

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

Accomplishments Report

Behavioral Health is Essential to Health

Prevention Works

Treatment is Effective

People Recover



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Letter from the Administrator



SAMHSA's Strategic Initiatives are designed to focus the Agency's programs and activities to have the greatest possible impact in the areas of greatest need and opportunity. The past four years have been a time of remarkable change in the behavioral health field. The Affordable Care Act is driving historic health insurance coverage expansions, the application of parity laws is improving access to treatment for mental and substance use disorders, and broader health system reforms are changing the way health care is organized and delivered. Prevention and wellness are now top priorities for communities and for health delivery systems. SAMHSA designed its Strategic Initiatives from 2011 – 2014 to build off these fundamental improvements in the nation's health care system and to direct SAMHSA's ongoing efforts to better meet the behavioral health needs of individuals, families, and communities.

This report details some of the key accomplishments SAMHSA has achieved through its Strategic Initiatives. Through these initiatives, SAMHSA has helped local behavioral health care providers take advantage of new opportunities under the Affordable Care Act, worked with states to ensure that the SAMHSA block grants complement expanded Medicaid and private insurance coverage, and launched new efforts to assist people with mental and substance use disorders get enrolled for health coverage. SAMHSA has also used the Strategic Initiatives to guide the development of critical infrastructure, supporting the adoption of health information technology by behavioral health providers, and adding a new focus on outcomes and quality for SAMHSA and the broader behavioral health system. SAMHSA also renewed its attention to the prevention of substance use and mental illness, with an emphasis on prescription drug misuse and underage drinking. SAMHSA has also made concrete steps to support the recovery of Americans living with mental and substance use disorders.

These initiatives also drove partnerships across systems including housing, criminal justice, the military, veterans care, and child welfare to help people with unique and urgent needs. This work sets the stage for SAMHSA's new Strategic Initiatives, which will guide SAMHSA's work through 2018. This new set of initiatives will build on the work described in this report to help create an integrated health system where people with and at risk of behavioral health problems are met with tailored support wherever they are in their communities. SAMHSA's new strategic plan *Leading Change 2.0: Advancing the Behavioral Health of the Nation 2015 – 2018* can be found at <http://www.samhsa.gov/about-us/strategic-initiatives>. It has been a pleasure and an honor to be a part of the work described here. SAMHSA's staff and their expertise contribute every day to the health and well-being of this nation. I look forward to more accomplishments in the years to come.

Sincerely,

Pamela S. Hyde
Administrator

Executive Summary

The Substance Abuse and Mental Health Services Administration (SAMHSA), an operating division within the U.S. Department of Health and Human Services (HHS), is charged with reducing the impact of substance abuse and mental illness on America's communities. SAMHSA pursues this mission at a time of significant change. Health reform has been enacted, bringing sweeping improvements in how the United States delivers, pays for, and monitors health care. The evidence behind behavioral health prevention, treatment, and recovery services continues to grow and promises better outcomes for people with, and at risk, for mental and substance use disorders. All of this change is happening at a time when state budgets are shrinking and fiscal restraint is a top priority.

Recognizing the need to balance these opportunities and challenges, in 2011, SAMHSA identified eight Strategic Initiatives to focus its limited resources on areas of urgency and opportunity. These eight Strategic Initiatives guided SAMHSA's work from 2011 through 2014. The initiatives set the course for SAMHSA to improve the lives of people and meet the needs of a diverse nation. Through these initiatives, SAMHSA worked to improve understanding about mental and substance use disorders, promote emotional health and the prevention of substance abuse and mental illness, increase access to effective treatment, and support recovery. Over the last few years, these initiatives have enabled SAMHSA to respond to national, state, territorial, tribal, and local trends. They also support health care services and systems change, and the implementation of the Mental Health Parity and Addictions Equity Act of 2008, and build awareness of behavioral health as a broad and important public health issue.

Over the course of the past four years, SAMHSA has been able to help advance the behavioral health of the nation, addressing the toll substance use, poor emotional health and mental illness has had on America's communities. Although progress has been made, a lot work remains. This Accomplishments Report captures and highlights SAMHSA's key achievements and progress across its eight Strategic Initiatives. It also identifies continued engagements SAMHSA will embark upon in the future.

SAMHSA believes behavioral health is an essential part of health service systems and community-wide strategies that work to improve health status and lower costs for families, businesses, and governments. The eight Strategic Initiatives for FY 2011 – 2014 were:

- 1. Prevention of Substance Abuse and Mental Illness**
- 2. Trauma and Justice**
- 3. Military Families**
- 4. Recovery Support**
- 5. Health Reform**
- 6. Health Information Technology**
- 7. Data, Outcomes, and Quality**
- 8. Public Awareness and Support**

The Strategic Initiatives: Looking Back / Leaning Forward

SAMHSA is charged with reducing the impact of substance abuse and mental illness in America's communities. This mission is approached with optimism and an understanding that prevention works, treatment is effective, and people recover. SAMHSA operates from the perspective that behavioral health is an integral part of overall health. In leading efforts to improve the nation's behavioral health, SAMHSA's Strategic Initiatives encompassed three overarching aims: 1) improving the nation's behavioral health; 2) transforming health care in America; and 3) achieving excellence in operations.

Improving the Nation's Behavioral Health

SAMHSA has focused on creating communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse, including tobacco, and suicide. SAMHSA has redesigned its block grant applications in order to encourage states to coordinate prevention activities across the entire behavioral health spectrum. States would use some of their block grant funds to support services that are preventative in nature for adults with serious mental illness (SMI) and children with serious emotional disturbance (SED) and their families. Such services can help promote early intervention and mitigate the impact of mental illnesses. SAMHSA is also working with states to increase their accountability systems for prevention and to develop necessary reporting capacities. For example, in the FY 2012 – 2013 uniform block grant application, SAMHSA requested states to provide the most recent copy of the state's suicide prevention plan or describe when the state would create or update the state's suicide prevention plan. States have been asked to report updates on the plans' progress since that time and to attach a new or updated suicide prevention plan to subsequent grant applications. Additionally, SAMHSA has encouraged states to provide a coordinated and combined plan addressing services and activities for the primary prevention of substance use disorders (including the use of universal, selective, and indicated strategies) in the planning section of the current block grant application.

Together, the SAMHSA Administrator and the Assistant Secretary for Health co-chair the Behavioral Health Coordinating Council (BHCC), a coordinating body consisting of HHS Operating Divisions and Staff Divisions that lead and/or manage all of the various mental health and substance use projects and programs. Established in 2010 by the HHS Secretary, the BHCC's chief goals are to share information and ensure that all behavioral health issues are being handled collaboratively and without duplication of effort across the department. The BHCC currently has six standing subcommittees focusing on the following topics: Marijuana Issues, Communications, Alcohol Addiction Prevention and Treatment, Prescription Drug and Opioid Abuse, Primary and Behavioral Health Integration, and Trauma and Early Intervention. A subcommittee on serious mental illness is being developed to begin in FY 2015, led by SAMHSA and the National Institute of Mental Health.

Through the National Child Traumatic Stress Initiative (NTCSI) grant program, SAMHSA has collaborated with other federal agencies to address improving trauma services for children and youth in child welfare and juvenile justice systems. NTCSI has provided trauma treatment and related services to more than 320,000 children and adolescents and developed an online training in evidence-based trauma interventions, one of which has enrolled more than one million learners.

Recovery has been identified as a primary goal for behavioral health care. SAMHSA has partnered with people in recovery from mental and substance use disorders and family members to guide the behavioral health system and promote individual, program, and system-level approaches that foster health and resilience; increase housing to support recovery, employment, education, and other necessary supports; and reduce discriminatory barriers.

Transforming Health Care in America

The Affordable Care Act provides Americans with better health security by putting in place comprehensive health insurance reform that expands access to behavioral health treatment, lowers health care costs, and enhances the quality of care for all Americans. The Affordable Care Act is one aspect of a broader movement toward a reformed health system. It makes it easier for people with mental and substance use disorders to receive needed services and supports that integrate health care approaches. SAMHSA has invested significant time and resources in behavioral health provider systems to update business practices while leveraging resources to provide technical assistance and innovative collaboration. SAMHSA has embedded health reform readiness activities regarding enrollment and billing into existing grants and initiatives. The uniform block grant applications have been revised to address and improve changes brought by the Affordable Care Act, a new grants management tool has been launched, and SAMHSA staff training continues.

Rapid changes within the health care delivery system is driving increased use of health information technology (HIT) to support the delivery of safer, higher quality, more efficient health care, and increase patient control of personal health care and related information. In collaboration with other federal agencies, public, and private sector partners, SAMHSA has pushed to advance standards around privacy, consent, and interoperability for behavioral health records.

Achieving Excellence in Operations

Every business depends on its internal management foundation to enable its operations. SAMHSA is no different. Without strong management assistance in areas of data, human capital, financial management, budget, procurement, and information technology, SAMHSA programs could not function. Continuous improvement of internal operations capabilities is necessary to ensure that SAMHSA develops policies, establishes procedures, obtains resources, and creates the management environment and service infrastructure necessary to enable it to meet its mission in a changing world. SAMHSA has developed a set of Internal Operating Strategies (IOS) to help build and enhance staff capacity, create more efficient and effective operating procedures and processes to foster innovation, and to allocate organizational resources to align with the goals of each Strategic Initiative. Together, SAMHSA's Strategic Initiatives and IOSs will help SAMHSA meet its goals, deliver on its mission, and implement its vision.

SAMHSA has enhanced its operations through improved program integrity, enhanced policy development and implementation processes, and an increased presence throughout the United States with Regional Administrators (RAs) located in the 10 HHS regional locations. SAMHSA's RAs promote and implement SAMHSA's strategic vision, direction, and policies, and work to advance our mission and improve the delivery of behavioral health services in each of these regions.

Prioritizing Underserved Populations

SAMHSA acknowledges tribal sovereignty and supports the unique government-to-government relationship that exists between federally recognized tribes and the federal government. This support is evidenced in SAMHSA's programs, services, and resources offered; the policies and

processes developed and implemented; and by an informed staff. In 2014, SAMHSA established the Office of Tribal Affairs and Policy (OTAP). OTAP will serve as SAMHSA's primary point of contact for tribal governments, tribal organizations, federal departments and agencies, and other governments and agencies on behavioral health issues facing American Indian and Alaska Native (AI/AN) populations in the United States. Strategic priorities of OTAP include:

- Supporting SAMHSA-wide actions that facilitate efficient and effective delivery of resources and services to tribal communities;
- Advancing the development and implementation of data-driven policies and innovative practices that promote improved behavioral health for AI/AN communities and populations;
- Provide consultation, outreach, education, and engagement of tribes, tribal organizations, federal partners, and other stakeholders.

SAMHSA's Strategic Initiatives address disparities in access, quality, and outcomes of care for vulnerable populations that historically have been underserved or inappropriately served by the behavioral health system. These groups include racial and ethnic minorities; lesbian, gay, bisexual, and transgender (LGBT) individuals; women; children; people with disabilities; and persons who face economic hardship or live in health care workforce shortage areas. To help guide this work SAMHSA established the Office of Behavioral Health Equity (OBHE) to coordinate efforts to reduce behavioral health disparities for these diverse populations. OBHE's mission is to reduce the impact of substance abuse and mental illness on populations that experience behavioral health disparities by improving access to quality services and supports that enable individuals and families to thrive, participate in, and contribute to healthy communities. Its key strategic areas are data, policy, workforce development, communications, and customer service. OBHE seeks to impact SAMHSA policy and initiatives by:

- Creating a more strategic focus on racial, ethnic, and LGBT populations in SAMHSA investments;
- Using a data-informed quality improvement approach to address racial and ethnic disparities in SAMHSA programs;
- Building on the Affordable Care Act's attention to health disparities to influence how SAMHSA does its work, including grant-making operations and policy development.

SAMHSA provides national leadership for addressing the unique behavioral health needs of the LGBT communities and behavioral health providers serving the LGBT community. Some examples of strategic priorities included:

- In partnership with the Family Acceptance Project, SAMHSA developed and released a resource document for practitioners who work with LGBT youth in multiple service sectors (e.g., behavioral health, child welfare, juvenile justice, primary care, schools, homeless and runaway programs) to help them understand the role of family acceptance/rejection in the overall health, behavioral health, and well-being of youth, as well as implement best practices for engaging and creating supportive families;
- Increased awareness of suicide prevention and the suicide hotline among populations at higher risk for suicide identified by the National Action Alliance for Suicide Prevention, including LGBT youth, American Indians and Alaska Natives (AIs/ANs), and military veterans;

- Actively participated in the development and continued updating of the [stopbullying.gov](http://www.stopbullying.gov) website which includes an LGBT youth specific webpage at <http://www.stopbullying.gov/at-risk/groups/lgbt/index.html>;
- Since FY 2012, SAMHSA has included sexual-identity and gender minority populations in the services grants template for programs, where appropriate;
- In 2013, SAMHSA and HRSA released “LGBT Training Curricula for Behavioral Health and Primary Care Practitioners.” The resource lists six training curricula for behavioral health and primary care practitioners to help them assess, treat, and refer LGBT clients in a culturally sensitive manner. The curricula are supported by federal funds and CME and CEU credits are available for each of them.

Managing SAMHSA's Resources

Project Evolve: SAMHSA completed the first phase of its project to consolidate and streamline SAMHSA's public-facing information and data into a single website – SAMHSA.gov. This phase included developing the required infrastructure needed to support the consolidated content; establishing improved processes and governance for developing, publishing, and maintaining SAMHSA's content; and creating a unified, user-centric design that is responsive to desktop and mobile devices. This effort enabled SAMHSA to comply with the broader Federal Digital Strategy requirements. Additionally, content and data have been migrated to a secured cloud environment. The new design provides a more user-friendly layout and features topic-based organization to improve the customer experience and improved search engine capabilities. The next phase of the project will include site enhancements and complete the migration of the 16 remaining public-facing websites into the new <http://www.samhsa.gov/>.

Grants and Contracts: SAMHSA continues to provide support for behavioral health innovation, dissemination, and wide-scale adoptions through the awarding of grants and contracts across the nation. From fiscal year 2011 – 2014, SAMHSA awarded 9,824 grants for a total of \$12.5 billion. During the same time period, SAMHSA awarded 429 contracts for a total of \$1.2 billion. Together these resources have helped to advance the behavioral health of the nation by funding vital prevention, recovery, and treatment programs.

SAMHSA continues to consistently demonstrate a high level of fiscal stewardship with these limited resources as evidenced by the fact that less than .00021% of SAMHSA appropriated funds were returned to the treasury from fiscal year 2011 – 2014.

Summary of Accomplishments by Strategic Initiatives

Strategic Initiative #1: Prevention of Substance Abuse and Mental Illness

The promotion of positive mental health and the prevention of substance abuse and mental illness have long been key parts of SAMHSA's mission to reduce the impact of substance abuse and mental illness on America's communities. The evidence in this area continues to grow and was recently summarized by the 2009 Institute of Medicine (IOM) report, *Preventing Mental, Emotional, and Behavioral Disorders among Young People*. The Affordable Care Act also places a heavy focus on prevention and health promotion activities at the community, state, territorial, and tribal levels. Through this initiative, SAMHSA worked to take advantage of the opportunities presented by the Affordable Care Act and the growing evidence behind prevention, with particular focus on the prevention of underage drinking, prescription drug abuse, tobacco use among minors, and those with behavioral health disorders, and suicide.

Major Accomplishments

Preventing Underage Drinking through a National Media Campaign. Last May, SAMHSA launched its latest national media campaign to prevent underage drinking, called "Talk. They Hear You." It provides parents and other caregivers with advice on how to talk to their kids about the dangers of underage drinking.



Since its inception, the “Talk. They Hear You,” campaign has surpassed two billion impressions, which includes public service announcements (PSA) in TV, radio, print, and other media outlets across the United States in all 50 states and more than 300 cities nationwide. This campaign has included 206 million impressions from news stories featured on the Today Show, National Public Radio, and Fox Boston; 544 million impressions from running the TV PSAs; and 59 million impressions from placements of the PSAs in New York City’s Times Square; shopping malls; airports; and the DC-area transit system.

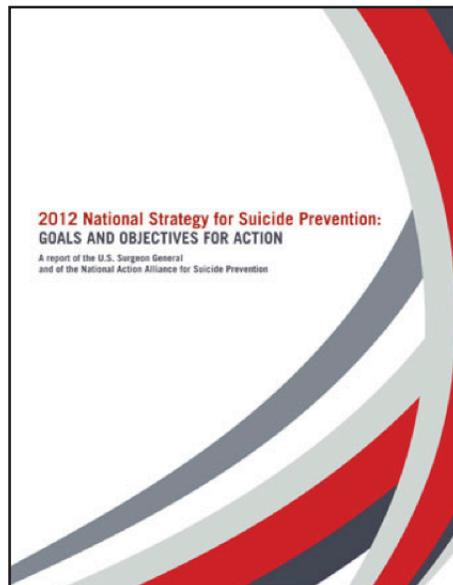
Advancing the National Strategy for Suicide Prevention (NSSP). Launched in 2010, the National Action Alliance for Suicide Prevention (Alliance) is a public-private partnership dedicated to advancing the NSSP. Two hundred organizations participate in 14 task forces to advance the NSSP goals and objectives. In collaboration with the U.S. Surgeon General in 2012, the Alliance released the revised Strategy to guide suicide

prevention actions in the United States over the next decade. An example of SAMHSA’s recent accomplishments toward preventing suicide in the nation is the 2013 launch of the National Suicide Prevention Lifeline’s chat service, in which crisis centers across the United States joined to form one national chat network to provide confidential online emotional support, crisis intervention, and suicide prevention

The National Suicide Prevention Lifeline answered its one-millionth call in 2013, the first time the Lifeline’s call volume exceeded 1 million calls in a calendar year.

services. The Lifeline’s crisis centers are responding to 2,500 crisis chats monthly. Also, call volume reached more than one million at the end of fiscal year 2013, an increase of 19 percent from the previous year. In 2014, the daily call volume increased significantly after high profile events. The SAMHSA Store has also fulfilled orders for more than 9,800 copies of the NSSP since its release. Lastly, SAMHSA has awarded four grants to support states in implementing the 2012 NSSP goals and objectives focused on preventing suicide and suicide attempts among working-age adults 25 – 64 years old in order to reduce the overall suicide rate and number of suicides in the United States.

The 2012 National Strategy for Suicide Prevention details 13 goals and 60 objectives for reducing suicides over the next 10 years.



Preventing Prescription Drug Misuse and Abuse. In August 2013, SAMHSA released its Opioid Overdose Prevention Toolkit, a comprehensive strategy to counter the ongoing issues around prescription drug abuse. In 2014, updates to this toolkit were made to the First Responder, Prescriber, and Community Member sections. Changes included information about the new automated naloxone administration system, expanded billing information, and updated links to resources. The toolkit focuses on five audiences: communities, first responders, health care professionals, patients, and overdose survivors and their families. It provides these groups with reliable information and practical strategies based on current science. Since its release, the toolkit has been downloaded more than 30,000 times from the SAMHSA store. Also, SAMHSA staff members are currently revising the Mandatory Guidelines for Federal Workplace Drug Testing Programs to expand the drug testing panel to include additional prescription drugs, including hydrocodone and oxycodone, which are the most abused prescription opioids. Lastly, under the Prescription Drug Monitoring Program (PDMP) and Electronic Health Record Integration and Interoperability Expansion grant program, SAMHSA provided funding to 16 states to integrate their PDMPs into Health Information Technology systems to increase timely access to PDMP data to reduce prescription drug misuse and abuse.

In addition to these accomplishments, SAMHSA continues to play a key role in the interagency effort to prevent and reduce underage drinking through its leadership of the Interagency Coordinating Committee on the Prevention of Underage Drinking, which includes 15 agencies from across the federal government. In January 2013, through SAMHSA's leadership, the Committee launched a webinar series that featured national leaders and experts discussing the extent and nature of underage drinking, lessons from recent research, and evidence-based strategies to address underage drinking.

Past 30-Day Alcohol Use among Persons Aged 12 to 20: Percentages, 2002 – 2012

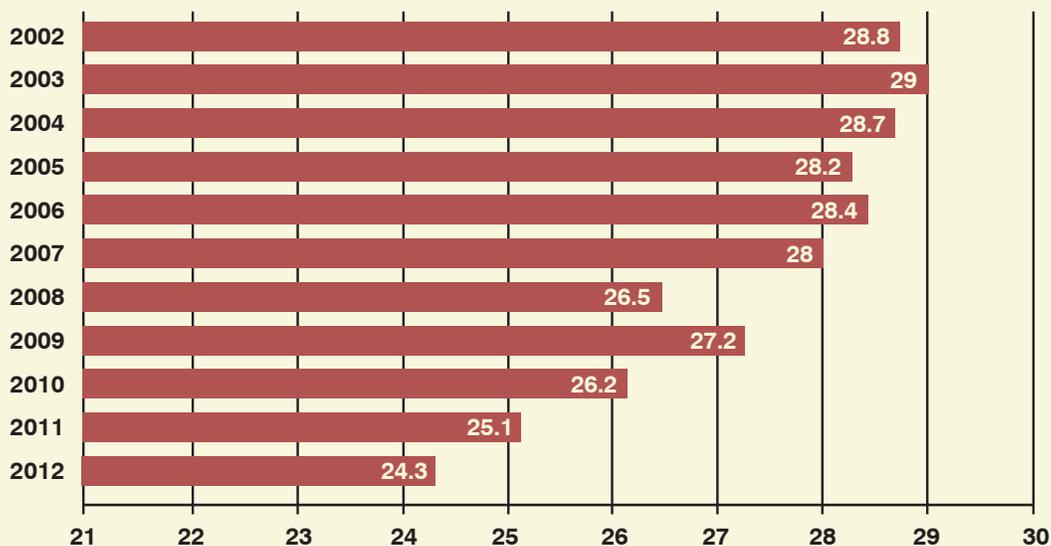


Figure 1: 4.5 percentage point reduction between 2002 and 2012 of children and youth aged 12 – 20 reporting past 30-day alcohol use.

SAMHSA also continues to do significant work to reduce the use of tobacco among youth by enforcing the regulations under the Synar amendment. In 2012, the national average rate of tobacco sales to minors was 9.1 percent, which was the second lowest retailer violation rate in the history of the Synar program. In June 2014, SAMHSA convened a State Policy Academy on Tobacco Control and Behavioral Health to address the high prevalence of tobacco use among people with mental and substance use disorders. The Academy provided an opportunity for state leadership teams in behavioral health to build a collaborative planning effort to reduce tobacco use among this population. Additional policy academies are planned for the future. SAMHSA also actively participates in the HHS Tobacco Control Steering Committee, whose purpose is to coordinate federal agencies in the implementation of the HHS Tobacco Control Strategic Action Plan.

Project AWARE (Advancing Wellness and Resilience in Education). In support of the President’s “Now is the Time” initiative, which includes a focus to increase access to mental health services, SAMHSA launched the “Now is the Time” Project AWARE grant program. The purpose of this program is to assist local, educational agencies to begin to support the training of school personnel and other adults who interact with youth in both school settings and communities to detect and respond to mental illness in children and youth, including how to encourage adolescents and their families experiencing these problems to seek treatment.



Strategic Initiative Targeted Measures

Four specific quantitative measures were proposed as a way of tracking and documenting impact in the area of Prevention of Substance Abuse and Mental illness. As noted below, three of the four measures were met. Future engagements outlined below will track additional measures in this area.

Strategic Initiative Measures	Achieved	Ongoing Work
Strategic Initiative #1: Prevention of Substance Abuse and Mental Illness Measures		
1. Reduce the percentage of children and youth aged 12 to 20 reporting past 30-day substance use (including improper use of prescription drugs).	✓	
2. Decrease the percentage of children and youth aged 12 to 17 reporting a major depressive episode in the past year.		✓
3. Reduce the percentage of children and youth aged 12 to 20 receiving services through SAMHSA grants reporting past 30-day substance use (including improper use of prescription drugs).	✓	
4. Increase the number of individuals calling the Suicide Hotline who report receiving follow-up services within 30 days.	✓	

Future Goals/Engagement

SAMHSA's focus on the prevention of mental and substance use disorders will continue to be a key part of SAMHSA's strategic plan. Efforts will focus on the prevention of substance abuse and mental illness by maximizing opportunities to create environments where individuals, families, communities, and systems are motivated and empowered to manage their overall emotional, behavioral, and physical health.

Promotion of emotional health and wellness. SAMHSA will continue to lead public health efforts on behavioral health issues in a comprehensive and coordinated manner, and identifying emerging behavioral health issues.

Implementation of the NSSP. The release of the revised NSSP is just the first step in renewing our nation's focus on the tragedy of suicide. SAMHSA will continue its commitment

A VOICE FROM THE FIELD

“Since the inception of [SAMHSA's] Town Hall Meetings [to prevent underage drinking], Utah has significantly increased resources for underage drinking prevention, has sustained a media campaign, and had every coalition in our state identify underage drinking prevention as a priority. Without the mobilized and organized efforts afforded by these events, we would not have such resources or system, and we would not likely be enjoying the reduction of underage drinking.” – *Craig PoVey, National Prevention Network representative (Utah)*

to suicide prevention by supporting the implementation of the NSSP strategies throughout the nation, starting with SAMHSA's own programs and working with other federal agencies to increase awareness, screening, early intervention, and treatment to reduce suicide attempts and deaths.

Continued focus on reducing underage drinking among 18 – 20 year olds. While rates of underage drinking among 12 – 17 year olds have fallen dramatically over the past decade, rates among 18 – 20 year old young adults remain relatively stagnant. SAMHSA will continue to work with its federal, state, and community partners to prevent underage drinking among all age groups, with a special focus on college students.

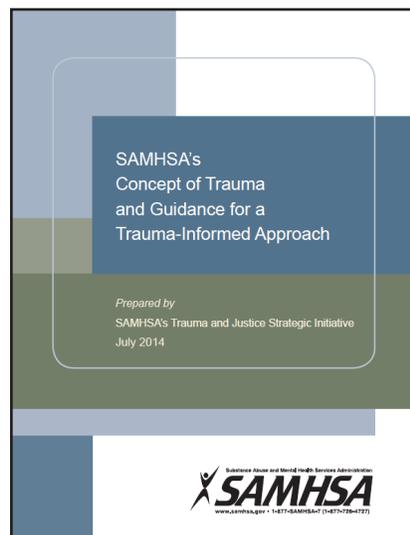
Continued focus on reducing prescription drug misuse and abuse. SAMHSA will continue to build upon its successful efforts to prevent prescription drug abuse by educating the public about medication management; educating current and future health care providers regarding appropriate prescribing practices for medications subject to misuse and abuse; supporting drug testing, screening, and education on prescription drugs in the workplace; and supporting the establishment, maintenance, and enhancement of controlled substance monitoring systems.

Strategic Initiative #2: Trauma and Justice

Trauma can occur from a variety of causes, including maltreatment, separation, abuse, criminal victimization, physical and sexual abuse, natural and manmade disasters, war, and sickness. Although some individuals who experience trauma move on with few symptoms, many, especially those who experience repeated or multiple traumas, suffer a variety of negative physical and psychological effects. Trauma exposure has been linked to later substance abuse, mental illness, increased risk of suicide, obesity, heart disease, and early death.

Major Accomplishments

Developing SAMHSA's Concept of Trauma and Framework for a Trauma-Informed Approach. In response to the growing recognition of the impact of trauma on individuals, families, and communities, SAMHSA developed a working concept of trauma and a framework for a trauma-informed approach that can be applied across multiple service sectors. This concept is articulated in the 2014 document "SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach." This framework is used to establish: 1) measures for population surveillance, clinical encounters, quality measures, and facilities surveys; 2) appropriate language for grants and requests for applications (RFAs); and, 3) a standardized and quality approach to training on trauma across the public health spectrum.



Integrated Trauma Technical Assistance and Training into SAMHSA Grant Programs and across the Federal Government. SAMHSA has coordinated a developmental cross-sector approach to trauma technical assistance and training. Through this approach, trauma technical assistance and training has been integrated into various SAMHSA programs, including Safe Schools Healthy Students, Children's Mental Health Initiative, Substance Abuse Treatment-Enhancement Dissemination, and the entirety of SAMHSA's criminal justice portfolio. Additionally, SAMHSA has collaborated with agencies across the federal government to increase awareness of the impacts of trauma. Cross-sector collaborations include: 1) a tri-director letter on child trauma issued by the Administration for Children and Families, the Centers for Medicare and Medicaid Services, and SAMHSA, which included a blog post by former Secretary Sebelius; 2) a coordinated response to the recommendations set forth by the Attorney General's Children Exposed to Violence Task Force

report, a trauma training curriculum with the Office of Women’s Health; and 3) ongoing training and product development through the Federal Partners Committee on Women and Trauma.

The tables below demonstrate that child welfare and juvenile justice involving children showed positive improvement in a variety of areas, including academic performance, behavior at home, relationship building, contact with law enforcement, and substance use.

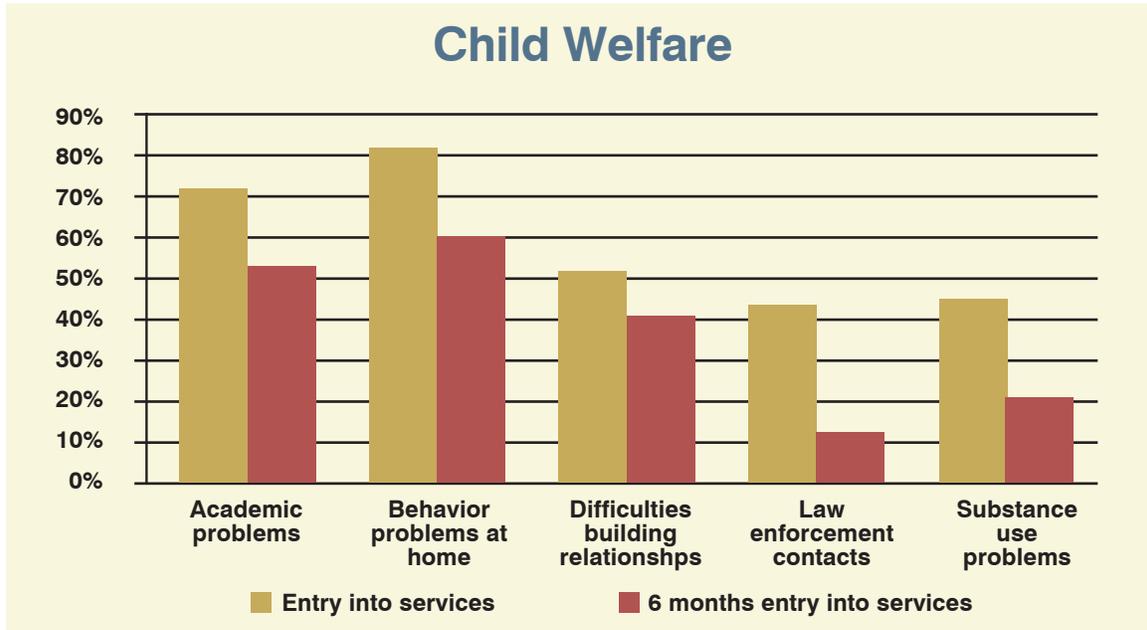


Figure 2: Significant Improvement in Academic Performance, Emotional, and Behavioral Health for Children and Youth in Child Welfare settings who received services through the National Child Traumatic Stress Initiative

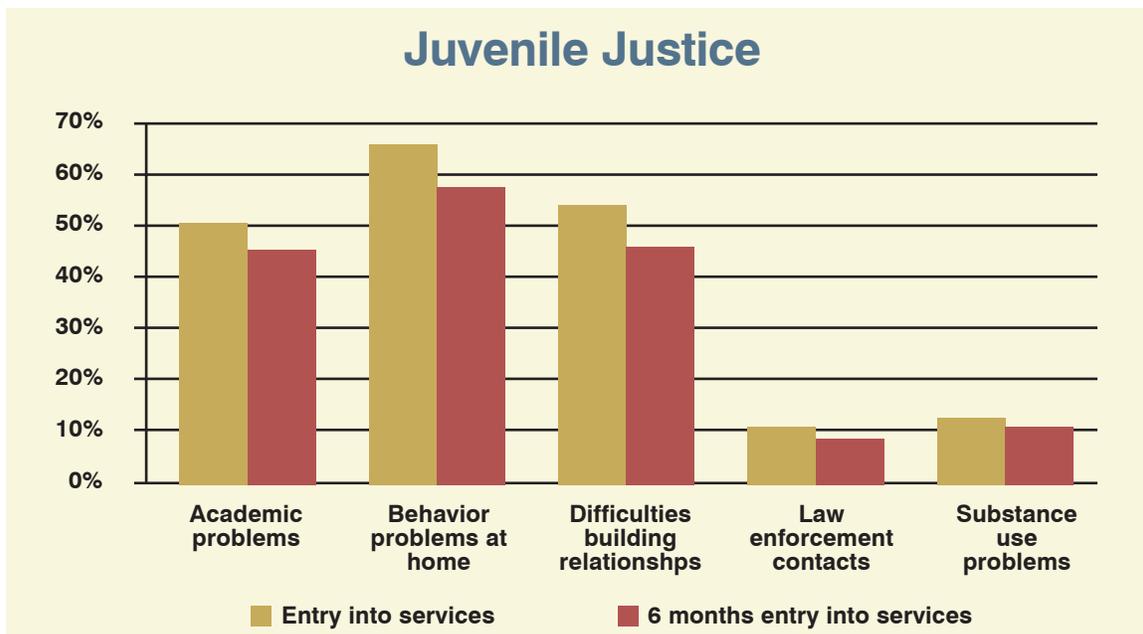


Figure 3: Significant Improvement in Academic Performance, Emotional, and Behavioral Health for Children and Youth in Juvenile Justice settings who received services through the National Child Traumatic Stress Initiative

The table below demonstrates that professionals who received trauma training from the National Child Traumatic Stress Initiative showed dramatic increases in understanding of key trauma issues, including: child trauma and its impact, trauma-focused evidence-based interventions, assessment for trauma exposure, and screening for trauma exposure.

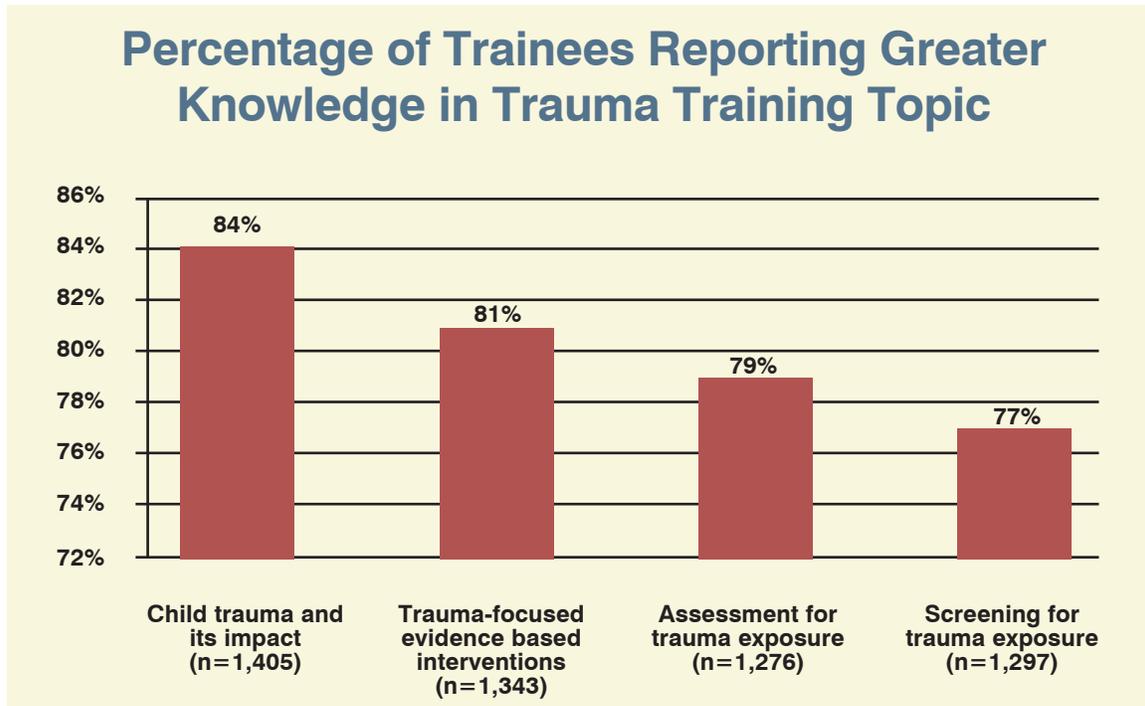


Figure 4: Knowledge Increases among National Child Traumatic Stress Initiative Trained Child Welfare and Juvenile Justice Professionals

Evolved SAMHSA's Criminal Justice Portfolio to Incorporate Innovations in the Field and Promote Cross-Departmental Collaboration. SAMHSA continues to develop an innovative criminal and juvenile justice portfolio by creating new opportunities and improving existing programs. New criminal justice grants include Early Jail Diversion, Teen Courts, and the Behavioral Health Treatment Court Collaborative. Existing programs, such as the Offender Reentry Program and Treatment Drug Courts, have evolved to include innovative approaches, such as the Behavioral Health Corrections Framework and the Risk/Needs/Responsiveness assessment tool. Through a public-private partnership with the MacArthur Foundation and cross-departmental collaboration with the Department of the Interior, the Department of Justice, and Indian Health Service, SAMHSA has convened multiple state juvenile justice and tribal-focused policy academies with a focus on diversion from the justice system for individuals with behavioral health issues.

Incorporated Criminal Justice in SAMHSA's Health Reform Effort. Understanding the complex issues faced by the criminal justice population, SAMHSA's Health Reform Initiative has incorporated criminal justice in its outreach and enrollment efforts, technical assistance, and product development. For example, SAMHSA and the Department of Justice in collaboration with the Council of State Governments developed guidance for improving outcomes for adults with mental and substance use disorders that cycle through the criminal justice system. The guidance, *Adults with Behavioral Health Needs under Correctional Supervision*, introduces an evidence-based framework for prioritizing scarce resources based on assessments of individuals' risk of committing a future crime and their treatment and support needs. SAMHSA also released the enrollment guidance, *Health Insurance Enrollment Support for Vulnerable Populations*, with a focus on the segments of the population that have been involved with the criminal justice system. In addition, SAMHSA has funded several projects directed at increasing the capacity of community-based behavioral health providers to serve these individuals and families. These projects developed training and technical assistance materials that have been widely shared with the behavioral health provider community.

Responded to Disasters using a Coordinated and Multi-level Approach. Through the Crisis Counseling Assistance and Training Program, the Disaster Technical Assistance Center, and the Disaster Distress Helpline, SAMHSA is addressing the behavioral health needs of disaster survivors through the provision of community-based services and educational materials. SAMHSA has become a leader in behavioral health preparedness, response, and recovery needs of individuals and communities affected by natural and human-caused disasters.



Strategic Initiative Targeted Measures

Four specific measures were proposed as a way of tracking and documenting impact in the area of Trauma and Justice. As noted below, two of the four measures were met while work continues in support of the other benchmarks. Future engagements outlined below will track additional measures in this area.

Strategic Initiative Measures	Achieved	Ongoing Work
Strategic Initiative #2: Trauma and Justice Measures		
1. Decrease the percentage of individuals with mental and substance use disorders involved in the criminal justice system.		✓
2. Increase the percentage of substance abuse and mental health treatment facilities reporting that they screen for trauma and stress.		✓
3. Improve behavioral health outcomes for individuals engaged in SAMHSA-supported service programs who are in contact with the criminal and juvenile justice systems.	✓	
4. Increase the percentage of individuals served through the National Child Traumatic Stress Initiative.	✓	

Future Goals/Engagement

This Strategic Initiative will continue to focus on trauma and justice by integrating a trauma-informed approach throughout health, behavioral health, and related systems in order to reduce the harmful effects of trauma and violence on individuals, families, and communities. This initiative will also continue to support the use of innovative strategies to reduce the involvement of individuals with trauma and behavioral health issues in the criminal and juvenile justice systems.

Particular areas of focus will include:

Continue Trauma Integration. SAMHSA has made considerable strides in integrating an understanding of trauma and trauma-informed approaches in child welfare and juvenile justice programs. Moving forward, SAMHSA will continue to work with federal, state, and community partners to integrate this important work in other service-sectors, including primary care, home visits, health finance, and health information technology.

Coordination of Trauma Technical Assistance and Training. SAMHSA will continue to coordinate trauma training and technical assistance both internally and externally. SAMHSA strives to have a trauma-informed staff that will in turn help to support a trauma-informed workforce in the field. Future technical assistance and training, such as innovative online modules, will continue to align with the latest research and practices.

Continue the development of the Concept and Trauma-Informed Approach Framework for Community Trauma. In the next phase of trauma work, SAMHSA will examine how trauma impacts communities and how they respond. Communities, whether defined geographically, virtually, or organizationally, are an integral part of understanding trauma and becoming trauma-informed.

Continue Innovation in Criminal Justice Portfolio. SAMHSA will continue to develop the criminal and juvenile justice portfolio to reflect the latest innovation in research and practice. Recognizing the complex issues faced by those involved in the criminal justice system, SAMHSA's Health Reform Initiative will continue to include this population in outreach and enrollment efforts.

Develop and Implement a Trauma Measurement Strategy. The trauma measurement strategy includes the development and implementation of measures for population surveillance, clinical encounters, quality measures, and facilities surveys. SAMHSA's trauma measurement strategy will also inform policy and program development, technical assistance, and best practices in the field.

Strategic Initiative #3: Military Families

Military families (i.e., active duty, National Guard, reserve, veterans, and their families) have a unique culture. They can also have behavioral health needs that may not always be understood within the greater community. Service members and their families are feeling the strain of frequent deployments; separation; exposure to combat and other dangers, including sexual trauma; transitioning back from combat zones into civilian communities; and now for some, unwanted separation from the military during a period of down-sizing. Too frequently, community providers are not equipped or trained to understand and meet the behavioral health needs of these families. Gaps exist in the care available in communities for military families. Increased coordination is needed between military, veteran, and community health and behavioral health care systems. Through this Strategic Initiative SAMHSA worked with federal agencies, states, territories, tribes, and communities to reduce barriers and increase military families' access to culturally competent, trauma-informed services, regardless of where they choose to seek care.

Major Accomplishments

Enhancing State/Territory Efforts to Address Service Members, Veterans, and their Families (SMVF) through Policy Academies. Since 2008, SAMHSA has hosted seven state Policy Academies, a unique opportunity for state-level teams comprised of professionals from multiple sectors, including veterans services and behavioral health, to come together for two and a half days of concentrated planning for improving the state's behavioral health response to veterans, service members, National Guard members, reservists, and their families. All participating states leave the Policy Academy with a strategic plan, ready to be implemented. SAMHSA also maintains close contact with these state teams and provides technical assistance as needed over time. At time of publication, 46 states, four territories, and the District of Columbia have participated in at least one SMVF Policy Academy. SAMHSA, through its grant programs, strongly encourages all applicants to consider the unique needs of returning veterans and their families in developing their proposed project and consider prioritizing this population for services where appropriate. Through this approach, SAMHSA supports one of the Cross Agency Priority (CAP) goals, to improve mental health outcomes for service members, veterans, and their families.

Since 2008, SAMHSA SMVF hosted:

- Seven Policy Academies with participation from 46 states, four territories, and DC.
- Three Implementation Academies focused on Military and Veterans Families, Justice-Involved Service Members and Veterans, Workforce, and Suicide Prevention.

Strengthening Intergovernmental Cooperation/Partnerships. SAMHSA co-chaired the psychological workgroup for the Presidential Study Directive – 9/11 Interagency Policy Council (IPC), which produced the President's 2011 report, Strengthening Our Military Families. In addition, SAMHSA is a co-chair for the interagency task force on mental health for military service members, veterans, and their families, which was formed in response to the President's August 31, 2012 executive order 13625 requiring HHS, the Department of Defense (DoD), and Department of Veterans Affairs (VA) to collaborate to address the behavioral health needs of service members, veterans, and their families. As part of that effort, SAMHSA worked with the VA to help them establish innovative partnerships between local VA facilities and community providers so that

VA-enrolled veterans could access community-based behavioral health services when necessary. SAMHSA also has strong partnerships with other federal and community agencies through its participation in the White House Joining Forces Initiative, Joining Community Forces, and the Alliance of Professional Associations.

Providing Technical Assistance to Improve Behavioral Health Care for Service Members, Veterans, and their Families. SAMHSA continues to provide technical assistance (TA) to improve the behavioral health of SMVF both through SAMHSA's Service Members, Veterans, and Their Families Technical Assistance Center (SMVF TA Center) and through several other innovative partnerships. The SMVF TA Center supports all participating states and territories as they implement state plans created during the SAMHSA SMVF Policy Academies. As part of this continued technical assistance to Policy Academy participants, SAMHSA has provided consultation and conducted numerous learning opportunities to help states as they implement their plans. In addition, SAMHSA created a TRICARE credentialing technical assistance packet, and made it available online and developed a National Guard locator for behavioral health services (<http://www.communityproviders.samhsa.gov/NationalGuard/>). Recognizing the need for TA materials, SAMHSA completed the *Veterans on the Road Home* publication with distribution through The National Council for Behavioral Health and partnered with DoD Defense Center of Excellence (DCoE) and PBS/Vulcan Productions on creation of *A Handbook for Family and Friends of Service Members: Before, During, and After Deployment*.

SAMHSA has worked extensively to prevent suicide among SMVF. SAMHSA's National Suicide Prevention Lifeline provides the infrastructure for the VA's Veterans Crisis Line and chat service. SAMHSA provided suicide prevention gatekeeper training to National Guard members and National Guard Directors of Psychological Health. In partnership with the National Action Alliance for Suicide Prevention and VA, SAMHSA led efforts with National Guard Joint Force chaplains in five states to implement Partners in Care programs, through which more than 400 faith leaders received suicide prevention gatekeeper training and partnered with the chaplains' offices to provide coordinated support for National Guard members and their families. SAMHSA was a member of the DoD Task Force on the Prevention of Suicide by Members of the Armed Forces (2009 – 2010), as well as on the working group that developed the *VA/DoD Clinical Practice Guideline for Assessment and Management of Patients at Risk for Suicide* (2013). SAMHSA also embedded a suicide prevention program officer on an active duty Marine Corps base in support of military spouse employment opportunities.

Initiating and Sustaining Internal Work Groups and Data Collection. SAMHSA continues to sustain a voluntary workgroup to focus on the military service member and veteran population so that this population is addressed in all of our programs and business processes. In addition, SAMHSA devised military demographic and trauma measures, obtaining Office of Management and Budget clearance and incorporated into all three centers data systems (GPRA survey). SAMHSA is also part of the Metrics Work Group on Common Metrics, established under the Interagency Task Force on Military and Veterans Mental Health. In February 2014, the Work Group submitted recommendations for a core set of common measures across the Departments to capture post-traumatic stress disorder (PTSD), depression, anxiety, alcohol, and tobacco use to be implemented incrementally depending on available resources, with some implementation possible immediately.

The table below details the FY 2012 National Outcomes Data for clients identifying themselves as a member of the active duty military. The red bars indicate the percentage of clients reporting positively to each category on the intake survey. The gold bar indicates the percentage of clients reporting positively to each category on the six-month follow-up survey. Reductions in percentages in the follow-up survey indicate positive outcomes.

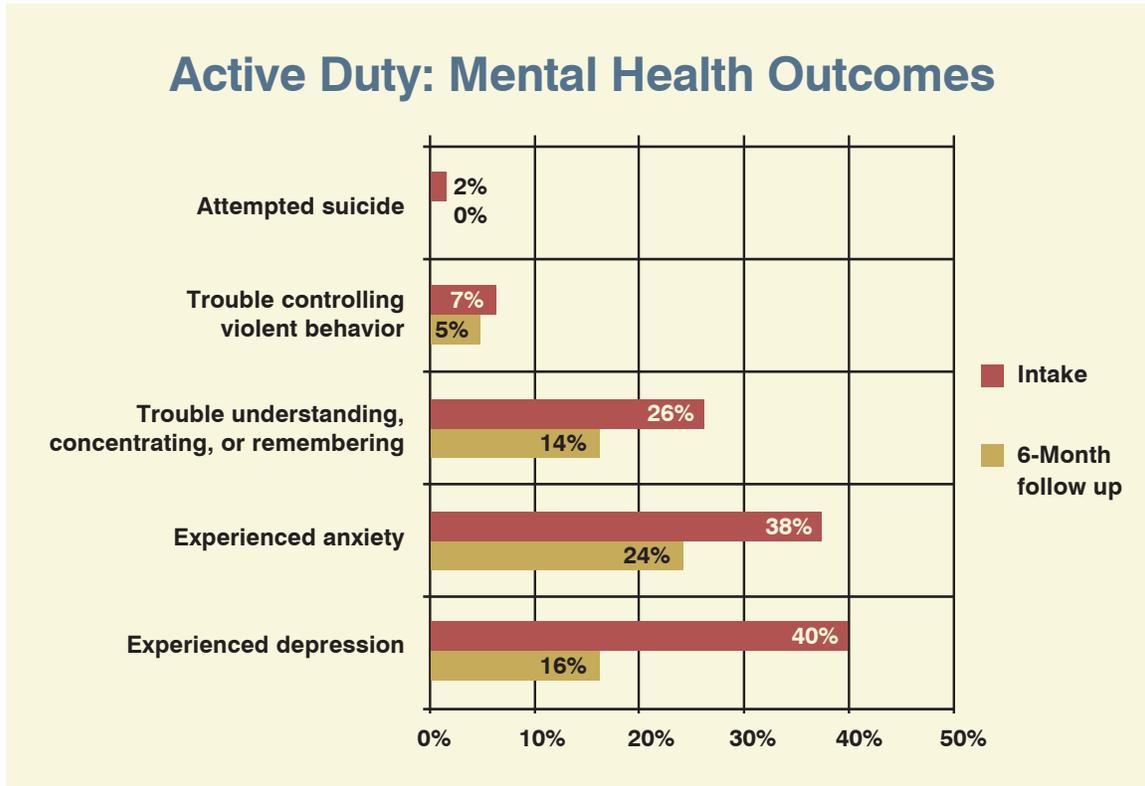


Figure 5: Improvements in the FY 2012 mental health outcomes for active duty military members

The table below details the FY 2012 National Outcomes Data for clients identifying themselves as a veteran of military service. The red bars indicate the percentage of clients reporting positively to each category on the intake survey. The gold bar indicates the percentage of clients reporting positively to each category on the six-month follow-up survey. Reductions in percentages in the follow-up survey indicate positive outcomes.

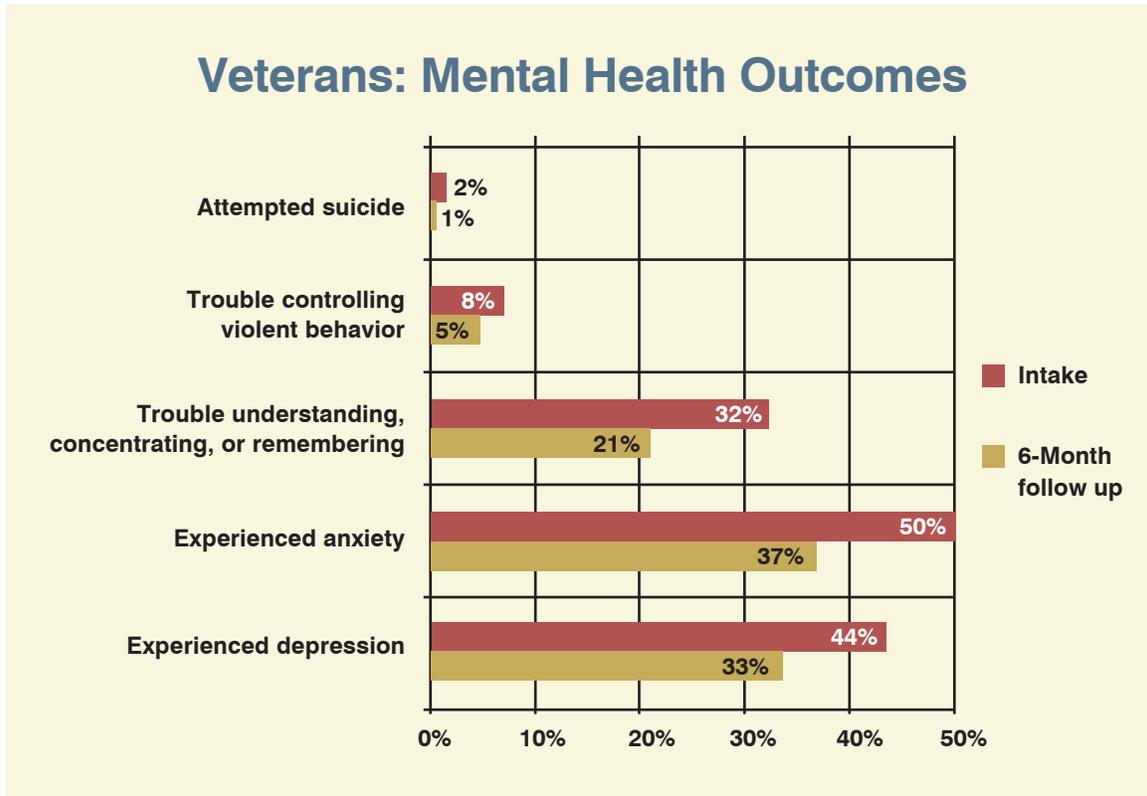


Figure 6: Improvements in the FY 2012 mental health outcomes for veterans

The table below details the FY 2012 National Outcomes Data for clients identifying themselves as a member of a military family. The red bars indicate the percentage of clients reporting positively to each category on the intake survey. The blue bar indicates the percentage of clients reporting positively to each category on the six-month follow-up survey. Reductions in percentages in the follow-up survey indicate positive outcomes.

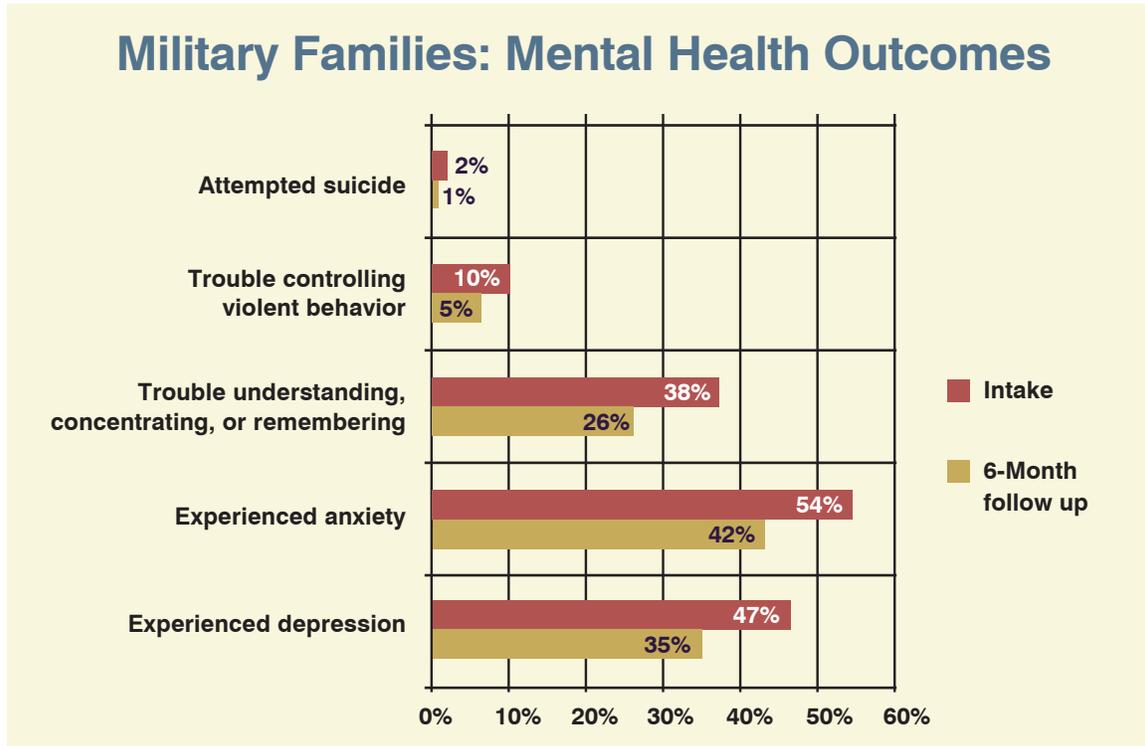


Figure 7: Improvements in the FY 2012 mental health outcomes for military family members

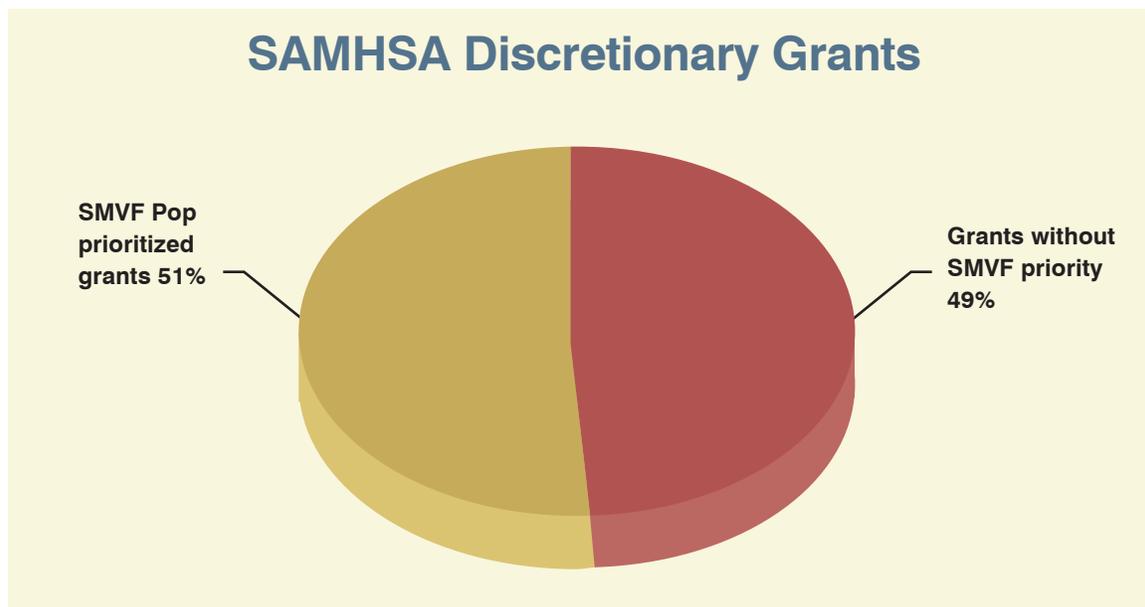


Figure 8: In FY 2011, SAMHSA identified that 51 percent of funded discretionary grants included language by the applicant indicating intent to include Military Families as a population of focus.

Strategic Initiative Targeted Measures

Two specific quantitative measures were proposed as a way of tracking and documenting impact in Military Families. As noted below, one of the two measures were met while work continues in support of the other measures. Future engagements outlined below will track additional measures in this area.

Strategic Initiative Measures	Achieved	Ongoing Work
Strategic Initiative #3: Military Families Measures		
1. Reduce rates of untreated mental and substance use disorders among veterans and/or family members.		✓
2. Improve behavioral health outcomes for veterans and their families who are served through SAMHSA supported programs.	✓	

Future Engagement/Goals

The Military Families Strategic Initiative has achieved key objectives and will be embedded in the scope and priorities across all programmatic and business operations within SAMHSA. As a result, this topic area will no longer be considered a strategic initiative in the next strategic plan, though SAMHSA's emphasis on the importance of military families will remain.

Particular areas of focus will include:

Ensuring SMVF are a priority. To ensure service members, veterans, and their families remain a priority population across all programs and initiatives, SAMHSA will work to assure the military and veteran populations behavioral health needs are considered within all appropriate opportunities in the years to come and will continue to be a focus for policy consideration and joint collaborative work with other agencies.

Continue interagency cooperation. SAMHSA will continue to represent HHS as a co-chair of the interagency task force and support and implement the President's executive order regarding military, veterans, and families' mental health. In addition, SAMHSA is supporting the Office of Management and Budget's Cross Agency Priority Goals with a focus on service members and veterans mental health through goals set for achievement within four years.

Continue to support states and territories as they implement the plans developed through Policy Academies. The SMVF TA Center will facilitate and support full implementation of all state/territory strategic plans using technical assistance from subject matter experts and other state teams.

Focus on regions. SAMHSA will focus on regional approaches to VA, DoD, State, community assets and response to behavioral health needs through future policy academies, conferences, webinars, and social media efforts.

Strategic Initiative #4: Recovery Support

While coverage expansions under the Affordable Care Act and the Mental Health Parity and Addiction Equality Act of 2008 will ensure broader coverage and access to traditional behavioral health care, many recovery supports are not included within the traditional medical framework. SAMHSA has partnered with federal agencies and other payers to assure evidence-based treatment and services are available across the United States. In addition, a broad range of services and supports beyond traditional treatments for mental and substance use disorders can help people manage their recovery. SAMHSA works to make these services available.

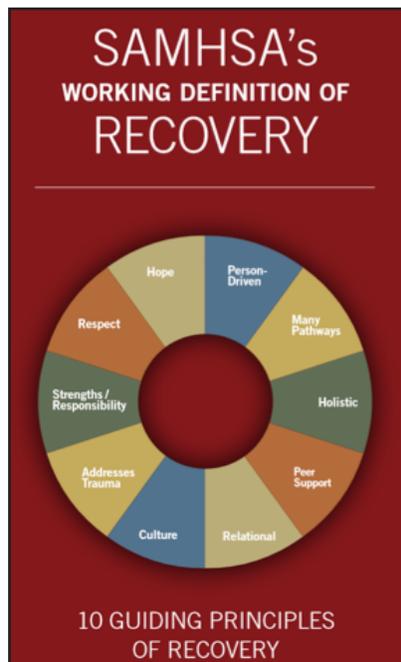
Behavioral health care and support can also be more responsive to the needs and direction of people in recovery and their families. The elements of health, home, purpose, and community are the pillars of person-centered, evidence-based, quality-driven systems and services that support recovery from mental and substance use disorders. These elements include:

- Health – Treatment, symptom management, abstinence from alcohol and illicit drugs, and wellness;
- Home – Permanent, safe, and affordable places to live that support recovery;
- Purpose – Meaningful daily activities such as paid or volunteer work, school, or endeavors of self-expression;
- Community – Social acceptance and inclusion with family, friends, co-workers, or special groups and neighborhoods.

Major Accomplishments

Providing a unified definition of recovery for the behavioral health field. Between 2010 and 2012, SAMHSA engaged stakeholders to develop a working definition of recovery that reflects the common elements of recovery experience among people with substance use disorders and mental health conditions. Building on work at a 2010 dialogue among peer and professional leaders in the behavioral health field, SAMHSA sought broader stakeholder input on a draft definition of recovery, four recovery dimensions (health, home, purpose, and community), and 10 guiding principles. The working definition is intended to help advance recovery opportunities for all Americans, and help to clarify these concepts for peers, families, funders, providers, and others. It is important to acknowledge that there are unique and individualized perspectives on recovery (e.g., abstinence, harm reduction, cure, symptom management, etc.). The common factor is people being able to overcome their mental illness or addiction and live productive and fulfilling lives.

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential



Bringing best practices in recovery supports/services to scale. SAMHSA helps states, providers, peers/consumers, families, and others understand and adopt recovery supports, services, and systems. Through initiatives that develop and disseminate the latest recovery information and practices, and those that offer assistance with implementation, SAMHSA works to ensure that all individuals who need and want recovery have the opportunity to achieve it. Around the country, pockets of excellence have emerged that incorporate peer-driven, recovery-oriented supports and services for those with behavioral health conditions. Despite growing evidence of the effectiveness of these supports and services in facilitating the recovery process, many states and providers remain uninformed of such innovations or they need support in adopting and implementing them. Some of SAMHSA's projects that are helping bring recovery to scale includes: the Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) initiative; toolkits on Consumer-Operated and other Evidence-Based Services, including Permanent Supportive Housing and Supported Employment; Statewide Consumer Network and Statewide Family Network grants; access to Recovery grants; the Recovery to Practice initiative, and others.

Since its inception in 2011, BRSS TACS has awarded 42 subcontracts to peer-run/recovery community organizations to promote best practices in peer services or to form networks to educate people with behavioral health conditions and their families about health reform. BRSS TACS has also provided a Policy Academy and subcontract awards to 20 states to bring recovery to scale in their states.

Promoting integrated care and wellness. Because primary care settings often serve as a gateway for individuals with mental and substance use disorders to enter or continue the recovery process, and because people with mental illness and/or substance use disorders often have untreated or inadequately treated health conditions. SAMHSA has partnered with other federal agencies, providers, peers, and other stakeholders to promote models of integrated care and to increase positive health outcomes for those with behavioral health conditions. SAMHSA's wellness activities such as the Primary Behavioral Health Care Integration (PBHCI) grant program, the SAMHSA Wellness Initiative, and SAMHSA's Tobacco Prevention/Smoking Cessation activities promote improved health status and holistic wellness for individuals with behavioral health conditions; they also align with the Affordable Care Act's focus on prevention and wellness.

SAMHSA's Primary Behavioral Health Care Integration (PBHCI) grant program has grown from 13 grants in 2009 to a total of 100 grants supported as of 2014. In addition to demonstrating models of integration, the grants are showing improvements on several key dimensions of physical health for participants in the program.

Working to end chronic homelessness. Individuals experiencing chronic homelessness are one of the nation's most vulnerable populations who also need a tremendous amount of support and resources. Given their high rates of behavioral health problems, including severe mental illness and substance abuse disorders and co-morbid chronic illness, injury, or trauma, individuals experiencing chronic homelessness have complex physical and mental conditions that require multi-sector intervention. SAMHSA has been actively supporting the goal to end chronic homelessness by 2015, which was established by the U.S. Interagency Council on Homelessness, by offering a Policy Academy that provides intensive strategic planning and assistance to four states with the highest rates of chronic homelessness. SAMHSA also supports states and providers through a variety of grant programs such as the Cooperative Agreements for the Benefit of Homeless Individuals (CABHI) and CABHI-States programs. These programs are designed to achieve positive housing settings supportive of recovery for those homeless populations with serious behavioral health conditions. In addition, through SAMHSA's Homeless and Housing Resource Network (HHRN), a number of important resources are offered to help end chronic homelessness including expert panels, webinars, virtual learning classrooms, and publications/products.

Since 2011, SAMHSA has awarded 74 grants to provide treatment and recovery services to individuals who are homeless. Through the Policy Academy on Reducing Chronic Homelessness, SAMHSA supported four states with the highest rates of chronic homelessness in developing strategic plans to address homelessness. In support of Opening Doors: Federal Strategic Plan to End Homelessness, SAMHSA's homelessness grant programs showed an increase for beneficiaries of program services in housing stability from 26 percent at baseline to 54 percent at the six-month follow-up.

Developing the peer workforce. Peer specialists and recovery coaches have become an increasingly important part of the behavioral health workforce, are expected to take new roles, and functions in new settings with the implementation of the Affordable Care Act. Recognizing the need to assist with development of the peer segment of the behavioral health workforce, SAMHSA is helping to build the peer workforce by developing a set of core competencies for peer providers and convening a multi-sector meeting in late 2014 to explore the role of peers in the behavioral health workforce.



Promoting self-management and self-direction. Person-centered care is recognized as key to improving health and behavioral health care. SAMHSA has been on the forefront of developing new tools to assist people with behavioral health disorders to better manage their recovery. This includes new online shared decision-making tools on anti-psychotic medications where consumers work with their doctors to make informed treatment decisions together. SAMHSA also developed training tools for recovery and wellness, and collaborated with states to implement models of self-directed care.

Developing a recovery-oriented professional workforce. The behavioral health workforce is critical to delivering recovery-oriented care. SAMHSA has partnered with the major professional organizations representing psychiatry, psychology, social work, addictions counseling, peer specialists, and psychiatric nurses to develop and implement training materials to equip providers with the needed skills and technologies to foster recovery.

Strategic Initiative Targeted Measures

Three specific quantitative measures were proposed as a way of tracking and documenting impact in the area of Recovery Support. As noted below, two of the three measures were met while work continues in support of the other benchmark. Future engagements outlined below will track additional measures in this area.

Strategic Initiative Measures	Achieved	Ongoing Work
Strategic Initiative #4: Recovery Support Measures		
1. Improve the health status of individuals with co-occurring physical and behavioral health conditions.	✓	
2. Increase the percentage of individuals served by SAMHSA programs who have a positive perception of social connectedness to and support from others in the community, such as family, friends, co-workers, and classmates.	✓	
3. Increase the number of states with reimbursement policies for service provided by certified peer support specialists to enhance the recovery and resiliency of others with severe emotional disorders, severe mental illness, and/or chronic substance abuse.		✓

Future Engagement/Goals

This Strategic Initiative will continue to promote partnering with people in recovery from mental and substance use disorders and family members to guide the behavioral health system and promote individual-, program-, and system-level approaches that foster health and resilience; increase housing to support recovery; increase opportunities for employment, education, and other necessary supports; and reduce discriminatory barriers.

Particular areas of focus will include:

Embed recovery in the new health landscape. With the implementation of the Affordable Care Act, it will become increasingly important to embed the concept and tools of recovery within the nation's systems of care, particularly as they evolve to fit the new health financing landscape. This will ensure that all those seeking services for a mental or substance use disorder, regardless of the entry point, have access to recovery-oriented care that assures they can and will get better. This work will occur in the following domains:

Health: SAMHSA will explore the possibility of supporting integrated models of care for people with substance use disorders in order to address the treatment gap that still exists for those who want and need substance use disorder services and cannot access them. SAMHSA will also continue its efforts to develop the peer workforce through the identification and dissemination of core competencies for peer specialists and recovery coaches. SAMHSA will continue its work to reduce the prevalence of untreated physical health conditions and pre-mature death rate among those with mental and substance use disorders, especially those with serious mental illnesses.

Home: SAMHSA will continue its efforts to achieve the goals set by the U.S. Interagency Council on Homelessness, which are to end chronic homelessness, and veteran's homelessness, by 2015, by providing intensive technical assistance to the states with the highest prevalence of chronic homelessness, especially among veterans. SAMHSA will also develop initiatives to expand supported housing for those with mental health conditions and recovery housing for those with substance use disorders.

Purpose: SAMHSA will work to ensure that those with behavioral health conditions have access to educational and employment supports to help them achieve and maintain recovery. SAMHSA will provide support for addiction recovery centers to provide vocational assistance to those in recovery from substance use disorders. This work will include identifying and helping to eliminate legal barriers to employment for those with histories of mental illness or addiction. SAMHSA also plans to provide support to expand supported education models and recovery high schools and colleges.

Community: SAMHSA will expand its efforts in promoting critical social supports from family, friends, peers, and other community members in helping individuals recover. This includes new efforts to help train families, schools, and other community members to be more knowledgeable about behavioral health disorders and how to access needed treatments and supports. SAMHSA will also build on key social marketing work to increase social acceptance through Recovery Month, Voice Awards, Children's Mental Health Awareness Day, and other efforts.

Strategic Initiative #5: Health Reform

Health reform will have a dramatic impact on the nation's behavioral health system. It will increase access to health care, including behavioral health care; grow the country's health and behavioral health workforce; reduce physical and behavioral health disparities experienced by low-income Americans, racial and ethnic minorities, and other underserved populations; and implement programs that draw on the science of behavioral health promotion and of prevention, treatment, and recovery support services. States, territories, tribes, primary care, and behavioral health providers, practitioners, individuals, and families will need assistance to understand and participate actively in local health reform efforts. SAMHSA has addressed this need by providing technical assistance and training to help these groups understand and participate actively in health reform efforts and to move toward the integration of primary and behavioral health care. SAMHSA has also provided significant input and influence on the federal rules, regulations, and policies impacting the changing health promotion and health care delivery environment.

Major Accomplishments

Improving the Business of Providing Behavioral Health.

SAMHSA has successfully developed a unique and innovative national training and technical assistance initiative designed to support community-based behavioral health provider organizations in responding to the broad changes to the financing and delivery system for behavioral health services. The BHBusiness project provides the opportunity for community-based behavioral health providers to develop structured business-operations design plans in expert-facilitated peer-learning networks of similar providers. The BHBusiness project has a uniquely broad scope of diverse opportunities, allowing providers to choose from up to five critical areas. BHBusiness areas include: 1) Strategic Business Planning; 2) Third-Party Billing and Compliance; 3) Third-Party Contract Negotiations; 4) Eligibility and Enrollment; and 5) Meaningful Use of Health Care Technology. More than 80 percent of providers participating in BHBusiness reported they are "better prepared to make changes to business practices in their organization." SAMHSA is also providing assistance to states, providers, and federally qualified health centers (FQHCs) to better understand the issue of same day billing. Through collaborative efforts with CMS, SAMHSA provided input on an essential fact sheet on same day billing. SAMHSA is also continuing collaborative work with HRSA's program to enhance behavioral health services in FQHCs and SAMHSA's Primary Behavioral Health Care Integration (PBHCI) program. Lastly, SAMHSA co-authored and released the "Assessing the Evidence Base for Behavioral Health Services" series. The series provides a systematic evaluation of the literature about the effectiveness of 14 behavioral health services that are important to a modern behavioral health system.

Since 2013,

- 20 networks launched, consisting of 715 behavioral health organizations
- 8 learning networks launched, consisting of approximately 300 organizations
- 19 national issue focused networks launched
- 41 regional networks launched

Preparing the Field for New Health Insurance Eligibility and Enrollment Opportunities.

Expanded eligibility for Medicaid and the new health insurance marketplaces through the Affordable Care Act offers many individuals with behavioral health needs an opportunity to receive coverage

for the first time and access affordable, effective treatment services to support recovery. However, many people with behavioral health needs who have been uninsured may be less informed about health coverage and its benefits and may face challenges in managing the enrollment process. SAMHSA has implemented a three-year phased eligibility and enrollment strategy including systems, marketing, and epidemiological research; extensive HHS and external partner/stakeholder engagement, and training and technical assistance activities targeting states, counties, providers, peer/consumer/recovery-support/family organizations, and the general public. SAMHSA's efforts seek to ensure that uninsured individuals with behavioral health needs are able to successfully enroll in and maintain coverage and access effective behavioral health treatment services.

Preparing SAMHSA's Block Grants for a Changing Future. With more individuals gaining access to insurance coverage under the Affordable Care Act, SAMHSA revised its Mental Health and Substance Abuse Block Grants application to keep up with the changing health care landscape. Pursuant to the new 2014-2015 application, states will use the Block Grant program for prevention, recovery supports, and treatment services that will supplement services covered by Medicaid, Medicare, and private insurance. SAMHSA Block Grant funds will be directed toward four purposes: 1) to fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time; 2) to fund those priority treatment and support services not covered by Medicaid, Medicare, or private insurance for low-income individuals and that demonstrate success in improving outcomes and/or supporting recovery; 3) for the Substance Abuse Prevention and Treatment Block Grant, to fund primary prevention—universal, selective, and indicated prevention activities and services for persons not identified as needing treatment; and 4) to collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services and to plan the implementation of new services on a nationwide basis.

Preparing the Field for Behavioral Health Integration. SAMHSA has done significant work to ensure that behavioral health treatment is appropriately financed and implemented to support integrated care for application in an array of health systems and programs. SAMHSA's recent report, *Medicaid Coverage and Financing of Medications to Treat Alcohol and Opioid Use Disorders*, provides clinicians and policy makers a resource guide for developing beneficial medication coverage and financing policies. The report presents innovative coverage and financing approaches that are being used to ensure cost-effective and treatment-effective outcomes. Complementary to this effort, SAMHSA engaged with its federal partners (CMS, CDC, NIDA, NIAAA) to issue an informational bulletin to inform and communicate with states and other stakeholders on effective practices to identify and treat mental and substance use disorders covered under Medicaid. Additionally, another SAMHSA report, *Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies*, presents evidence that crisis services such as crisis stabilization, community-based residential crisis care, and mobile crisis can reduce costs for psychiatric hospitalization. SAMHSA followed this report with a series of webinars to engage and encourage behavioral health consumers, providers, and state systems in the use of crisis services.

SAMHSA conducts extensive review of federal regulations that impact behavioral health services, providers, and policy through work with our federal partners. SAMHSA had significant input and influence on regulations to include the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA); the establishment of Essential Health Benefits; Medicaid and Medicare programs and payment systems; and Electronic Health Record efforts. SAMHSA also leads in supporting HHS efforts through engagement of stakeholders in the implementation of regulations. For example, SAMHSA led in supporting parity implementation through providing technical assistance and guidance to states and service providers on new

developments and adaptation of financing strategies in the context of the Affordable Care Act and parity and providing feedback to the Departments of Labor, Treasury, and HHS with information from SAMHSA constituents.

SAMHSA also works diligently with our federal partners to ensure that innovations in program development and payment methodologies support behavioral health to its fullest. SAMHSA worked with CMS's Center for Innovation on the State Innovation Models Initiative to promote a behavioral health focus in the development of new payment and service delivery models. Additional SAMHSA influence has come through its work with CMS on projects related to Health Homes, Dual Eligible Populations, waiver approvals, and input on CMS funding opportunities and grant applicant review.

SAMHSA's Efforts to Address HIV, AIDS, and Viral Hepatitis. SAMHSA led several innovative efforts in addressing HIV, AIDS, and viral hepatitis by providing grant opportunities to support: 1) coordinated mental health and addiction treatment services; 2) HIV testing with pre- and post-test counseling; 3) referrals for treatment; and 4) testing for other infectious diseases. Through initiatives, such as the Minority AIDS Initiative Targeted Capacity Expansion program that provides prevention, treatment, and recovery support services, and HIV testing for people with, and at risk for, mental and/or substance use disorders and those living with, or at risk, for HIV infection. In 2014, SAMHSA launched the Minority AIDS Initiative Continuum of Care Pilot program. This program is designed to integrate care (behavioral health treatment, prevention, and HIV medical care services) for racial/ethnic minority populations at high risk for behavioral health disorders and high risk for, or living, with HIV.

Since 2013,

- Over 4,038 people received mental health, substance use treatment, and prevention services in Minority AIDS Initiative-Targeted Capacity Expansion
- Of 12,181 screened for behavioral health needs, over 4,200 were referred to other community services
- Rapid HIV Testing provided to 5,790 people
- Services provided in more than 33 settings

Strategic Initiative Targeted Measures

Two specific quantitative measures were proposed as a way of tracking and documenting impact in the area of Health Reform. As noted below, both measures were met. Future engagements outlined below will track additional measures in this area.

Strategic Initiative Measures	Achieved	Ongoing Work
Strategic Initiative #5: Health Reform Measure		
1. Increase rates of insurance coverage among people with mental and substance use disorders.	✓	
2. Increase the proportion of SAMHSA Block Grant funding going to community and recovery supports.	✓	

Future Engagement/Goals

This Strategic Initiative will continue to focus on the changing health environment addressing health systems integration and financing by promoting access to appropriate high quality prevention, treatment, and recovery services; addressing disparities that exist between the availability of services for mental and substance use disorders compared with the availability of services for other medical conditions; and supporting integrated, coordinated care, especially for people with behavioral health and other co-occurring health conditions.

Particular areas of focus will include:

The Health Finance and Integration Team. SAMHSA is implementing a structure within the organization to recommend and inform decision-making on financing and system development and integration issues. The Health Finance and Integration Team is a dedicated, cross-center workgroup that leads and coordinates behavioral health integration and financing projects across SAMHSA and collaborates with external partners to pursue priorities for these issues.

Continue Focus on New Health Insurance Eligibility and Enrollment Opportunities.

SAMHSA will work to ensure that individuals with behavioral health needs are enrolled into the most appropriate and affordable health insurance coverage option available to them. This will include information for the public and for those experiencing behavioral health conditions regarding the importance of and methods to access treatment services for those conditions. SAMHSA is also developing a best practices toolkit on health insurance outreach and enrollment assistance for LGBT communities with high prevalence rates of behavioral health needs.

Work to Integrate Behavioral Health Prevention and Treatment Services into Health Insurance Coverage. SAMHSA will work to address coverage in insurance plans for behavioral health-related screenings and treatment services, and strengthen the connection to community resources.

Support Efficient Use of Various Financing and Integrative Approaches. SAMHSA will help to articulate, advocate for, and support the myriad of ways in which behavioral health is essential to all aspects of community and individual health. It will also support the delivery of health care services in primary, specialty, emergency, and rehabilitative care settings. SAMHSA will work to support innovative practice and financing models, and integration approaches including health homes, with a focus to ensure customization for behavioral health needs.

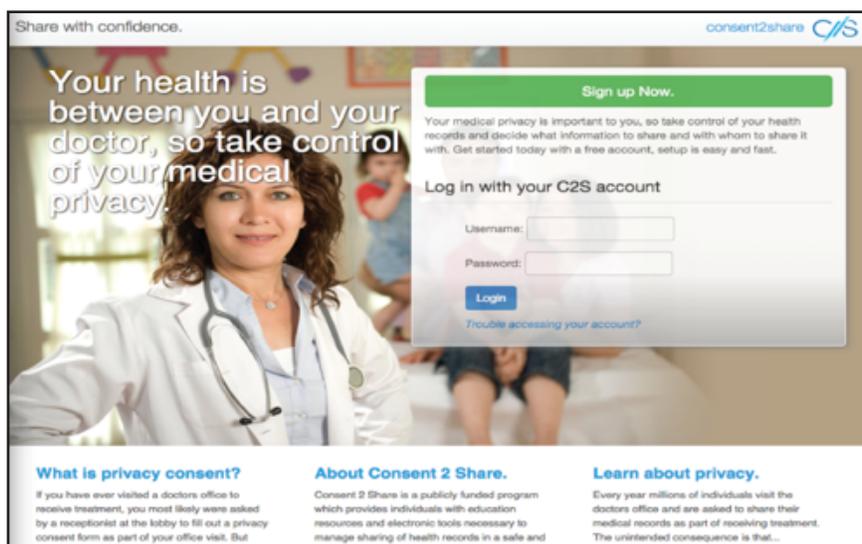
Strategic Initiative #6: Health Information Technology (HIT)

Both the Health Information Technology for Clinical and Economic Health (HITECH) Act and the Affordable Care Act are driving health systems toward the use of information technology for service delivery, quality improvement, cost containment, and increased patient control of personal health care and related information. State, territorial, tribal, county, and city governments, as well as providers and service recipients will need support through this fundamental change in the way that health care is delivered. In the past, the specialty behavioral health system has often operated independently from the broader health system and has differed in the type and scope of information technology used. Through this initiative, SAMHSA will work to increase access to HIT so that Americans with behavioral health conditions can benefit from these innovations. In partnership with the HHS Office of the National Coordinator for Health Information Technology (ONC), SAMHSA drives technology innovation and the adoption of HIT and electronic health records (EHR) to support high quality behavioral health care and integration with the general health care system.

Major Accomplishments

Supporting Electronic Exchange of Protected Behavioral Health Data. SAMHSA worked closely with ONC to promote the inclusion of behavioral health information in health information exchange efforts while protecting patient privacy and confidentiality. These efforts included development of two sets of guidance documents (FAQs) on applying the substance abuse confidentiality regulations (42 CFR Part 2) to electronic health information exchange. They also included funding 47 PBHCI grantees to implement or adopt HIT (See Figure 9) and five states to pilot sharing health records among behavioral health and general medical providers through state health information exchange organizations (HIEs). In addition, SAMHSA developed a new, open source tool, Consent2Share, to allow patients to share part of their health record while withholding sensitive health information (often called data segmentation). This tool implements the standards developed through the ONC's Data Segmentation for Privacy Initiative.

Consent2Share Tool. An open source tool for consent management and data segmentation that is designed to integrate with existing EHR and HIE systems.



Developing Technology for Behavioral Health Treatment, Prevention, and Recovery.

SAMHSA supported the development of multiple innovative technologies for behavioral health treatment, prevention, and recovery. These include a web-based application for delivery of the American Society for Addiction Medicine (ASAM) Criteria, an evidence-based assessment that integrates with existing EHRs and provides clinical decision support for placing patients in substance abuse treatment (www.asamsoftware.com). In addition, SAMHSA has supported the development of five new mobile apps for: care coordination for patients at risk of suicide; clinical decision support for suicide prevention; prevention of underage drinking; disaster recovery; and recovery support for patients with mental disorders. SAMHSA has also worked closely with ONC to support accessing prescription drug monitoring program (PDMP) data through EHRs and pharmacy IT systems to encourage use at the point of care.

Creating Data Standards for Behavioral Health. SAMHSA led a consensus-building process through the international standards development organization Health Level 7 (HL7) to develop national standards for a behavioral health summary care record. Over 25 behavioral health provider organizations participated in the development of these standards, which are an extension of the standard health record documents that are exchanged by EHRs certified through the Meaningful Use incentive program. In addition, SAMHSA has worked with ONC and other federal partners to develop the Health Care Security and Privacy Classification System Standards that support communication of privacy policies and obligations associated with a health record, which allows, for example, the provider receiving the record to be alerted that the contents are protected and cannot be re-disclosed without patient consent.

Coordinating with Federal Partners to Support HIT for Behavioral Health. SAMHSA, along with ONC and the Office of National Drug Control Policy (ONDCP), co-lead an interagency workgroup on behavioral health information technology with representation from 15 other federal agencies, institutes, and offices. This group is focused on aligning federal efforts on behavioral health-related HIT and works to support the inclusion of behavioral health related objectives in broad federal HIT efforts including the Meaningful Use EHR Incentive Program, health information exchange programs, EHR certification programs, and others.

Disseminating HIT among Behavioral Health Providers. SAMHSA provided significant financial support to promote the dissemination of HIT to support the delivery of behavioral health services. The Targeted Capacity Expansion – Technology Assisted Care (TCE-TAC) grant program provides support for the use of technology, including telehealth, web services, EHRs, and mobile apps, to expand and/or enhance the capacity of substance abuse treatment providers to reach individuals who have been underserved due to a lack of access to treatment. SAMHSA is also supporting the integration of HIT, including telehealth, new media, HIEs, web portals, and

Technical Assistance:

- 9 regional HIT training events held in 2012 on “Using Networks to Implement and Improve EHRs and other HIT”;
- 204 providers and provider organizations received training;
- 64 PBHCI grantees received TA for EHR adoption;
- 25 grantees from the TCE-TAC program received TA for HIT implementation and dissemination;
- 47 providers and provider organizations received training on EHR implementation through BH Business.

tablet-based screening, into existing grant programs across SAMHSA to improve the delivery of services, including the Screening Brief Intervention Referral to Treatment (SBIRT) grant program and Minority AIDS Initiative programs. In addition, SAMHSA has provided funding and technical assistance to opioid treatment providers and to PBHCI program grantees to assist in the adoption of certified EHR supporting coordination of care.

The diagram below highlights PBHCI HIT supplement grant success in the adoption of certified electronic health records. SAMHSA provided 47 one-year awards. Of the 47 grantees, 42 successfully implemented certified EHR and five have developed a customized “homegrown” EHR.

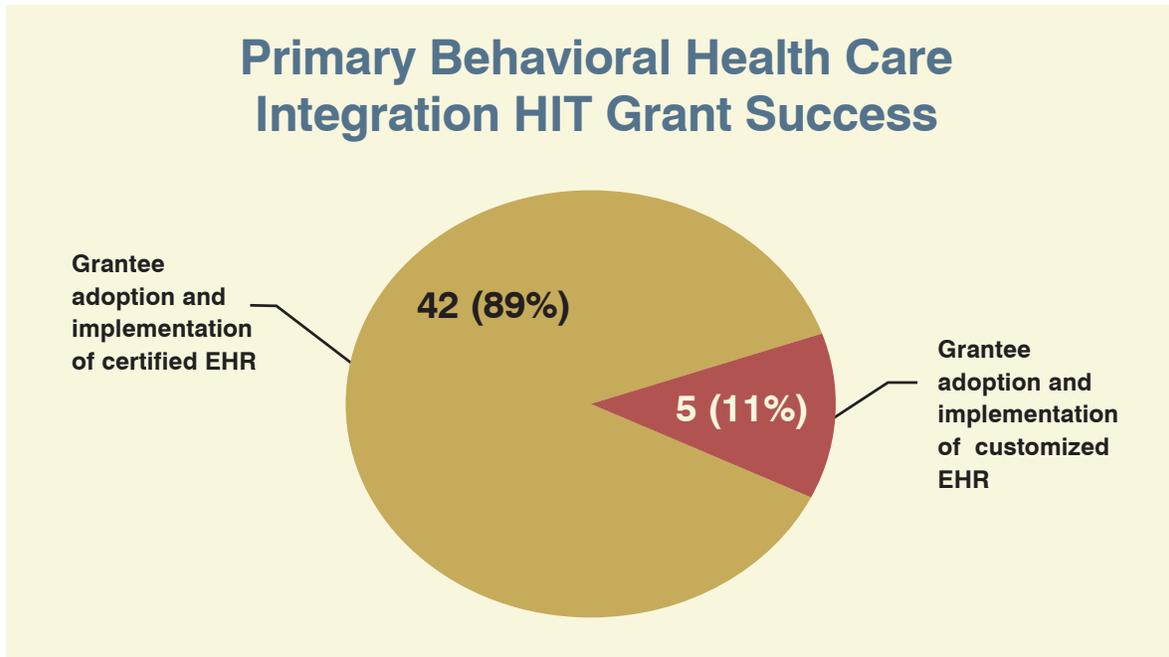


Figure 9: Increase in EHR adoption

Strategic Initiative Targeted Measures

Two specific quantitative measures were proposed as a way of tracking and documenting impact in the area of Health Information Technology. As noted below, both measures were met. Future engagements outlined below will track additional measures in this area.

Strategic Initiative Measures	Achieved	Ongoing Work
Strategic Initiative #6: Health Information Technology Measures		
1. Increase the percentage of behavioral health organizations/providers that adopt and use certified electronic medical records by 2013.	✓	
2. Increase the percentage of SAMHSA discretionary grantees that adopt and use certified electronic medical records by 2013.	✓	

Future Engagement/Goals

This Strategic Initiative will continue to ensure that the behavioral health system, including states, community providers, patients, peers, and prevention specialists, fully participate with the general health care delivery system in the adoption of HIT, including interoperable EHR and the use of other electronic training, assessment, treatment, monitoring, and recovery support, to assure high quality integrated health care, appropriate specialty care, improved patient/consumer engagement, and effective prevention and wellness strategies.

Particular areas of focus will include:

Promoting the development and adoption of technologies to enable electronic exchange of clinical behavioral health information while enabling meaningful privacy choices.

This effort will include conducting real world pilots of the Consent2Share tool within health information exchange organizations (HIEs) to give patients meaningful choices for sharing their health information. In addition, SAMHSA will work with ONC to support broad dissemination of data segmentation and consent management functionality across the health care systems and HIEs. SAMHSA will also consider and propose changes to update the regulations in 42 CFR Part 2, to improve quality of care, especially in integrated settings while pressing privacy and consent protection.

Support the development of interoperability across health and social service sectors data systems (i.e. homeless programs, children's services, and criminal justice) to facilitate coordination of care. Currently, the information systems for criminal justice and social service systems are disconnected from both their communities and the rest of the health care system. Creating connectivity through HIT could help bridge this divide, leading to more efficient and better coordinated care, significant health care cost savings to local jurisdictions, and improvements to both public health and public safety. Through this initiative SAMHSA will support pilot testing of automated electronic sharing of client-level information across health care providers and social service systems. The pilots will address a number of issues including: privacy policies protecting sensitive information, interoperability across systems, development of data collection and reporting standards for information sharing, and integration into the service delivery workflow.

Promoting the development and dissemination of advanced technologies (e.g. mobile health, telehealth, clinical decision support, etc.) for improving behavioral health care, prevention and wellness. SAMHSA will continue to promote the adoption and use of HIT by providing funding and technical assistance to grantees to support integration of HIT tools into service delivery programs to improve the quality, efficiency, and availability of care. In addition, SAMHSA will continue to work with our federal partners through development challenges and policy initiatives to promote the development of new technologies that support high quality behavioral health care.

Facilitating the collection and use of data through EHRs and other technologies to support quality improvement and effective outcome tracking. The use of data standards is critical for enabling interoperability across EHRs and for ensuring that health care providers can effectively interpret the information they receive from other providers. SAMHSA will continue to work with federal, state and community partners to create a holistic HIT strategy that includes a comprehensive plan for data collection and use to support interoperability, clinical quality measurement, data analytics, and harmonization of reporting requirements for behavioral health to reduce the re-entry of data.

Strategic Initiative #7: Data, Outcomes, and Quality

Given the resource constraints faced at all levels of government, there is great need to track outcomes, improve the quality of services, and ensure that resources are directed to effective approaches. Both outside and inside of government, demand for data is increasing. For example, the GPRA Modernization Act of 2010, which amends the Government Performance and Results Act (GPRA) of 1993, requires SAMHSA to report information to HHS on a quarterly basis. In addition, better coordination is needed around data collection and analysis, and program evaluation at multiple levels. Through this initiative, SAMHSA will track results, improve quality and outcomes for the people it serves, and increase transparency.

Major Accomplishments

Created the Center for Behavioral Health Statistics and Quality (CBHSQ). In order to expand the capacity of behavioral health data and statistical information available to inform federal, state, and community policies, programs and fiscal investments, SAMHSA created the CBHSQ in 2011. CBHSQ is the government's lead agency for behavioral health statistics and has become a principal source of data and information aimed at improving the health and well-being of those with or at-risk for mental and substance use disorders. It is designated as a statistical unit by the Office of Management and Budget.

Implementing the Behavioral Health Treatment Locator. In the summer of 2013, SAMHSA merged the Substance Abuse and Mental Health Treatment Locaters into a new integrated Behavioral Health Locator System, which provides the public with an online resource for locating mental health and substance abuse treatment facilities across the nation. SAMHSA created and deployed a seamless search between two databases, in partnership with current state substance abuse and mental health agencies.

Finalizing the National Behavioral Health Quality Framework and Behavioral Health Barometer. During the last two years, SAMHSA has been developing the National Behavioral Health Quality Framework (NBHQF), which provides SAMHSA grantees and other public and private-sector health and behavioral health systems and providers with recommended strategies and measures for assessing and improving the quality of behavioral health care for individuals, families, and communities across the nation. Related to this effort is the soon to be annual Behavioral Health Barometer, which presents a set of substance abuse and mental health indicators intended to provide a snapshot of the nation's behavioral health, as well as a mechanism for tracking changes and trends over time related to the status of behavioral health within the United States. The products of these two projects were presented in the summer of 2013 to HHS's Health Reform Coordinating Council and SAMHSA's National Advisory Councils. NBHQF is part of the National Quality Strategy required in the Affordable Care Act and will be updated regularly as measures and data collection evolve. The measures in NBHQF will increasingly be used to track quality at system/payer, provider/practitioner, and population levels.

Coordinating SAMHSA’s Evaluation Policies. Over the course of two years, SAMHSA implemented SAMHSA-wide evaluation guidance designed to increase the quality of its evaluation and grantee evaluations. As part of this process, SAMHSA has completed an inventory of all current and ongoing evaluations and initiated an annual report to HHS on its progress. An internal team has been hired to evaluate and provide consultation on new and ongoing evaluations, and provide guidance on all new evaluation contract Request for Applications. During FY13, evaluation staff have been assigned as desk officers for approximately 40 evaluations, and SAMHSA’s spending on evaluation contracts has decreased by an estimated one million dollars, while quality of evaluations improve. SAMHSA has also created the SAMHSA Evaluation Team (SET). SET is SAMHSA’s internal evaluation coordinating council, responsible for establishing a centralized evaluation strategy and assisting with evaluation implementation across SAMHSA. The SET responsibilities include review and approval of evaluation planning during early concept development, making recommendations regarding the scope of evaluation for each program, providing guidance for evaluation planning during development of RFA and RFP, and consulting or leading the development, implementation, and/or performance of evaluations in partnership with Centers and evaluation contractors.

SAMHSA increased its insourcing evaluation capacity which resulted in a savings of approximately \$4M or eight percent on contract procurements for evaluation services.

Contributing to the Government Wide Open Data Initiative. SAMHSA has catalogued 100 percent of its available data assets on <http://www.data.gov/> and <http://healthdata.gov/>. This project supports the White House and HHS in making government collected data openly available and easily disseminated.

Strategic Initiative Targeted Measures

Two specific quantitative measures were proposed as ways of tracking and documenting impact in the area Data, Outcomes, and Quality. While continued work is required for both measures, SAMHSA came very close to meeting the 10 percent reduction in evaluation expenditures. Future engagements outlined below will track additional measures in this area.

Strategic Initiative Measures	Achieved	Ongoing Work
Strategic Initiative #7: Data, Outcomes, and Quality Measures		
1. Increase the number of states adopting the Behavioral Health Barometer for planning and reporting purposes.		✓
2. Reduce contract evaluation expenditures by 10 percent by 2012 through implementation of a SAMHSA-wide evaluation strategy.	✓	

Future Engagement/Goals

Key objectives within this Strategic Initiative were achieved and have been embedded across all SAMHSA programmatic and business operations. As a result, this topic area will no longer be considered a Strategic Initiative, though SAMHSA's emphasis on the importance of data, outcomes, and quality will remain.

Particular areas of focus will include:

Implementing the National Behavioral Health Quality Framework. This effort will move SAMHSA toward realizing an integrated data strategy and a national framework for quality improvement in behavioral health care that will inform policy, measure program impact, and lead to improved quality of services and outcomes for individuals, families, and communities.

Enhancing the Common Data Platform. Completion of this effort in early 2015 will integrate SAMHSA's data collection systems into a singular platform, aiding SAMHSA in displaying performance and accountability throughout its grant portfolio.

Realizing a comprehensive measure review process. This project will enable SAMHSA to have a core set of measures from which all grants can be measured.

Building a behavioral health data enclave. This project will provide a confidential, protected environment within which authorized researchers can access sensitive data from SAMHSA and other agencies.

Coordinating and improving the quality of SAMHSA's evaluation activities. SET has reviewed all submitted evaluations over the past 18 months. During the next year, SET will assume increasing responsibility for ensuring that all SAMHSA evaluation activities are appropriately designed and adequately funded. Additionally, efforts are underway to expand SAMHSA's capacity to conduct in-sourced evaluations through CBHSQ's Quality and Evaluation Branch.

Developing a long-term reporting strategy for client-level data. SAMHSA has embarked on a collaborative process with state mental health and substance abuse authorities to develop an integrated set of behavioral health client-level performance and outcome measures. These measures will eventually be utilized to monitor states' progress in the utilization of federal block grant funds.

Producing behavioral health economics and financing studies. SAMHSA's Health Economics and Financing Team (HEFT) provides expertise on data development and analyses, statistical methodology, and economic reasoning in support of SAMHSA's Strategic Initiatives. Increasingly, HEFT will produce studies and reports focusing on the economics and financing of behavioral health and related health services under Affordable Care Act. Special attention will be given to the impact of financing strategies and incentives on the cost, access, and utilization of behavioral health services.

Improving the National Registry of Evidence-based Programs and Practices (NREPP). SAMHSA's new contract to manage NREPP will enable SAMHSA to better align the registry's review processes and evaluation criteria with similar federal efforts in education and justice, and will provide end users with more comprehensive information about interventions listed in NREPP.

Re-engineering the grants management system. SAMHSA will re-engineer its system of managing its grants to create a more integrated and efficient process for monitoring their submission, review, award, and on-going performance. The new system will provide a more comprehensive and integrated user experience enabling both IT and non-IT level staff to process and analyze grant information.

Expanding NSDUH data collection. SAMHSA's National Survey on Drug Use and Health (NSDUH) piloted LGBT data collection through a “dress rehearsal” in 2013, OMB clearance is being obtained in 2014, and SAMHSA anticipates full question integration in 2015 with data available beginning in 2016. SAMHSA also formed an LGBT Data Workgroup, to make recommendations on additional LGBT data collection efforts. The workgroups efforts led to the proposed inclusion of sexual orientation and gender identity data in the Common Data Platform.

Strategic Initiative #8: Public Awareness and Support

Acceptance of the importance of behavioral health is greater now than at any time in the past, therefore, public awareness around mental and substance use disorders is crucial. Serious gaps exist between the number of people who need treatment for mental and substance use disorders and those who seek treatment. Negative attitudes and discrimination toward people with mental and substance use disorders impede their access to treatment and recovery, and create barriers to lead full lives integrated within the community.

Major Accomplishments

Formed Communications Governance Council (CGC). As part of this initiative, SAMHSA formed the Communications Governance Council (CGC), an intra-agency council, representing the diversity of perspectives and expertise within SAMHSA. The CGC, with input from SAMHSA leadership, helps guide decisions about electronic and written communication formats and materials. The CGC creates shared responsibility for the design and oversight of a streamlined communications approach that responds to the needs of the public and reflects SAMHSA's vision. The CGC created common branding of SAMHSA publicizing products and documents to ensure recognition of SAMHSA as a first source of information and resources regarding behavioral health.

Created Strategic Communications Plan. SAMHSA's Strategic Communications Plan identifies areas of greatest opportunity and need for SAMHSA communications. It formulates goals for the next three to five years, creates a roadmap to guide SAMHSA in design, execution, and evaluation of communications activities, and prioritizes and aligns SAMHSA communications to foster a coordinated approach to achieving SAMHSA's mission.

Launched national campaigns. SAMHSA's national campaigns use multi-media platforms, including print, video, web, social media, television, and radio to reach a broad audience of millions of Americans to increase awareness that behavioral health is essential to health, prevention works, treatment is effective, and people recover.

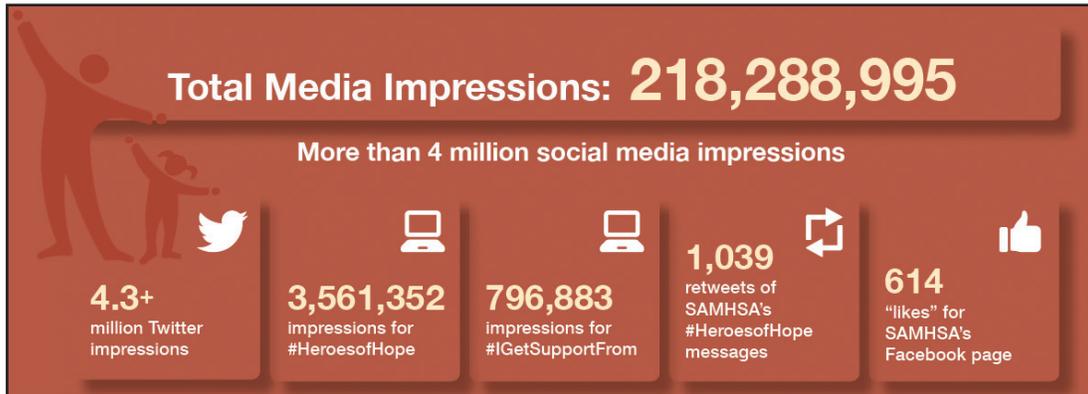
Since 2011, SAMHSA launched or supported the following campaigns:

National Prevention Week: SAMHSA's National Prevention Week, launched in May 2012, is an annual health observance dedicated to increasing public awareness of substance abuse and mental health issues. Since the first observance of National Prevention Week, there have been hundreds of community events across nearly all 50 states and U.S. territories. In 2014, SAMHSA created the Voices of Prevention video to promote National Prevention Week. This video has been viewed more than 11,400 times on SAMHSA's YouTube channel and shared 50 times on Facebook.

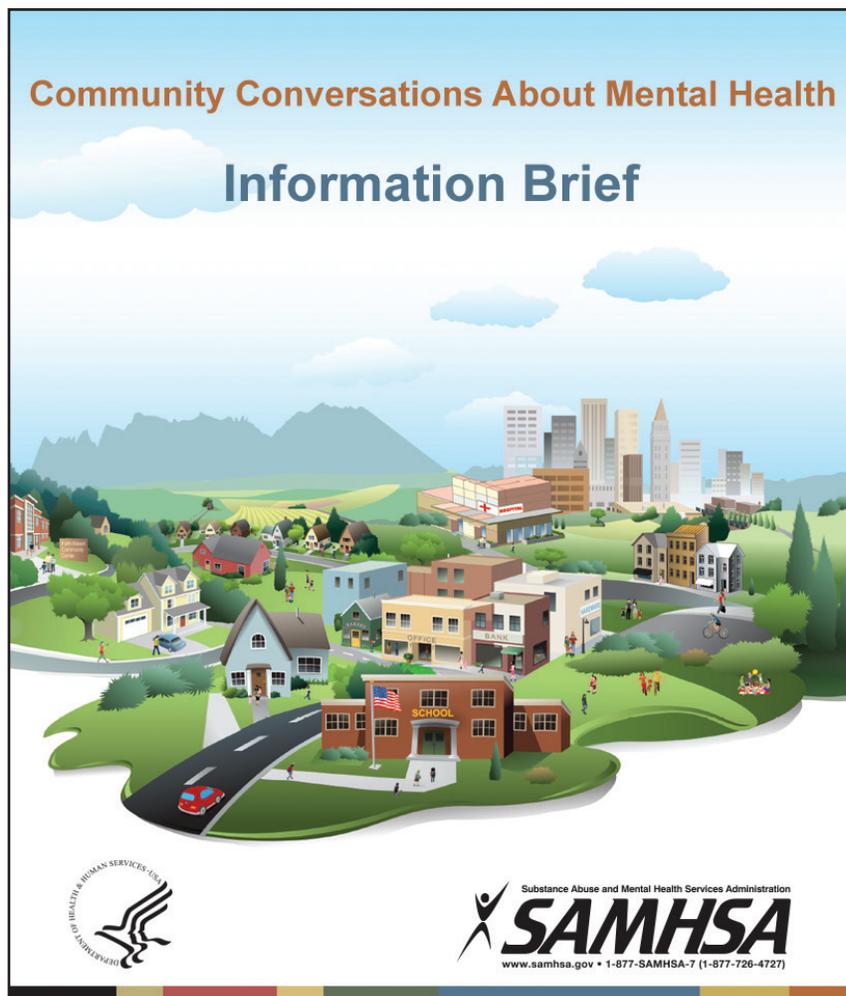


Preventing Underage Drinking: “Talk. They Hear You.” Campaign: Since its inception in 2013, SAMHSA’s “Talk. They Hear You.” campaign generated more than two billion impressions in all 50 states and over 300 cities nationwide. This was accomplished through strategic distribution of public service announcements (PSA) and news stories featured on TV, radio, and print across the United States.

Children’s Mental Health Awareness Day: In 2013, a new fiscal reality required SAMHSA to reinvent the way it recognized Children’s Mental Health Awareness Day. While past years featured large in-person events, SAMHSA held a virtual event on Twitter and Facebook in 2013. The event was a great success—while the 2012 in-person event reached 1,500 people, the 2013 online event resulted in over 483 million media impressions, a 22 percent growth in Twitter followers, and a 457 percent increase in Facebook “likes.” This event used far fewer funds with a significantly greater audience reach. In 2014, Awareness Day generated 218,288,995 media impressions, including traditional and digital media. For the first time, Awareness Day was covered by major news outlets, including *The New York Times*, *The Washington Post*, *The Wall Street Journal*, *The Daily Beast*, *Politico*, *The Daily Mail (UK)*, and *Huffington Post*. There were over five million total impressions for Awareness Day 2014, including 4.3 million plus Twitter impressions and 614 “likes” for SAMHSA’s Facebook page from May 2-8, 2014. Leading up to Awareness Day, a National Launch Event took place on May 6, 2014, in conjunction with the National Council for Behavioral Health’s national conference in Washington, DC. The event was attended by over 3,000 people and viewed over 700 times on the Internet.



Supporting the President's "Now is the Time" initiative: With SAMHSA's significant support, the White House launched a National Conference on Mental Health on June 3, 2013, to kick off a series of community conversations about mental health. At least 206 events, such as community conversations, have already taken place, 17 are scheduled in 2014, and 27 are in the planning stages. SAMHSA has also developed a toolkit designed to support organizations with Mental Health First Aid (MHFA) programs in assisting their partners within Local Educational Agencies (LEAs) and State Educational Agencies (SEAs). This toolkit has either been ordered and/or downloaded over 41,000 times. To support these conversations, SAMHSA assisted the White House in creating a toolkit for community conversations about mental health, helped launch the website www.MentalHealth.gov, and was a leader in the #MentalHealthMatters conversation on social media.



National Recovery Month (Recovery Month): On September 4, 2014, SAMHSA held the 25th annual Recovery Month with a press conference and luncheon in Washington, DC. During the press conference, SAMHSA released the results from the 2013 National Survey on Drug Use and Health (NSDUH). Community events are instrumental in delivering Recovery Month's key messages. In 2013, nearly 1.5 million individuals attended 1,230 Recovery Month events held in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, the Bahamas, Canada, and the United Kingdom.



Completed Rollout of SAMHSA's new website. This year, SAMHSA moved forward with the integration of SAMHSA's public-facing information and data into a single, redesigned website, <http://www.samhsa.gov/>. The project includes developing the required infrastructure needed to support the consolidated content; establishing improved processes and governance for developing, publishing, and maintaining SAMHSA's content; and creating a unified, user-centric design that allows SAMHSA's information to be easily viewed across mobile devices and desktop computers. This ongoing effort aligns with the broader Federal Digital Strategy and the President's call to reduce duplicative websites. As of publication, content migration has been completed, phase one has launched with 65 websites consolidated, and phase two is in the planning stage.



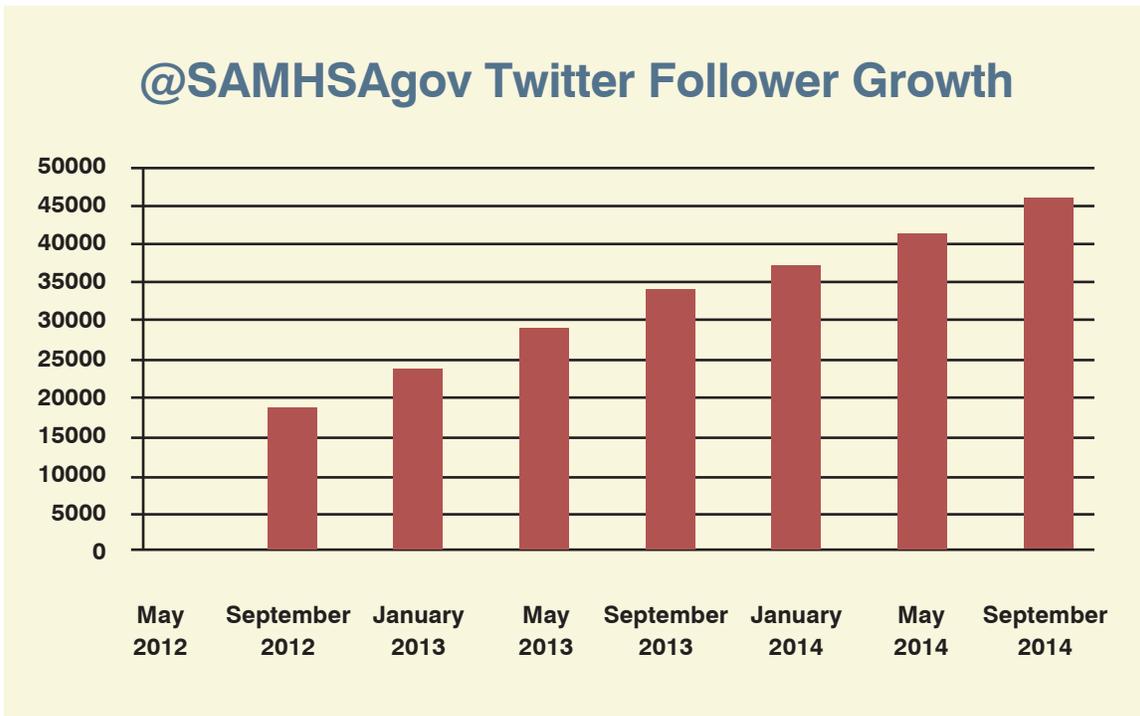


Figure 10: The number of users following @SAMHSAgov on Twitter continues to grow, reaching more than 45,000 followers as of September 2014.

Since 2011, SAMHSA’s tweets have been retweeted more than 22,000 times. For every message SAMHSA sends on social media, it engages an average of 1,340 users.

SAMHSA’s information and resources continue to reach millions of people each year. From 2011 through 2014, SAMHSA reached more than 102.9 million people by phone, email, mail, or web.

SAMHSA Social Media

- 
 Since creating its Twitter handle, @SAMHSAgov, SAMHSA has sent 5,628 tweets. That’s about 4 tweets per day, every day.
- 
 For every message SAMHSA sends, it engages an average of 1,340 users (that’s retweets, replies, likes, shares or comments).
- 
 SAMHSA’s Facebook page has received more than 49,000 likes.
- 
 SAMHSA receives an average of 3 comments and 49 likes for each of its Facebook posts.

Fiscal Year	Touchpoints
FY11	25,252,755
FY12	24,332,334
FY13	26,645,080
FY14	26,695,464

Strategic Initiative Targeted Measures

Two specific quantitative measures were proposed as ways of tracking and documenting impact in the area Public Awareness and Support. As noted below, one of the two measures were met. Future engagements outlined below will track additional measures in this area.

Strategic Initiative Measures	Achieved	Ongoing Work
Strategic Initiative #8: Public Awareness and Support Measures		
1. Increase the percentage of people reporting knowledge of how to find treatment services for mental and substance use disorders.		✓
2. Increase the number of people receiving behavioral health focused prevention information from SAMHSA-supported advertising, broadcast, or website.	✓	

Future Engagement/Goals

SAMHSA has achieved the key objectives within this Strategic Initiative and has embedded its scope and priorities across all programmatic and business operations. As a result, public awareness and support will no longer be considered a Strategic Initiative, but instead a business practice interwoven within all of SAMHSA's work.

Particular areas of focus will include:

Continue to consolidate SAMHSA web content into one unified platform. To ensure consistency in message, tone, branding, accessibility, and accuracy of information, and position <http://www.samhsa.gov/> as the recognized go-to source of behavioral health information.

Work across SAMHSA to coordinate and manage public awareness campaign projects to promote core mission activities. Reach critical audiences with SAMHSA's messages and information about mental illness, addiction, and prevention, treatment, and recovery.

Utilize the Communications Governance Council. Continue to improve internal operations by supporting the coordination, alignment, and modernization of SAMHSA's communications activities, eliminating redundancy in communications products and activities, and ensuring that a customer-centric approach is included as part of all communications activities.

Additional Accomplishments

Additional Accomplishments

The following list provides a sampling of some of the additional accomplishments across the eight FY 2011 – 2014 Strategic Initiatives:

Strategic Initiative #1: Prevention of Substance Abuse and Mental Illness

- Developed and disseminated the Substance Abuse Prevention Skills Training (SAPST), a comprehensive behavioral health workforce development curriculum that prepares practitioners to implement effective, data-guided prevention programs that address behavioral health disparities and improve wellness. Delivered more than 90 instructor-led trainings and related training-of-trainers (TOTs) to more than 1,800 prevention practitioners including 56 trainings for states, tribes, and jurisdictions and 30 TOTs to prepare participants to deliver SAPST. Ninety-three percent of training participants reported that they felt better prepared to implement prevention activities. Two annual, confidential surveys revealed high levels of satisfaction with the training. Twenty-one states have delivered 59 SAPST trainings using Collaborative for the Application of Prevention Technologies trained trainers, and 16 states and one jurisdiction adopted SAPST as their foundational substance abuse prevention training.
- Managed the Synar program, with the goal of eliminating tobacco use among youth. Since the establishment of the Synar program, the rate of retailer violations of state youth tobacco access laws has steadily decreased to 9.6 percent in FY 2013. Synar programs have contributed to a decline in the percentage of youth smokers reporting retail as a source of tobacco purchase; in FY 2013 the rate had fallen to 18.1 percent.
- Developed and implemented the Technology-based Products to Prevent High-risk Drinking among College Students Challenge. Government HIT named it one of the government's top five health challenges to watch.
- Hosted and coordinated SAMHSA's 2014 Prescription Drug Abuse Policy Academy. The event provided a forum for federal, state, and community partners to develop and/or strengthen state prescription drug abuse strategic plans, including a focus on prevention.
- Managed the Prevention of Prescription Drugs in the workplace initiative, including development of a self-administered health and wellness employee-screening tool, and producing more than 80 issues of the SAMHSA Weekly Update on Prescription Drug Abuse, which has more than 1,500 subscribers.
- Proposed to include oral fluid as an alternative specimen in the Mandatory Guidelines for Federal Workplace Drug Testing Programs and to include certain prescription drugs in the mandatory guidelines; began the scientific evaluation of hair as another specimen for use in drug testing.

- Promoted SAMHSA's HHS Innovates entry, "Suicide Prevention: What's Your Role?" SAMHSA collaborated with the Health Resources and Services Administration (HRSA), the Center for Medicare and Medicaid Services (CMS), the Administration for Community Living (ACL), Administration for Children and Families (ACF), the Office of Women's Health (OWH), and with local communities to hold interactive dialogues. These dialogues transform participants into change agents capable of spreading the message that everyone plays a role in preventing suicide. Received the People's Choice award for HHS Innovates competition.
- Disseminated information about suicide prevention through professional journals including the *American Journal of Public Health* and the *Journal of Clinical Psychiatry Review*.
- Co-chair of the HHS Behavioral Health Coordinating Council (BHCC), which is charged with coordinating behavioral health activities across HHS and promoting collaborations in five topic areas that include 1) prescription drug abuse; 2) behavioral health communications; 3) primary care/behavioral health integration; 4) trauma and early intervention; and 5) underage drinking and alcohol policy. Committee authored the *"Addressing Prescription Drug Abuse in the United States: Current Activities and Future Opportunities Report."*
- Developed strategic financing and funding models (e.g., braiding model) for grant and contract fund packages. These financing models enabled SAMHSA to use funds more efficiently to have greater impact at state, local, and community levels.
- Developed and released the uniform Mental Health Block Grant and Substance Abuse Block ... Grant Application Guidance for FY 12/FY 13, and FY 14/FY 15.
- Supported the *Now is the Time* initiative, aimed at reducing gun violence and improving access to mental health services, through:
 - ▶ The National Dialogue on Mental Health, including more than 206 community conversations across the nation.
 - ▶ Launched in 2013, <http://www.mentalhealth.gov/>, had more than 365,000 visitors in its first year.
 - ▶ A toolkit and infographic on *Now is the Time*, which was ordered or downloaded approximately 41,000 times from the SAMHSA Store.
- Released "Media Guidelines for Reporting Bullying," located at <http://www.stopbullying.gov/>.
- Sponsored the third annual National Prevention Week, which resulted in the promotion of key prevention messages about behavioral health issues across the nation.
- Approximately 1,400 community-based organizations hosted SAMHSA-sponsored Town Hall Meetings to prevent underage drinking. Close to 90 percent of attendees indicated they learned about specific ways to prevent underage drinking and were taking action to do so.
- Launched the introductory episode of the Interagency Coordinating Committee on the Prevention of Underage Drinking's webinar series on underage drinking prevention with the National Institute on Alcohol Abuse and Alcoholism.

- Supported the Surgeon General and National Action Alliance for Suicide Prevention release of the revised National Strategy for Suicide Prevention. The strategy details 13 goals and 60 objectives for reducing suicide over the next 10 years.
- The National Suicide Prevention Lifeline responded to its five millionth call since its launch in 2005. For the first time ever, the lifeline responded to more than one million calls within a calendar year. In addition, the Veterans Crisis line experienced a 98 percent increase in call volume between FY 2011 and 2013.
- SAMHSA's Suicide Prevention Evaluation documented a reduction in youth suicides in counties that have implemented Garrett Lee Smith suicide prevention activities compared to matched counties that have not.
- Launched the National Action Alliance for Suicide Prevention, which has engaged multiple federal departments and agencies and more than 100 private organizations from numerous sectors in a public-private partnership to reduce suicide in America. The action alliance has created new resources and partnerships that are helping to lay the foundation for significant reductions in suicide.
- Collaborated with the Office of the National Coordinator for Health Information Technology (ONC), the Centers for Disease Control and Prevention (CDC), and the Office of National Drug Control Policy (ONDCP) to fund Enhancing Access to Prescription Drug Monitoring Programs (PDMPs) using HIT. This project is designed to help implement technologies that provide primary care providers, emergency departments, and pharmacists timely access to PDMP data by integrating existing technologies like EHR, health information exchanges (HIEs) and pharmacy systems with securely connected state PDMPs.
- Developed a continuing education course about prescribing opioids for chronic pain. Approximately eight courses are conducted each year. In addition to live courses, courses are offered online.
- Developed a Memorandum of Understanding with the Administration for Community Living to expand and enhance behavioral health interventions, services, and supports for the older adult population.
- Awarded grants to prevent suicide and prescription drug misuse among older adults.
- Convened a summit on Alzheimer's disease and related dementia.
- Participated in the National Alzheimer's Project Act Advisory Council.

Strategic Initiative #2: Trauma and Justice

- Created and launched SAMHSA's Behavioral Health Disaster Response mobile app.
- Launched the General Adult Trauma Screening and Brief Intervention in Primary Care (GATSBI) project to develop a screening decision support tool and highlight brief interventions in a range of primary and public health settings.

- Co-chaired the Women and Trauma Federal Partners Committee, a federal interagency workgroup.
- Launched several technical assistance efforts, under SAMHSA's National Center for Trauma-Informed Care. This included developing and implementing trauma-informed curriculum approaches, trauma-informed peer training of trainers, and technical assistance to publicly funded systems.
- Created collaborative partnerships across the federal government to provide technical assistance in the areas of trauma, trauma-informed approaches, and the reduction of seclusion and restraint.
- Launched virtual learning communities on implementing trauma-informed approaches.
- Participated in developing a strategic plan for the interagency workgroup on the Intersection of HIV/AIDS, Violence Against Women and Girls, and Gender-Related Health Disparities.
- Funded Mental Health Transformation program grants with a focus on trauma-informed care. These grants focus on screening, trauma-specific interventions, and the integration of peer supports.
- Convened four Policy Academies focused on criminal and juvenile justice with participation from 12 states and 10 tribes in partnership with the MacArthur Foundation. The Policy Academies supported state and tribal development of diversion efforts through probation, schools, and pre-detention systems, and implementation of behavioral health screening guidelines for evidence-based interventions.
- Collaborated with the Administration for Children, Youth, and Families (ACYF) and CMS to provide discretionary funding, policy guidance, and technical assistance to states as they work to better address the social-emotional, mental, and behavioral health needs of children known to child welfare, including a Dear State Director letter to provide guidance on financing the implementation and delivery of evidence-based trauma screening, assessments, and intervention.
- Through SAMHSA's National Child Traumatic Stress Initiative, contributed to the Attorney General's Defending Childhood Initiative Task Force Report on Children Exposed to Violence and provided a comprehensive response to the recommendations listed in the report.
- SAMHSA actively participated in the development and continued updating of the <http://www.stopbullying.gov/> website, which includes an LGBT youth specific webpage at <http://www.stopbullying.gov/at-risk/groups/lgbt/index.html>.

Strategic Initiative #3: Military Families

- Enhanced online and mobile capabilities of the SAMHSA Military Families Technical Assistance website.
- Conducted widespread dissemination of the SAMHSA-developed webinar, "Best Practices, Resources, and Strategies for Employment for Service Members, Veterans, and Their Families."

- Collaborated with The Community Anti-Drug Coalitions of America's VetCorps Program to establish local efforts to close the gap on veterans and their family members not receiving sufficient attention around substance abuse prevention. The collaboration led to 18 VetCorps programs being implemented through grants in 12 states and the District of Columbia.
- Developed and reviewed a Treatment Improvement Protocol on Technology and Behavioral Health. This publication provides evidence-based best practices, tools, and other resources to support practitioners in many settings. It also addresses the needs of various populations, including prevention and patient-support tools for military service members and veterans with Post-Traumatic Stress Disorder and Traumatic Brain Injury.
- Created TRICARE credentialing technical assistance packet and National Guard Behavioral Health Services Locator and made both available online.
- Collaborated with HRSA to train more than 12,000 civilian health professionals in Military Cultural Competency, exceeding the project's goal of 10,000 trained providers. Approximately 250 continuing education programs were provided by 126 Area Health Education Centers in 44 states and one U.S. territory.
- Worked with National Guard Chaplains offices in five states to establish Partners of Care suicide prevention training programs with local faith communities.

Strategic Initiative #4: Recovery Support

- Developed a literature review and conceptual paper examining collaboration between prevention and recovery systems of care.
- Created partnerships between state governors, state mental health and substance abuse authorities, and consumer organizations to build awareness through the creation and promotion of recovery-focused events. Approximately 350 community events have occurred and 19 Recovery Month proclamations were issued with participation in every state and territory.
- Produced a radio show, "Supporting Recovery with Safe, Sober, and Peer-Oriented Housing," which aired on the Road to Recovery TV and Radio Series in 2014. The show is expected to reach more than 50 million households.
- Coordinated and hosted Policy Academies on Chronic Homelessness for the four states with the highest rates of chronic homelessness – Georgia, Louisiana, Washington, and California – to work on their statewide coordinated response.
- Coordinated Grantee-to-Grantee Model of Practice Tours, which brought together groups of five to six grantees to tour successful model programs and discuss strategies for overcoming barriers to improving practices.

- Collaborated with Federal Partners United States Interagency Council on Homelessness, the Department of Housing and Urban Development, HRSA, and other Technical Assistance Centers and initiatives — such as the National Center on Family Homelessness, the Supplemental Security Income/Social Security Disability Insurance Outreach, Access and Recovery TA Center, and the 100,000 Homes Campaign to foster the increased use of promising and evidence-based practices in housing and services for people with mental and substance use disorders who are homeless. These collaborations have taken the form of jointly produced webinars, participation on expert panels, guest presentations, and cross-promotion of relevant events and publications.
- Conducted Virtual Learning Classrooms (VLCs): 42 webinars on 38 topics and three Ask the Experts Virtual Workshops. Topics included trauma-informed care, building effective community collaboration, supportive housing retention, working with LGBT youth who are homeless, employment assistance, housing-focused outreach, working with public housing authorities, and homelessness prevention.
- Conducted targeted TA related to evidence-based practice implementation for more than 20 grantees. TA topics included motivational interviewing, permanent supportive housing, outreach and engagement, consumer-operated services, and trauma-informed care.
- Conducted four expert panels on rural homelessness, homelessness among veterans of recent conflicts, youth homelessness, and homelessness among American Indian/Native Alaskan/Native Hawaiian populations.
- Developed and led workshops at a number of national and regional conferences, including the Zarrow Symposium, the Health Care for the Homeless Region IX Conference, and the Family Homelessness Conference sponsored by the National Alliance to End Homelessness.
- Conducted college campus dialogues to identify current challenges associated with access to treatment and discrimination for students with mental and substance use disorders. Participating faculty members and students committed to developing new initiatives during the discussions.
- Reached an estimated 88 million U.S. households through SAMHSA's TV and radio series, *The Road to Recovery*, with messages about prevention, treatment, and recovery from substance use and mental illness.
- SAMHSA has actively participated in the HUD LGBT Youth Homelessness Prevention Initiative by connecting pilot sites with their respective systems of care, when available; and by ensuring that community efforts in this area incorporate behavioral health into their LGBT youth homelessness prevention frameworks.

Strategic Initiative #5: Health Reform

- Coordinated launch of Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 final rule and coordinated MHPAEA web content on <http://www.samhsa.gov/>.
- Provided technical assistance and guidance to state and service providers on new developments and financing strategies in the context of Affordable Care Act and parity.

- Participated in a United States Preventive Services Task Force review of research protocol reviews and findings.
- Developed *Medicaid Handbook: Interface with Behavioral Health Services*. This handbook provides an overview of Medicaid and its role in financing services and treatment for mental disorders and substance use disorders.
- Offered guidance to states and providers on the financing of services such as medication-assisted therapy and crisis services.
- Conducted research to support implementation of MHPAEA.
- Created and launched Screening, Brief Intervention and Referral to Treatment (SBIRT) a continuing medical education unit on WebMD.
- Contributed to the *Journal of the American Medical Association Review* article titled “The Affordable Care Act Medicaid Expansion: Potential Changes in Mental Health Treatment Patterns among Low-Income Non-elderly Adults with Serious Mental Illness in the United States.”
- Developed enrollment toolkits for community-based prevention organizations, homelessness organizations, criminal justice organizations, consumer/family/peer organizations, and mental health and substance abuse organizations.
- Developed best practices toolkit on health insurance outreach and enrollment assistance for LGBT communities with high prevalence rates of behavioral health needs.
- Partnered with CMS on health service finance reform efforts to design new delivery models such as Section 2073 Medicaid Health Homes Program. To date, SAMHSA has engaged in more than 45 consultations with more than 25 states to promote coordinated, integrated care for people with behavioral health conditions through the Health Homes Program.
- Collaborated with CMS, CDC, HRSA, and the National Institutes of Health (NIH) to develop informational bulletins regarding health coverage and evidence-based practices, including:
 - ▶ Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions;
 - ▶ Coverage and Service Design Opportunities for Individuals with Mental Illness and Substance Use Disorders;
 - ▶ Trauma-focused Screening, Functional Assessments, and Evidence-based Practices in Child- and Family-serving Settings for the Purpose of Improving Child Well-being;
 - ▶ Prevention and Early Identification of Mental Health and Substance Use Conditions; and
 - ▶ Collaborative Efforts and Technical Assistance Resources to Strengthen the Management of Psychotropic Medications for Vulnerable Populations.

- Consulted on the development of CMS's Innovation Center's funding opportunities for the Health Care Innovations Award and State Innovation Model programs.
- Started to develop a toolkit of best practices on health insurance outreach and enrollment assistance for LGBT communities with high prevalence rates of behavioral health needs.

Strategic Initiative #6: Health Information Technology

- Awarded five SBIRT grants to states for the development and improvement of EHR and HIE systems to include SBIRT as part of routine practice.
- Collaborated with Prince George's County Health Department to pilot Consent2Share. This pilot project demonstrated the ability for a patient to provide electronic consent that allows patient data covered under 42 CFR part 2 privacy protections to be shared via HIE from the Behavioral Health EHR to the Primary Care Provider.
- Launched mobile application, "Know Bullying."
- Created a modular web service that captures and scores patient screenings, assessments, and other questionnaires promoting the use of standardized patient-generated health data. The technology allows integration of data with existing EHRs or as a stand-alone service for behavioral health providers.
- Funded 48 Targeted Capacity Expansion-Technology Assisted Care grants used to enhance and/or expand the capacity of substance abuse treatment providers to serve people in treatment who have been underserved because of lack of access to treatment in their immediate community due to a lack of transportation, an inadequate number of substance abuse treatment providers in their community, and/or financial constraints.
- Collaborated with New York State on Hurricane Sandy SAMHSA Emergency Response Grant. The state is reestablishing an opioid treatment community site in Long Beach, NY that can electronically capture and exchange data with other clinics and the state.
- Incorporated a suicide prevention quality measures as a part of "Meaningful Use 2," with the requirement that both adults and youth diagnosed with major depression receive a suicide risk assessment.

Strategic Initiative #7: Data, Quality, and Outcomes

- Collaborated with consumers, family members, providers, managed behavioral health care organizations, advocacy groups, and state mental health agency representatives to develop and implement behavioral health performance measures.
- Continued to expand the Substance Abuse and Mental Health Data Archive (SAMHDA) to promote access and use of substance abuse and mental health research data. SAMHDA has received nearly 260,000 website page views and more than 4,800 data downloads.

- Collaborated with the Office of the Assistant Secretary for Planning and Evaluation on the development and testing of eight evidence-based measures for behavioral health services. Of the eight measures, six are currently National Quality Forum endorsed.
- Formed an LGBT Data Workgroup to make recommendations on additional LGBT data collection efforts. The workgroups efforts led to the proposed inclusion of sexual orientation and gender identity data in the Common Data Platform.

Strategic Initiative #8: Public Awareness and Support

- Reached an estimated 4.5 million individuals between 2011 and 2014 through National Recovery Month through events across the nation. The individuals have been exposed to messages about the importance of prevention, treatment, and recovery from mental and substance use disorders, including underage drinking and suicide prevention.
- From 2011 to 2014, National Recovery Month garnered a cumulative 2.3 billion media impressions. This number represents the number of times that someone interacted with a piece of content.
- Developed a communications strategy that will provide a framework for improving SAMHSA's behavioral health communications with American Indian/Alaska Native populations.



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