reported an unmet need for mental health care in the past year and those that perceived a need for substance use treatment and did not receive it reported cost and lack of insurance coverage as the top reasons for not receiving care. With the passage of the Affordable Care Act and enhanced access to mental and substance use disorder prevention and treatment services, cost and insurance barriers should begin to decline. The opportunity for reducing the gap between people in need of and receiving treatment services has a large public education component. By confronting stigma and

discrimination, improving public knowledge about the effectiveness of treatment, educating the public about self, peer, and family care, and improving knowledge about how to access treatment, SAMHSA can improve the rates at which people who need help receive services for behavioral health issues.

Background

Too many Americans are not getting the help they need and opportunities to prevent and intervene early are being missed. A social marketing approach that combines sound public health practices with science-based communications and marketing techniques will be used to reduce the disconnect between people in need and receiving prevention and treatment services.

The opportunity to influence help seeking behavior improves when market segments most ready for action are successfully targeted with products and services. An initial assessment of American attitudes about prevention, treatment and recovery is encouraging. Nearly 66 percent of Americans believe that addiction to marijuana and other illicit drugs, prescription drugs, and alcohol can be prevented. Approximately 75 percent of the population believes that recovery is possible from addiction to alcohol, prescription drugs, and marijuana and 58 percent believe that a person can fully recover from addiction to other illicit drugs such as cocaine, heroin, or methamphetamines. About 64 percent of Americans believe that treatment and support can help people with mental illnesses lead normal lives. However, misinformation about behavioral health disorders is prevalent and discrimination and stigma continues. For example, 23 percent of the population feels that persons with mental illness are dangerous to others. Twenty percent say they would think less of a friend or relative if they discovered that person is in recovery from addiction to drugs or alcohol. Considerably more, 30 percent said they would think less of a person with a current addiction. Clearly, the market place is a rich collection of diverse beliefs and attitudes and misinformation among some populations persist.

To maximize effectiveness, the market will need to be segmented with tailored communications efforts provided for different groups. Potential market segments include providers, policymakers, payers, service recipients or potential recipients, educators, family members (caregivers, children, youth, young adults, etc.) researchers, community advocates, and the media. Targets within each segment will need to be chosen based on size and structural attractiveness, and objectives and resources. Each audience will have a distinct set of wants, needs and communications channels. Market research, including the employment of web-based public engagement strategies/platforms, will be used to inform the development and evaluation of messages, products and services, and communications channels. Elements of this communications approach and public engagement strategy includes web, social media

(e.g., Twitter, Facebook, Youtube, blogs, texting), analytics and metrics, media monitoring, graphic design, mapping/geospatial, data/ Application Program Interface (API) development, video/multimedia, mobile messaging, and ongoing assessments of new and emerging technologies (e.g., Gaming). Audience engagement is the proven approach to finding the best marketing mix and message.

SAMHSA is aligning and focusing its communications assets on achieving the goals of the Strategic Initiatives. The agency has reframed its mission and is sharpening its presence and visibility. It is consolidating 88 websites, combining multiple 800 numbers into a single point of entry, creating a single user-friendly facility locator service, and building a public engagement strategy using social media to create a consistent messages and purpose across multiple platforms.

Today's consumers of information are looking for just the right product or service to satisfy their unique desires at the précised moment. The opportunity for SAMHSA is to deliver content when and where it is needed and in the process brand SAMHSA as leader in expertise and innovation. Cultivating relationships and collaboration with public and private sector organizations will further strengthen SAMHSA's effort to influence attitudes and actions related to behavioral health. The ultimate desired state for such a collaborative strategy is to achieve the full potential of prevention, help people recognize mental and substance use disorders and seek assistance with the same urgency as any other health condition, and make recovery the expectation.

Fast Facts

- In 2008, 10.6 million adults aged 18 or older reported an unmet need for mental health care in the past year. This included 5.1 million adults who did not receive any mental health services in the past year. Among the 5.1 million, several barriers to care were reported including: cost, lack of health insurance coverage, and not knowing where to access care.[70]
- Only about half of American children and teenagers with some common mental disorders (generalized anxiety disorder (GAD), panic disorder, eating disorders (anorexia and bulimia), depression, attention deficit hyperactivity disorder (ADHD) and conduct disorder) receive professional services.[71]
- 66 percent of Americans believe that treatment and support can help people with mental illnesses lead normal lives.[72]
- 20 percent of Americans feel that persons with mental illness are dangerous to others.[73]
- Just over 95 percent of the 20.8 million people (19.8 million) classified as needing substance use treatment because of the problems they experienced did not feel they needed treatment.[74]

- Lack of coverage and not knowing where to go for treatment are among the most often reported reasons for not receiving illicit drug or alcohol use treatment among persons 12 or older who needed but did not receive treatment at a specialty facility and perceived a need for treatment.[75]
- 75 percent of Americans believe recovery from addiction is possible.[76]
- Twenty percent of Americans say they would think less of a friend or relative if they discovered that person is in recovery from an addiction.[77]
- Thirty percent of Americans say they would think less of a person with a current addiction.[78]
- Awareness on issues in specialty settings are a concern; 94 percent of primary care physicians in a study conducted in 2000 failed to diagnose substance use disorders properly.[79]
- 66 percent of Americans believe addiction can be prevented.[80]

Strategic Initiative 8 – Goals

Goal 8.1: Increase capacity for the American people to understand and to access treatment and recovery supports for behavioral health conditions.
Goal 8.2: Create a cohesive SAMHSA identity and media presence.
Goal 8.3: Lead the field through communication around SAMHSA's Strategic Initiatives and HHS priorities.
Goal 8.4: Get information to the workforce.
Goal 8.5: Increase social inclusion and reduce discrimination.

Goal 8.1: *Increase capacity for the American people to understand and to access treatment and recovery supports for behavioral health conditions.*

Objective 8.1.1: Raise awareness of behavioral health issues.

Action Steps:

1. Coordinate development of public education campaigns in collaboration with private and nonprofit organizations.
2. Solicit and use stakeholder feedback and market research to inform content development.
3. Facilitate inter and intra agency collaboration for content development and evaluation using the Behavioral Health Coordinating Council and other Federal, State, and Territorial partners.
4. Facilitate inter and intra agency collaboration to improve awareness in targeted populations and through specific delivery systems.

5. Engage behavioral health organizations, guilds, the private sector, and government entities to extend the reach of campaigns and efforts.
6. Develop and implement a plan to increase the amount of donated media connected with SAMHSA communications efforts.
7. Develop scheduled news media events to promote behavioral health access issues such as suicide prevention and children's mental health services.
8. Develop and enact plan for SAMHSA leadership to speak in non-traditional settings and to non-behavioral health audiences.
9. Consolidate and coordinate national public events, and awareness days/months sponsored by SAMHSA.
10. Establish annual survey of American attitudes and awareness to measure and report change

Objective 8.1.2: Increase access to evidence-based behavior health information to targeted audiences.

Action Steps:

1. Complete the SHIN redesign/knowledge management project.
2. Inventory current and communications products in development
3. Improve the design/accessibility of educational materials, while ensuring that materials are appropriate to varied audiences and adapted to their unique needs.
4. Train SAMHSA staff how to plan, produce, distribute and promote educational materials.
5. Work with Centers/Offices to coordinate public release of studies, grants and other announcements.
6. Host regular press workshops highlighting key behavioral health issues.
7. Use product inventory metrics to help identify content gaps and outdated materials that need updating.
8. Ensure that campaigns and products are connected to a tailored distribution and marketing plan.
9. Work with other HHS agencies and Federal Departments to reduce multiple public education efforts on similar topics.

Objective 8.1.3: Increase ability to access services.

Action Steps:

1. Inventory SAMHSA supported information service phone numbers.
2. Develop a single 1-800 number to access SAMHSA information services.
3. Consolidate and improve the SAMHSA treatment locators.

4. Develop public education activities and materials to cover changes resulting from health reform and parity.
5. Centralize access to SAMHSA technical assistance providers.
6. Centralize access to SAMHSA grantees.

Objective 8.1.4: Use emerging technology and social media to engage and inform the public.

Action Steps:

1. Develop pilots based on agency priorities.
2. Use evidence from pilot campaigns to develop a comprehensive new media strategy.
3. Develop tools and processes to support greater engagement with stakeholders and the general public.
4. Establish metrics and benchmarks to evaluate the effectiveness of new media and new technologies to effectively support the agency priorities.
5. Develop content ready for use with traditional and emerging news media (e.g., blogs, social networking).

Goal 8.1 Measures:

Measures under development

Goal 8.2: *Create a cohesive SAMHSA identity and media presence*.

Objective 8.2.1: Streamline and coordinate SAMHSA's web presence.

Action Steps:

1. Develop templates and standards and infrastructure/operating system for the SAMHSA Web program.
2. Develop a common set of metrics to benchmark SAMHSA Web performance.
3. Implement a Web Content Management System (CMS) to facilitate publishing content.
4. Eliminate redundancy in SAMHSA's Web presence by consolidating and centralizing content.
5. Consolidate and redesign SAMHSA's Website with the appropriate, pages links and search capacity to create one place to find Federal behavioral health services information.

Objective 8.2.2: Create a common design and format for SAMHSA materials.

Action Steps:

1. Develop templates and standards for SAMHSA materials.
2. Establish and facilitate agency staff adherence to a set of quality review criteria for SAMHSA products.
3. Facilitate the use of "product acceptance checklists" by Project Officers.
4. Develop agency standards for key engagement technologies (e.g. video, API development, mobile, etc.).

Objective 8.2.3: Develop a consistent set of messages and a common language for behavioral health across HHS.

Action Steps:

1. Refine consistent agency talking points.
2. Disseminate and promote agency talking points in all areas possible (e.g. Press Releases, Administrator speeches, Agency reports, presentations, etc.)
3. Continue to solicit feedback from stakeholders in reference to how the agency defines and promotes behavioral health language, including focus group testing for messages and other communications materials.
4. Provide the Office of the Assistant Secretary for Public Affairs with standard language to use for in public outreach materials for a wide range of behavioral health issues.
5. Work with our HHS and other partners through the BHCC to develop common terminology and outreach approaches on behavioral health issues that cut across our fields.
6. Work with the news media to provide consistent and clear messages on these issues and explanations of their importance.

Goal 8.2 Measures:

Measures under development

Goal 8.3: *Lead the field through communication around SAMHSA's Strategic Initiatives and HHS priorities.*

Objective 8.3.1: Provide communications support to SAMHSA's Strategic Initiatives.

Action Steps:

1. Create a communication plan for each Strategic Initiative.
2. Implement a communications strategy for each Strategic Initiative.
3. Provide communications support to other Strategic Initiative leads.
4. Use research gathered for the communication plans to inform content development priorities for each Initiative.
5. Establish internal mechanisms for making content decisions based upon stakeholder feedback.
6. Build a corps of effective SAMHSA spokespeople on these initiatives.
7. Develop media materials (press releases, news bulletins, fact sheets, etc.) highlighting accomplishments.

Objective 8.3.2: Engage stakeholders to inform and receive feedback about policy directions.

Action Steps:

1. Establish a standard approach for involving all aspects of SAMHSA's outreach capabilities including SAMHSA news, press releases, social media, and website in reaching stakeholders.
2. Provide transparent mechanisms to solicit and respond to stakeholder input on key policy issues.
3. Establish and maintain a behavioral health communications network of States, Territories, providers, consumers and other audiences.

Goal 8.3 Measures:

Measures under development

Goal 8.4: *Get information to the workforce.*

Objective 8.4.1: Improve the design and accessibility of technical materials and resources.

Action Steps:

1. Establish a common approach/product lines for SAMHSA's practice improvement portfolio (e.g. TIPS, Toolkits, Clinical Guidelines, Community Planning Guides).
2. Solicit input from the workforce on types of resources and formats they would prefer to receive information.
3. Evaluate different channels of sharing information (e.g. Webinars) to respond to needs of the field more quickly.

4. Work with practitioners and provider groups to increase awareness and implementation of evidence-based practices, promising programs, and emerging knowledge to improve practice and outcomes through tailored materials and communication efforts.
5. Work to coordinate resources provided by SAMHSA technical assistance providers to reduce duplication and ensure broader dissemination and use of technical assistance resources and materials.

Objective 8.4.2: Use new technology and media to engage and inform the workforce.

Action Steps:

1. Enhance the quality and availability of workforce-related information on SAMHSA's existing New Media channels and Website.
2. Investigate the use of New Media platforms that are not currently being used by SAMHSA that are relevant to the workforce (e.g. Linked in, e-Learning Platforms).
3. Establish platform for program offices to use to engage targeted audiences

Goal 8.4 Measures:

Measures under development

Goal 8.5: *Increase social inclusion and reduce discrimination.*

Objective 8.5.1: Work closely with consumers, families, and persons in recovery to identify key messages and strategies.

Action Steps:

1. Provide ongoing training opportunities for key audiences including consumers, peers, persons in recovery, providers, researchers on discrimination reduction and social inclusion.
2. Infuse discrimination reduction and social inclusion through out strategic initiatives.
3. Convene consumer/family stakeholder groups to seek input to establish public education and awareness efforts to reduce discrimination and improve public attitudes associated with behavioral health conditions and promote social inclusion, acceptance, support, and recovery.

4. Establish supports and awards for consumer-run and persons in recovery run organizations to establish social inclusion efforts on the State, Territorial, and community level.
5. Develop impact statement tools that can be used to examine programs and policies for impact on the social inclusion of people in recovery.
6. Develop a network of consumers, families, and persons in recovery from diverse racial, ethnic and sexual gender minority communities through a systematic outreach effort.

Objective 8.5.2: Engage media and stakeholders in communication around discrimination reduction and social inclusion.

Action Steps:

1. Coordinate and consolidate public recognition and awareness events (Award shows, awareness days/months etc.) to improve exposure and salience of messages.
2. Increase SAMHSA expert and material placement on news and popular media outlets (e.g., talk shows, reality shows, etc.)
3. Maintain an entertainment awards program that recognizes the efforts of the entertainment media and consumer and persons in recovery leaders to promote accurate representations of people in recovery and break down the misperceptions and stereotypes so often perpetuated by the entertainment media.

Objective 8.5.3: Engage the general public, employers, educational systems, and others to enhance their understanding and support of resilience, recovery, and social inclusion.

Action Steps:

1. Identify and consistently deliver key messages around resilience and recovery across SAMHSA communications channels.
2. Identify areas of misconception.
3. Increase SAMHSA expert and material placement on news and popular media outlets (e.g., talk shows, reality shows, etc.).
4. Collaborate with constituency groups and stakeholders to identify common priorities and leverage work to educate the public.
5. Partner with constituency groups and stakeholders to send press releases through their systems/networks.

6. Support PCBHI by developing related curriculum and materials for medical schools, nursing programs, doctoral psychology programs, schools of social work and other relevant training programs.

Objective 8.5.4: Work with providers and the health and human services field to enhance their understanding and support of resilience, recovery, and social inclusion.

Action Steps:

1. Engage various provider groups to identify common priorities.
2. Identify best communications channels for engagement
3. Leverage work to encourage shared decision making.

Goal 8.5 Measures:

Measures under development

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Acronym List:

Addiction Technology Transfer Centers (ATTCs)
Administration for Children and Families (ACF)
Administration on Aging (AoA)
Administration on Children, Youth and Families (ACYF)
Agency for HealthCare Research and Quality (AHRQ)
American Indian and Alaska Native (AI/AN)
American National Standards Institute (ANSI)
Application Program Interface (API)
Army Study to Assess Risk and Resilience in Service Members (Army STARRS)
Attention deficit hyperactivity disorder (ADHD)
Behavioral Risk Factor Surveillance System (BRFSS)
Center for Behavioral Health Statistics and Quality (CBHSQ)
Center for Medicare and Medicaid Systems (CMS)
Center for the Application of Prevention Technologies (CAPT)
Centers for Disease Control and Prevention (CDC)
Centers for Medicare and Medicaid Services (CMS)
Content Management System (CMS)
Continuity of Care Document (CCD)
Defense Center of Excellence (DCoE)
Department of Defense (DOD)
Department of Health and Human Services (HHS)
Drug Abuse Warning Network (DAWN)
Drug and Alcohol Service Information System (DASIS)
Early Periodic Screening, Diagnosis, and Treatment (EPSDT)
Electronic Health Records (EHR)
Federal Health Architecture (FHA)
Federal Health Information Model and Standards (FHIMS)
Federal poverty level (FPL)
Food and Drug Administration (FDA)
Generalized anxiety disorder (GAD)
Government Performance and Results Act (GPRA)
Health Care Reform (HCR)
Health Information Exchange (HIE)
Health Information Technology (HIT)
Health Resources and Services Administration (HRSA)
Indian Health Service (IHS)
Institute of Medicine's (IOM)
Interagency Agreement (IAG)
Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD)
Interagency Policy Council (IPC)

Interim Final Rule (IFR)
International Association of Chiefs of Police (IACP)
Inter-service Family Assistance Committees (ISFAC)
Lesbian, gay, bisexual, and transgender (LGBT)
Long Term Care (LTC)
Medicaid Information Technology Architecture (MITA)
Mental Health Services Block Grant (MHBG)
Mental, emotional, and behavioral (MEB)
Money Follows the Person (MFP)
National Association of Drug Court Professionals (NADCP)
National Association of State Alcohol and Drug Abuse Directors (NASADAD)
National Association of State Medicaid Directors (NASMD)
National Association of State Mental Health Program Directors (NASMHPD)
National Cancer Institute (NCI)
National Center for Trauma-Informed Care (NCTIC),
National Child Traumatic Stress Network (NCTSN)
National Committee for Quality Assurance (NCQA)
National Guard Bureau (NGB)
National Health Interview Survey (NHIS)
National High Blood Pressure Education Program (NHBPEP)
National Institute on Alcohol Abuse and Alcoholism (NIAAA),
National Institute on Drug Abuse (NIDA)
National Institute on Mental Health (NIMH)
National Institutes of Health (NIH)
National Network to Eliminate Disparities in Behavioral Health (NNED)
National Quality Forum (NQF)
National Registry of Evidence-based Programs and Practices (NREPP)
National Survey on Drug Use and Health (NSDUH)
Office of Financial Resources (OFR)
Office of Justice Programs (OJP)
Office of Juvenile Justice and Delinquency Prevention (OJJDP)
Office of National Drug Control Policy (ONDCP)
Office of the Assistance Secretary for Planning and Evaluation (ASPE)
Office of the National Coordinator for Health (ONC)
Personal health records (PHR)
Post Traumatic Stress Disorder (PTSD)
Presidential Study Directive (PSD).
Prevention Prepared Communities (PPCs)
Primary and Behavioral Health Care Integration (PBHCI)
Screening, Brief Intervention, Referral and Treatment (SBIRT)
Social Security Disability Insurance (SSDI)
Social Security Disability Insurance (SSI/SSDI) Outreach, Access and Recovery (SOAR)
State Systems Development Program (SSDP)
Substance Abuse and Mental Health Services Administration (SAMHSA)
Substance Abuse Prevention and Treatment Block Grant (SAPTBG)
Supplemental Security Income (SSI)

Technical Advisory Group (TAG)
United States Department of Education (ED)
United States Department of Justice (DOJ)
Veterans Affairs (VA)
Youth Risk Behavior Survey (YRBS)