

Substance Abuse and Mental
Health Services Administration

Strategic Plan

FY2019 – FY2023

SAMHSA

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services (HHS) that leads

Vision: To provide leadership and resources – programs, policies, information and data, funding, and personnel – advance mental and substance use disorder prevention, treatment, and recovery services in order to improve individual, community, and public health.

Mission: To reduce the impact of substance misuse and mental illness on America's communities.

Core principles

SAMHSA's work is guided by five core principles identified by the Assistant Secretary for Mental Health and Substance Use that are being infused throughout the Agency's activities. The five core principles are:

Supporting the adoption of evidence-based practices.

SAMHSA is committed to advancing the use of science – in the forms of data; research and evaluation; and evidence-based policies, programs and practices – to improve the lives of Americans living with substance use disorders and mental illness, as well as their families.

Increasing access to the full continuum of services for mental and substance use disorders.

Through grant funding, a new approach to national, regional, and local training and technical assistance, the dissemination and adoption of evidence-based practices, and outreach and engagement, SAMHSA will work to ensure all Americans understand and access to a comprehensive continuum of mental and substance use disorder services, including high-quality, evidence-based prevention, treatment, and recovery support services.

Engaging in outreach to clinicians, grantees, patients, and the American public.

SAMHSA is dedicated to engaging clinicians, grantees, states, people who have mental and substance use disorders, their family members, and other stakeholders to improve access and quality of mental and substance use disorder care in every community across the nation and to combat the stigma that continues to be a barrier to many Americans seeking and receiving help.

Measurable Objectives

Objective 1.1: Strengthen public health surveillance

How we will accomplish our objective:

- x Revise SAMHSA's surveys to collect additional information related to opioid misuse, opioid use disorder, and overdose, as well as receipt of services, such as medication-assisted treatment (MAT) for opioid use disorder, training first responders and community members on overdose prevention and use of naloxone, and the availability of recovery support services among people with opioid use disorder.
- x Implement a new Drug Abuse Warning Network (DAWN) survey to provide hospital emergency department data to communities about the evolving opioid crisis.
- x Collaborate with SAMHSA grantees to improve the collection of grantee data, including through the implementation of a new innovative client-based data collection system that can be used to identify and disseminate information on effective opioid-related prevention, treatment, and recovery support programs, practices, and policies.
- x Partner with federal, state, tribal, territorial, and local partners on surveillance initiatives that improve the timeliness and specificity of opioid-related data.
- x Collaborate with federal, including the Centers for Disease Control and Prevention (CDC), state, tribal, territorial, and local partners on surveillance of comorbidities associated with opioid misuse and opioid use disorder, including co-occurring substance use disorders.

Objective 1.2: Advance the practice of pain management

- x Increase understanding and support of multi-disciplinary, multi-modal pain management approaches among clinicians, patients, the public, and policymakers to ensure that non-pharmacologic (including psychologic interventions, procedures, and complementary and alternative approaches) and non-opioid pharmacologic options are readily accessible for patients and clinicians.
- x Develop and disseminate clinical practice guidelines to healthcare professionals on evidence-based treatment of co-occurring substance use and mental disorders and pain disorders.
- x Collaborate with the National Institutes of Health (NIH), CDC, Health Resources and Services Administration (H (l)6 (u 1D.62 -1.4 T.9 (d)0 1 Tf.52 TmTLBody AM

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- x Utilize SAMHSA's Regional Prevention Technology Transfer Centers in collaboration with SAMHSA's Regional Addiction Technology Transfer Centers to educate providers and other stakeholders on opioid use disorder prevention, treatment, and recovery.
- x Leverage SAMHSA funding to expand access to MAT and recovery support services⁸ for individuals with opioid use disorder, including through efforts to increase the number of MAT providers and programs, the advancement of telehealth approaches and use of mobile technologies, and through the implementation of comprehensive service delivery models.
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policies that can sustain evidence-based opioid prevention, treatment, and recovery support services.

Objective 1.4: Target the availability and distribution of overdose-reversing drugs

How we will accomplish our objective:

- x Develop and disseminate educational and training materials to first responders and the public on how to respond to an opioid overdose with naloxone.
- x Leverage SAMHSA funding, training, and technical assistance to support states and communities in the design and implementation of prevention systems to support first responders and lay audiences in overdose prevention and naloxone administration.
- x Support community and peer intervention models that encourage overdose survivors to seek evidence-based treatment and recovery support services.
- x Provide guidance to federal grantees on how program resources can be used to support state and local efforts to prevent opioid overdoses and encourage at-risk populations to seek treatment.
- x Promote opioid overdose prevention planning for those working with criminal justice populations pre- and post-release from jail, prison, or detention centers.
- x Increase availability of naloxone for emergency medical technicians, hospitals, jails/prisons, and primary care through work in SAMHSA's Regional Offices.
- x Collaborate with first responders and community crisis lines to provide telehealth services related to naloxone use and overdose response.

Priority 2: Addressing Serious Mental Illness and Serious Emotional Disturbances

Goal

Reduce the impact of serious mental illness (SMI) and serious emotional disturbance (SED) and improve treatment and recovery support services through implementation of the comprehensive set of recommendations put forward by the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC).

Overview

In 2017, 4.5 percent (11.2 million) of Americans 18 years or older had an SMI,¹⁰ and it is estimated that 6.8 to 11.5 percent of children and youth have an SED.¹¹ Individuals with SMI often have multiple mental disorders,¹⁰ co-occurring substance use disorders,¹⁰ have a substantially elevated risk for suicide,¹² and are at increased risk for homelessness and involvement with the criminal justice system.^{13,14} Yet, despite the well-documented health and social impacts of SMI and SED on individuals, families, and communities, only a fraction of individuals with these disorders receive the evidence-based care they need.^{9,10} To address this priority area,²Ca

Objective 2.2: Facilitate access to quality care through services expansion, outreach, and engagement

How we will accomplish our objective:

- x Define, implement, and disseminate guidance for a national standard for crisis care, including increasing awareness and use of Psychiatric Advanced Directives, and reassessment of involuntary civil commitment standards and processes.
- x Review and assess treatment-planning practices to develop and disseminate guidelines to practitioners in order to improve quality of care.
- x Increase professional development by expanding the quantity and quality of the mental health workforce through outreach and partnerships with federal agencies such as HRSA and CMS; professional organizations and graduate schools; provider training and technical assistance; the use of trained peer professionals in diverse settings; and outreach to underserved populations.
- x Increase the mental health literacy of the public by training school personnel, first responders, law enforcement, faith communities, and primary care providers to understand and be able to detect the signs and symptoms of mental illness and engage and connect individuals to care.
- x Utilize SAMHSA funding, training, and technical assistance to develop and support innovative approaches to providing behavioral healthcare in specialty and primary care settings, including expanding efforts for screening, effective treatment planning, and on-going care engagement.
- x Develop and disseminate communication materials and other resources to increase understanding among families and caregivers on facts around privacy of information and access to records.¹⁶
- x Leverage SAMHSA funding to engage individuals living with SMI or SED who may be experiencing homelessness in treatment, housing, and other recovery support services.
- x Work with federal and nonfederal partners to expand the use of telehealth, electronic health records, and other health information technology approaches to facilitate the provision of evidence-based and coordinated care.
- x Expand, through collaborations with the Department of Education and state and local education stakeholders, student access to and engagement in the continuum of mental health services and supports in primary and higher education settings.

¹⁶ e.g., the Health Insurance Portability and Accountability Act (HIPAA).

- x Utilize SAMHSA Regional Administrators to advance efforts related to SMI and SED - including the promotion of televideo/telehealth crisis response services and Assertive Community Treatment (ACT) - in partnership with first responders, and deflection/diversion community crisis lines.
- x Develop and disseminate training standards for disaster workers who deliver disaster-related mental and substance use disorder services and referral/linkage services to the public, including individuals who have SMI or SED.

Objective 2.3: Improve treatment and recovery by closing the gap between what works and what is offered

How we will accomplish our objective:

- x Use SAMHSA funding, training, and technical assistance and collaborations with federal and nonfederal partners to adopt a comprehensive continuum of care throughout the nation for individuals with SMI or SED that includes making available high-quality acute care, such as the National Suicide Prevention Lifeline, Disaster Distress Helpline, crisis centers, respites, mobile crisis teams, alternatives to emergency rooms, inpatient services, assisted outpatient treatment, assertive community treatment, certified community behavioral health clinics, partial hospitalization programs, intensive outpatient programs, supported housing, including group homes and apartments in communities.
- x Prioritize the early identification and intervention for children, youth, and young adults by promoting best practices for mental health and substance use screening in schools and supporting mental health consultation and training of the youth-serving workforce.
- x Develop a national network of regionally based training and technical assistance centers to better equip behavioral health professionals and others to meet the needs of individuals living with or at risk for developing SMI or SED.
- x Leverage SAMHSA resources through funding, training, and technical assistance, including through the new Clinical Support System for Serious Mental Illness (CSS-SMI), to increase the quality of clinical care by improving medication management – including the use of clozapine, other antipsychotics, and long-acting injectable antipsychotic medications – as well as recovery services, including supported housing, supported employment, family psychoeducation, FEP programs that have high fidelity to the Coordinated Specialty Care model, ACT, and peer-delivered services.

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- x Identify and promote evidence-based practices with the goal of reducing the incidence and duration of psychiatric hospitalization, homelessness, incarcerations, and criminal justice system interactions.
- x Provide training and technical assistance to stakeholders to help address issues of competency restoration in states to assure delivery of timely and appropriate care.
- x Strengthen collaboration with adult and juvenile justice-based organizations to provide education and training to first responders, courts, jails, prisons, and parole officers on how to work with individuals who have SMI or SED.
- x Collaborate with federal and nonfederal partners to promote therapeutic justice dockets in federal, state, and local courts for individuals living with SMI or SED.
- x Improve information sharing among justice, mental health, and others who interact with individuals at risk for or living with SMI or SED, to promote coordinated service delivery.

Objective 2.5: Develop finance strategies to increase availability and affordability of care

How we will accomplish our objective:

- x Collaborate with CMS to provide guidance to states on financing evidence-based treatment and recovery services for SMI or SED.
- x Promote full enforcement of the Mental Health Parity and Addiction Equity Act and other parity laws.
- x Collaborate with commercial health insurers on supporting comprehensive and innovative coverage and payment policies for those with SMI or SED, including for FEP.
- x Collaborate with CMS and the HHS O(ot)2 (denc5 Td0078738()Tj0.004 Tc -0.00(E)1 (q)10

Priority 3: Advancing Prevention, Treatment, and Recovery Support Services for Substance Use

Goal

Reduce the use of tobacco (encompassing the full range of tobacco products and reduce the misuse of alcohol, the use of illicit drugs, and the misuse of over-the-counter and prescription medications and their effects on the health and well-being of Americans.

Overview

In 2017 more than 140 million Americans 12 years or older reported alcohol use in the past month, 48.7 million reported cigarette use in the past month, 30.5 million reported illicit drug use in the past month, and 19.7 million had a substance use disorder in the past year.¹⁷ The implementation of evidence-based programs, practices, and policies to address substance use across the continuum of care and across the lifespan are essential to preventing substance use, to reducing the burden of substance use, and to creating healthy communities. SAMHSA's efforts in this area are grounded in the knowledge that all levels of prevention – universal, selective, and indicated – are important; that people with substance use disorders do recover when they receive appropriate, evidence-based treatment and recovery support services; and that celebrating those in recovery can help reverse the myths and negative beliefs that persist about substance use and substance use disorders.

Measurable Objectives

Objective 3.1: Increase public awareness and subsequent behavior change regarding the risks of substance use with a focus on alcohol, marijuana, and stimulants are imp 2.1 (hat)2 (a).1 (

- x Utilize SAMHSA-supported training and technical assistance to increase community and state capacity to conduct needs assessments, and plan, implement, and sustain effective strategies and programs to address risk and protective factors for substance use and misuse.
- x Leverage SAMHSA funding to provide support for communities and states to prevent substance use and misuse by implementing effective, science-based prevention programming and strategies to address risk and protective factors.

Objective 3.4: Support the identification and adoption of evidence-based practices, programs, and policies that prevent substance use, increase provision of substance use disorder treatment, and enable individuals to achieve long-term recovery

How we will accomplish our objective:

- x Increase, through training, technical assistance, and educational efforts, understanding and support for the science of prevention, including the benefits and appropriateness of universal, selective, and indicated prevention.
- x Facilitate, promote, and sustain the collaboration of the prevention, treatment, and recovery fields through aligned messages, strategies, and programs that address the full continuum of individualized care.
- x Promote the adoption of evidence-based programs, practices, and policies through SAMHSA's Evidence Based Practices Resource Center.
- x Utilize SAMHSA funding, training, and technical assistance to expand integration of substance use and misuse prevention, treatment, and community-based recovery support services into primary and specialty care settings to improve access, utilization, and quality of care for individuals with or at risk for substance use disorders and co-occurring substance use and mental disorders.
- x Identify and promote effective strategies to prevent and reduce homelessness through coordinated federal, state, and local planning and service delivery that integrates stable housing as an essential component of mental health and substance use services provided to individuals with substance use disorders as well as co-occurring disorders.
- x Collaborate with CMS and other public and private payers to identify, evaluate, and implement payment policies that will supportl as co

Priority 4: Improving Data Collection, Analysis, Dissemination, and Program and Policy Evaluation

Goal

Expand and improve the data collection, analysis, evaluation, and dissemination of information related to mental and substance use disorders and receipt of services for these conditions to inform policy and programmatic efforts, to assess the effectiveness and quality of services, and to determine the impacts of policies, programs, and practices.

Overview

Timely, high-quality, ongoing, and specific data help public health officials, policy-makers, community practitioners, and the public to understand mental health and substance use trends and how they are evolving; to inform the development of targeted interventions, focus resources where they are needed most; and to evaluate the success of response efforts. This priority area supports: strengthening SAMHSA data collection activities to reflect the real-time needs of the mental and substance use disorders field and policymakers; prioritizing the use of grant performance data and evaluation reports to enhance oversight, monitoring, and impact of SAMHSA grant programs and federal efforts; leveraging data analysis and dissemination to better identify needs and target resources in communities across the United States; evaluating innovations in the field to identify promising practices; and replicating bringing to scale evidence-based programs, practices, and policies.

Measurable Objectives

Objective 4.1: Develop consistent data collection strategies to identify and track mental health and substance use needs across the nation

How we will accomplish our objective:

- x Implement a new Drug Abuse Warning Network (DAWN) survey as a nationwide public health surveillance system that will provide early warning information on substance use-involved hospital emergency department (ED) visits with a focus on the nation's opioid crisis.²⁰

- x Update the National Survey on Drug Use and Health (NSDUH).²¹ Key planned activities include:
 - o Collecting and analyzing survey data on MAT for opioid use disorder and alcohol use disorder to inform national estimates of prevalence, of MAT access, and of individual correlates of MAT receipt.
 - o Revising the NSDUH to update clinical diagnostic information for substance use disorders.
 - o Redesigning the NSDUH to collect emerging mental health and substance use related behaviors, including, where feasible, data on the use of emerging substances and products (e.g., tobacco products) to provide national estimates.

- x Update the National Survey of Substance Abuse Treatment Services (NSSATS) and National Mental Health Services Survey (N-MHSS).²² Key planned activities include:
 - o Updating the NSSATS to include information on MAT in order to provide information on the availability of MAT services for both opioid use disorder and alcohol use disorder.
 - o Updating the NSSATS to include information on treatments for HIV, viral hepatitis, mental disorders, medication-managed withdrawal, naloxone and overdose education, and recovery support services provided in substance use disorder treatment facilities in the United States.
 - o Revising the N-MHSS to provide information on the availability of treatment services to address data gaps identified by the 2017 ISMICC Report to Congress.
 - o Ensuring the online Behavioral Health Treatment Services Locator is regularly updated and is populated with substance use disorder and mental health facility survey data to help policymakers, providers, patients, and the public identify relevant treatment ser

- x Reassess the Treatment Episode Data Set (TEDS) and the Mental Health Client Level Data (MH-CLD) data collections.²³ Key planned activities include:
 - o Working with states to address what data can be collected when considering changing service delivery and financing systems, including the continuum of care, while facilitating high-quality and timely collection of TEDS and MH-CLD data as required by the Substance Abuse Prevention and Treatment and Community Mental Health Services Block Grants.
 - o Convening and supporting partnerships with states and other stakeholders to develop options to revise or replace TEDS and MH-CLD data collections.
- x Pursue new data collections that provide updated national estimates on the incidence and prevalence of specific mental and substance use disorders and receipt of services for those conditions.

Objective 4.2: Ensure that all SAMHSA programs are evaluated in a robust, timely, and high-quality manner

How we will accomplish our objective:

- x Modernize SAMHSA's Performance Accountability and Reporting System (SPARS). SPARS captures real-time data for SAMHSA discretionary grant programs in order to monitor the progress, impact, and effectiveness of SAMHSA programs. Key planned activities include:
 - o Collecting and analyzing clinical diagnostic data for clients served in SAMHSA-funded programs to more effectively target program resources.
 - o Developing and collecting web-based client self-report data platforms for all SAMHSA discretionary grant programs to ensure high quality and reliable mental health and substance use program performance data.
 - o Implementing the collection of clinically validated client-level data for all SAMHSA discretionary grant programs to track programmatic and client progress and impact of SAMHSA programs, including on treatment and related health outcomes.
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Priority 5: Strengthening Health Practitioner Training and Education

Goal

Improve the supply of trained and culturally competent professionals and para-

- o The Clinical Support System for Serious Mental Illness as a source of education and clinical coaching on the treatment of and recovery from

- continuing to expand the NHSC to new mental and substance use disorder professions and sites.
- x Promote cross-state license and credentialing portability by working with state regulatory agencies and other professional associations and accrediting bodies, including for peer professionals, to facilitate practice flexibility.
 - x Explore with CMS and other public and private payers innovative payment policies and service delivery models that incentivize the provision of mental and substance use disorder prevention, treatment, and recovery support services across the health system.
 - x Promote development of standards for mental and substance use disorder professionals to conduct tele-mental health/addiction services and leverage the SAMHSA Regional Administrators to /C2_0 (t)2 (o /C2e2 Td[toet)2 (e)TJ (S)1 (and)3

- x Develop and disseminate information about the essential skills needed in substance use treatment settings for peer recovery support services through the publication of a Technical Improvement Protocol or other resources with accompanying, ancillary materials.
- x Collaborate with CMS to support analysis of CMS and managed care organization case rates and billing codes for services provided by peer workers, to assess status, growth, and sustainability of the peer workforce and how best to integrate community-based peer support services into the continuum of care.
- x Collaborate with The Department of Labor's Bureau of Labor Statistics to develop labor codes for the peer workforce, in order to have better information about the national peer provider workforce in behavioral health.
- x Encourage, through technical assistance and training, a better understanding by healthcare professionals about community recovery supports and increased understanding of and collaboration with peer professionals with mental health and substance use healthcare providers.

To track performance and progress in realizing the goals and objectives described in the Strategic Plan, SAMHSA has identified a series of key performance and outcome measures. The example measures, presented below, were selected from among the many measures used by SAMHSA to track performance, progress, and impact of the Agency's work, and do not provide a complete enumeration of all measures and metrics

Key Outcome Measures

- x Prevalence of past-year initiation of prescription opioid misuse.
- x Prevalence of past-year initiation of heroin use.
- x Prevalence of past-year opioid initiation.
- x Prevalence of past-30-day prescription opioid misuse.
- x Prevalence of past-30-day heroin use.
- x Prevalence of past-30-day opioid misuse.
- x Prevalence of past-year prescription opioid use disorder.
- x Prevalence of past-year heroin use disorder.
- x Prevalence of past-year opioid use disorder.
- x Rates of opioid-related hospital emergency department visits.
- x Rates of opioid-related hospitalizations.
- x Rates of opioid-related overdose deaths.

Key Outcome Measures

- x Prevalence of past-year any mental illness in adults.
- x Prevalence of past-year SMI in adults.
- x Prevalence of past-year major depressive episode in adults.
- x Prevalence of past-year major depressive episode in among youth.
- x Prevalence of past-year suicidal ideation.
- x Prevalence of past-year suicide attempt.
- x Rates of mental health-related hospital emergency department visits.
- x Rates of mental health-related hospitalizations.
- x Rates of suicide deaths.

Priority 4: Improving Data Collection, Analysis, Dissemination, and Program and Policy Evaluation

Key Milestones

- x Begin data collection in DAWN in April 2019. Release first DAWN data in June 2019.
- x Incorporate new questions on MAT for opioid use disorder and alcohol use

Priority 5: Strengthening Health Practitioner Training and Education

Key Performance Measures²⁵

- x Number of practitioners participating in webinars or other training opportunities funded by SAMHSA.
- x Number of practitioners participating in training offered by the PCSS-MAT.
- x Number of practitioners participating in training offered by the Clinical Support System for Serious Mental Illness.
- x Number of high-value products and publications to support delivery of evidence-based practices by the mental and substance use disorders workforce.
- x Number of new resources added to Evidence-Based Practices Resource Center.
- x Number of consultations and trainings provided, and products developed and disseminated by SAMHSA's Technology Transfer Centers.
- x Number of individuals and programs meeting SAMHSA's "Core Competencies for Peer Workers in Behavioral Health Services."
- x Number of practitioners who indicate that the training they received will change their current practice.

²⁵ Key Performance measures related to healthcare provider practice change in Priorities 1-3 also apply to Priority 5.

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on