Substance Abuse and Mental Health Services Administration

SAMHSA

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Leading Change 2.0:
Advancing the Behavioral Health of the Nation
2015–2018

Behavioral Health is Essential to Health

Prevention Works

Treatment is Effective

People Recover

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Special Acknowledgements

Substance Abuse and Mental Health Services Administration

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U.S. Department of Health and Human Services Secretary Sylvia Burwell and SAMHSA leadership

A Letter from SAMHSA Leadership

The Substance Abuse and Mental Health Services Administration (SAMHSA) is committed to the idea that it is possible to improve the nation's behavioral health and reduce the impact of substance abuse and mental illness in America's communities. Consistent with the mission of the U.S. Department of Health and Human Services (HHS) to enhance the health and well-being of Americans, SAMHSA has a unique leadership opportunity—and responsibility—to yield better outcomes for people with, or at risk for, mental and substance use disorders.

Prevention efforts, treatment, and recovery support services for mental and substance use disorders are essential components of health service systems and community-wide strategies. SAMHSA continues to serve as the nation's leader of behavioral health, seeking innovative, data-driven solutions to emerging behavioral health issues that affect individuals, families, communities, and service providers. To guide the next four years, SAMHSA's Executive Leadership Team and staff, in conjunction with a variety of stakeholders, have engaged in an ongoing strategic planning process informed by lessons learned from SAMHSA's strategic plan, Leading Change: A Plan for SAMHSA's Roles and Actions: 2011–2014, and the evolving needs of the behavioral health field. Since issuing the plan, SAMHSA has achieved significant success in eight strategic areas and has met many of its goals. Moreover, SAMHSA has completed key objectives in some of the current strategic areas, allowing the agency to further streamline its vision into a new plan.

This strategic plan, Leading Change 2.0: Advancing the Behavioral Health of the Nation 2015–2018, outlines how SAMHSA will focus its work efficiently to increase awareness and understanding of mental and substance use disorders, promote emotional health and wellness, address the prevention of substance use disorders and mental illness, increase access to effective treatment, and

FISCAL YEAR 2015–2018 STRATEGIC INITIATIVES:

1. Prevention of Substance Abuse and Mental Illness

2. Health Care and Health Systems Integration

3. Trauma and Justice

4. Recovery Support

5. Health Information Technology

6. Workforce Development

support recovery. In this plan, SAMHSA outlines six Strategic Initiatives and the links between these initiatives and SAMHSA's policy, programmatic, and financial planning. At its core, this plan supports a framework for cross-collaboration and organization of SAMHSA's work to achieve its priority objectives. This plan demonstrates how SAMHSA will leverage these initiatives, and the knowledge, experience, and expertise within the agency, to advance behavioral health nationwide.

Moving forward, SAMHSA is furthering its commitment to addressing the challenges of today and the future. Leading Change 2.0 capitalizes on SAMHSA's strengths and leverages its strong relationships with federal partners, key stakeholders, and the people served by the agency to demonstrate that behavioral health is essential to health, prevention works, treatment is effective, and people recover.

Sincerely,

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Executive Summary

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services (HHS) that leads public health efforts to advance the behavioral health of the nation. Charged with reducing the impact of substance abuse and mental illness on America's communities, SAMHSA has made significant strides throughout its 22-year history and serves as a national and global leader in the field of behavioral health care.

Building on a long tradition of leadership and service, SAMHSA is focused on leading change to better meet the behavioral health care needs of individuals, communities, and service providers. SAMHSA remains committed to adapting and responding to current and emerging challenges to advance the mission of HHS and to promote and provide specialized resources to address the evolving needs of the behavioral health field.

SAMHSA's strategic plan, Leading Change 2.0: Advancing the Behavioral Health of the Nation 2015–2018 (Leading Change 2.0), outlines six key Strategic Initiatives that SAMHSA will employ to meet new and existing goals, deliver on its mission, and realize its vision moving forward. These Strategic Initiatives include the following:

- Prevention of Substance Abuse and Mental Illness
- Health Care and Health Systems Integration
- Trauma and Justice
- Recovery Support
- Health Information Technology
- Workforce Development

These initiatives build on accomplishments over the past four years and the need for SAMHSA to cultivate a behavioral health system that reflects the understanding that the wellness of individuals and their families is central to their mental and physical well-being. Each initiative includes an overarching purpose, specific goals and objectives, and measures to determine success. In addition, each initiative includes a summary of how SAMHSA will address relevant behavioral health disparities. Leading Change 2.0 will guide SAMHSA as it:

- sets budget and policy priorities;

- manages key investments, such as grants, contracts, technical assistance, and SAMHSA staff time and expertise;

- engages public and private partners at every level; and

- tracks and disseminates information about its progress.

This work continues to build the foundation for improving the nation's behavioral health over the next four years.

Introduction

Leading Change 2.0: Advancing the Behavioral Health of the Nation 2015–2018 outlines six Strategic Initiatives that provide a framework for the vision and mission of the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS).

SAMHSA's Vision

SAMHSA provides leadership and devotes its resources—programs, policies, staff time and expertise, information and data, contracts, and grants—toward helping the nation act on the knowledge that:

- behavioral health is essential for health;
- prevention works;
- treatment is effective; and
- people recover.

SAMHSA's goal is to ensure that all Americans enjoy a high-quality, self-directed, satisfying life in a community of their choice. Substance use disorders, addiction, poor emotional health, and mental illness take a toll on the health of individuals, families, and communities. SAMHSA has a unique responsibility to focus the nation's public health agenda on these preventable and treatable conditions.

SAMHSA's Mission

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. SAMHSA accomplishes this mission through partnerships, policies, and programs that build resilience and facilitate recovery for people with, or at risk for, mental and/or substance use disorders.

SAMHSA's Work: Advancing Behavioral Health

Through leadership and voice, health surveillance, practice improvement, public education and awareness, regulation and standard setting, and strategic grant and contract resource investments, SAMHSA leads public health efforts by, for example:

- supporting the behavioral health field with critical data from national surveys and surveillance;

- building public awareness of the importance of behavioral health, and producing and distributing public education materials through traditional, electronic, and social media;

- supporting innovation and practice improvement by evaluating and disseminating evidence-based, promising behavioral health practices and engaging in activities that support behavioral health system transformation;

- collecting best practices and developing expertise around prevention and treatment for people with mental illness and addictions; and

- helping states, territories, and tribes build and improve system capacity by encouraging innovation, supporting more efficient approaches, and utilizing evidence-based programs and services to produce measureable results.

A CLOSER LOOK

Highlights of SAMHSA's recent engagement strategies:

Leadership and Voice: Health care systems reform, parity in treatment services, and integration of behavior health care within primary care.

Surveillance Data Collection and Reporting: National Survey on Drug Use and Health (NSDUH), and National and State Behavioral Health Barometer.

Practice Improvement: Treatment Improvement Protocols (TIPS), Recovery to Practice, and Shared Decision Making.

Public Awareness: "Talk. They Hear You." underage drinking campaign, and national community conversations on mental health.

Regulation and Standard Setting: Synar Program to prevent tobacco sales to minors, federal drug-free workplace program, methadone opioid treatment programs, and workplace drug-testing programs.
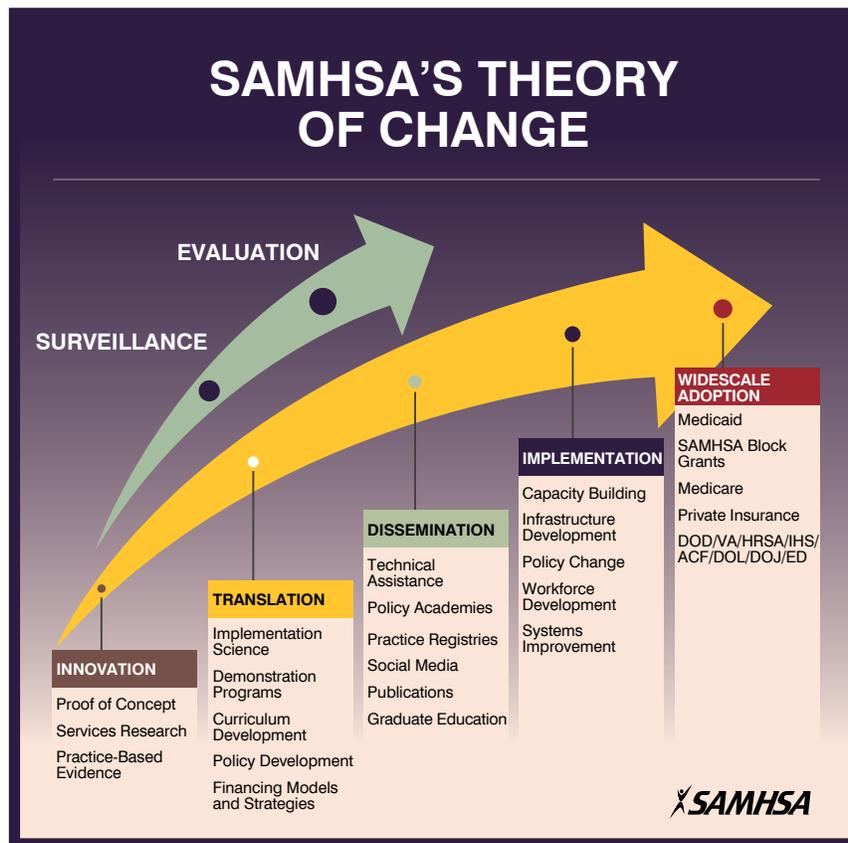
Strategic Grantmaking: Healthy Transitions; homelessness and criminal justice services; Systems of Care planning and expansion; zero suicide programs; tribal behavioral health; Screening, Brief Intervention, and Referral To Treatment; interoperability of prescription drug monitoring programs; Minority Fellowship Program; workforce development; Partnership for Success prevention.

SAMHSA'S Roadmap to Leading Change

Leading Change 2.0 applies SAMHSA's Theory of Change (TOC), which creates a framework and process for identifying, developing, and implementing strategies to yield specific outcomes and ultimately influence system change. The TOC establishes a common framework across SAMHSA for program and portfolio development and implementation.

Through this framework, SAMHSA identifies and organizes strategies, tasks, and activities essential to achieving comprehensive system change in behavioral health services. We know that a range of critical factors facilitate the successful implementation of promising and evidence-based practices. SAMHSA's TOC framework is the lens through which it operationalizes its mission to **reduce the impact of substance abuse and mental illness on America's communities**.

SAMHSA's TOC framework is organized into **five phases**: Innovation, Translation, Dissemination, Implementation, and Wide-Scale Adoption. Each phase encompasses a range of strategies, activities, programs, and tasks, which pave the way toward strategic and evidence-based behavioral health system change.

SAMHSA'S THEORY OF CHANGE

EVALUATION

SURVEILLANCE

INNOVATION
Proof of Concept
Services Research
Practice-Based Evidence

TRANSLATION
Implementation Science
Demonstration Programs
Curriculum Development
Policy Development
Financing Models and Strategies

DISSEMINATION
Technical Assistance
Policy Academies
Practice Registries
Social Media
Publications
Graduate Education

IMPLEMENTATION
Capacity Building
Infrastructure Development
Policy Change
Workforce Development
Systems Improvement

WIDESCALE ADOPTION
Medicaid
SAMHSA Block Grants
Medicare
Private Insurance
DOD/VA/HRSA/IHS/ACF/DOL/DOJ/ED

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Through the framework of its TOC, SAMHSA identifies innovative concepts and practices to address current and emerging issues; invests in opportunities through programs and policies on promising practices; disseminates new research and proven practices through technical assistance, traditional and social media, and other methods of distribution; and moves evidence-based and promising practices and policies toward wide-scale adoption.

This systematic approach to strategic planning will allow SAMHSA to leverage and align all available resources to fulfill its mission. SAMHSA will use its human and financial resources strategically to effect change, not only in states and communities that receive SAMHSA grants or project funds, but also across the nation as a whole.

Fundamental to SAMHSA's planning process is considering how each of its policy initiatives, specifically its Strategic Initiatives, and grant programs work together to advance a particular policy portfolio (for example: opioid overdose, serious mental illness, workforce development) within the context of SAMHSA's broad behavioral health portfolio and the nation's behavioral health. This approach will require SAMHSA to identify the desired outcomes for each of its policy portfolios and determine the appropriate number, type, and variety of initiatives and programs within each portfolio to drive solutions and yield outcomes. Equally important is the need for SAMHSA to consider how to leverage successes and lessons learned from programs and initiatives in order to disseminate information, lead by example, and proliferate ideas to broader audiences that can advance and sustain implementation.

To make an impact, SAMHSA has identified six Strategic Initiatives to focus its attention and resources in Fiscal Years 2015–2018.

SAMHSA's Strategic Initiatives are the actions that the organization will take to implement priority areas based on emerging trends, opportunities, and/or challenges that have been identified as critical to moving the behavioral health field forward. They are designed to establish critical cross-agency initiatives, rather than employ a project-based approach.

During the past year, SAMHSA leadership worked with staff to establish a set of internal business strategies to ensure the effective and efficient management of the Strategic Initiatives. **The resulting *Internal Operating Strategies* (IOS) serve as the mechanism through which SAMHSA will optimize staff and other resource deployment to support the Strategic Initiatives**. These seven IOS—Business Operations, Staff Development, Resource Investment, Data, Communications, Health Financing, and Policy—articulate SAMHSA's effort to achieve excellence in operations and leverage internal strengths by increasing productivity, efficiency, accountability, communications, and synergy. SAMHSA will be focusing first on Business Operations, Staff Development, and Resource Investment as this strategic plan is implemented.
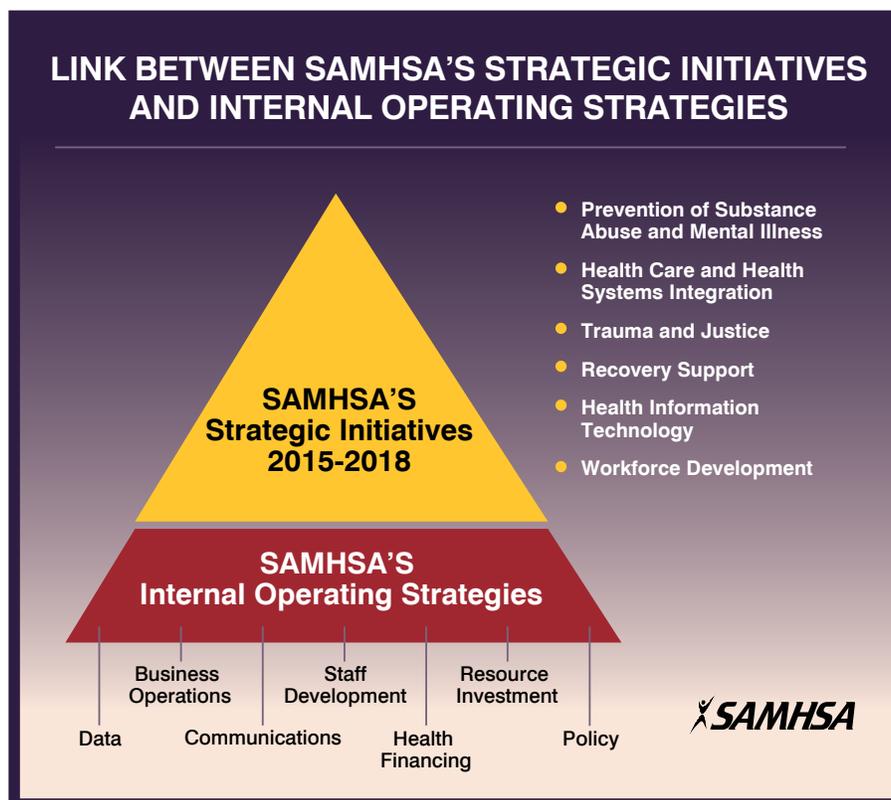
Program and Operational Synergy: The Roadmap to Leading Change

SAMHSA's IOS efforts will serve as a foundation for the programmatic and policy priorities outlined in the Strategic Initiatives. These IOS work collaboratively with the Strategic Initiatives to form a roadmap for change—Leading Change 2.0.

The SAMHSA Leading Change 2.0 strategic approach demonstrates how operational processes, investments, and capital resources collaboratively support SAMHSA's goals and objectives.

This approach allows SAMHSA to identify both programmatic priorities and the requisite operational investments necessary to effect system change. As SAMHSA works toward advancing the behavioral health of the nation, it will continuously assess and improve the core operational processes necessary for everyday implementation of this plan. This will allow SAMHSA to:

- modernize its business operations and ensure that its workforce is equipped with 21st century knowledge, skills, and technology;

- standardize key business functions to ensure a high level of efficiency and program integrity; and

- optimize the use of scarce fiscal and human resources to ensure SAMHSA's ability to respond to national, state, local, and tribal behavioral health trends and urgencies.

LINK BETWEEN SAMHSA'S STRATEGIC INITIATIVES AND INTERNAL OPERATING STRATEGIES

SAMHSA'S Strategic Initiatives 2015-2018

- Prevention of Substance Abuse and Mental Illness
- Health Care and Health Systems Integration
- Trauma and Justice
- Recovery Support
- Health Information Technology
- Workforce Development

SAMHSA'S Internal Operating Strategies

Data · Business Operations · Communications · Staff Development · Health Financing · Resource Investment · Policy

SAMHSA

2015–2018 Strategic Initiatives Goals/Objectives

Behavioral health is an essential part of health service systems and effective community-wide strategies that improve health status and positively affect costs for families, businesses, and governments. A number of existing and emerging factors that influence health care and affect behavioral health require SAMHSA to adapt quickly, remain responsive, and maintain a high level of performance. The behavior health field must organize its work around a focused set of achievable outcomes and visionary goals. To this end, as a leading public health agency, SAMHSA must periodically reevaluate its strategic and operational approaches to positively impact the behavioral health of the nation.

SAMHSA's strategic plan for FY 2011–2014 outlined eight Strategic Initiatives within the concept of a public health approach and a changing health care delivery system. SAMHSA completed key objectives within three of the original Strategic Initiatives—Military Families; Data, Outcomes, and Quality; and Public Awareness and Support—and has embedded the ongoing scope and priorities of these issue areas into programmatic and business operations across all SAMHSA efforts.

Leading Change 2.0 emphasizes six updated Strategic Initiatives—with customized goals and metrics—on which SAMHSA will focus its efforts in Fiscal Years 2015–2018:

- Prevention of Substance Abuse and Mental Illness

- Health Care and Health Systems Integration

- Trauma and Justice

- Recovery Support

- Health Information Technology

- Workforce Development

Strategic Initiatives

STRATEGIC INITIATIVE #1:
Prevention of Substance Abuse and Mental Illness

Overview

This Strategic Initiative (SI) focuses on preventing substance abuse and mental illness by maximizing opportunities to create environments where youth, adults, families, communities, and systems are motivated and empowered to manage their overall emotional, behavioral, and physical health. This SI includes a focus on several high-risk populations, including college students and transition-age youth; American Indian/Alaska Natives; ethnic minorities experiencing health and behavioral health disparities; service members, veterans, and their families; and lesbian, gay, bisexual, and transgender (LGBT) individuals.

Mental illnesses and substance use disorders have life-long effects that include high costs to individuals, families, health care systems, and communities. There are clear windows of opportunity to prevent mental and substance use disorders and related problems before they occur. This SI takes advantage of opportunities to use evidence-based approaches to prevent the occurrence of disorders, establish building blocks for the healthy development of young people and others, and limit environmental exposures that increase risk. Through collaboration, alignment, and integration of prevention services with routine health care and wellness promotion efforts, this initiative facilitates a comprehensive approach to preventing substance abuse and promoting good mental health.

Prevention is recognized as a foundational pillar of the National Drug Control Strategy and is one of the Administration's highest drug policy priorities. Called for by the Affordable Care Act, the National Prevention Strategy guides our nation in the most effective and achievable means for improving health and well-being. This SI is consistent with the National Prevention Strategy's four strategic directions: building healthy and safe community environments, expanding quality preventive services in both clinical and community settings, empowering people to make healthy choices, and eliminating health disparities. Investments in prevention complement and support treatment and care. Prevention policies and programs can be cost-effective, reduce health care costs and disabling conditions, and improve productivity.

Disparities

Significant behavioral health disparities persist in diverse communities across the United States, including racial and ethnic groups, LGBT individuals, people with disabilities, girls, and transition-age youth and young adults. Various subpopulations face elevated levels of mental and substance use disorders, and experience higher rates of suicide, poverty, domestic violence, childhood and historical trauma, and involvement in the foster care and criminal justice systems. Historically, these diverse populations tend to have less access to care, lower or disrupted service use, and poorer behavioral health outcomes.

According to the 2012 National Survey on Drug Use and Health, among people ages 12 or older, the rate of current illicit drug use ranged from 3.7 percent among Asians to 14.8 percent among individuals of 2 or more races. The prevalence of current use of a tobacco product ranged from 10.8 percent among Asians to 48.4 percent for American Indians/Alaska Natives. In the past year,

mental illness among individuals aged 12 or older was 28.3 percent among American Indians/Alaska Natives, 18.6 percent among Blacks, 16.3 percent among Hispanics, and 13.9 percent among Asians.

Through this SI, SAMHSA commits to addressing these disparities by improving cultural competence and access to prevention programs that serve all of these diverse groups and communities. Grantees must now include a health disparities impact statement addressing how they will use data to identify vulnerable subpopulations and implement strategies to improve access, service use, and outcomes. Improvements in data collection will help programs monitor how and whether SAMHSA is succeeding in reducing disparities in vulnerable populations. Consistent with the HHS Action Plan to Reduce Racial and Ethnic Health Disparities and the National Stakeholder Strategy for Achieving Health Equity, SAMHSA will continue to work with states, tribes, jurisdictions, and communities serving these populations to develop universal, selective, and indicated prevention programs that are culturally appropriate and improve access to and availability of appropriate services.

Strategic Initiative #1 – Prevention of Substance Abuse and Mental Illness		
GOALS	**OBJECTIVES**	**METRICS**
Goal 1.1: Promote emotional health and wellness, prevent or delay the onset of and complications from substance abuse and mental illness, and identify and respond to emerging behavioral health issues.	**Objective 1.1.1:** Prevent substance abuse and promote emotional health and well-being in states, territories, tribes, and communities across the nation. **Objective 1.1.2:** Provide support and leadership to help prevent and reduce tobacco use among youth and people with mental and substance use disorders. **Objective 1.1.3:** Provide leadership to identify and respond to emerging behavioral health issues (for example: e-cigarettes, marijuana-related policies, heroin, and other illicit drug use) in a comprehensive and coordinated manner. **Objective 1.1.4:** Partner with researchers, states, providers, and communities to focus on preventing serious mental illness through methods including identification of individuals at risk for psychosis, identification of effective prevention activities and interventions, and identification of risk factors, such as childhood trauma, related to developing serious mental illness.	Reduce the percentage of youth aged 12-17 reporting substance use in the past 30 days, and reporting major depressive episodes in the past year.

GOALS	OBJECTIVES	METRICS
Goal 1.2: Prevent and reduce underage drinking and young adult problem drinking.	**Objective 1.2.1:** Prevent and reduce underage drinking and its negative consequences among middle and high school students aged 12-17. **Objective 1.2.2:** Prevent and reduce underage drinking and its negative consequences among college students aged 18-20, as well as underage and problem drinking and its negative consequences among young adults aged 18-25 who are not in college. **Objective 1.2.3:** Enhance cooperation and coordination among federal agencies and non-federal organizations to prevent and reduce underage drinking among youth and young adults.	Decrease the percentage of youth aged 12-20 engaged in underage drinking, and reporting alcohol use or binge drinking in the past 30 days.
Goal 1.3: Prevent and reduce attempted suicides and deaths by suicide among populations at high risk.[1]	**Objective 1.3.1:** Promote suicide prevention as a core component of health care services, including integrated primary care services, consistent with Goal 8 of the National Strategy for Suicide Prevention. **Objective 1.3.2:** Promote and implement effective clinical and professional practices and standards for assessing and treating those identified as at-risk for suicidal behaviors, especially among primary care, mental health, and substance abuse service providers. **Objective 1.3.3:** Promote rapid, continued, and skilled follow-up with individuals who have attempted suicide or experienced a suicidal crisis. **Objective 1.3.4:** Increase public preparedness to address the warning signs for suicide and actions to take in response.	Reduce the number of suicide attempts and deaths by suicide.

[1] Populations at high risk include working-aged adults (ages 25-64); men in mid-life (ages 35-64); suicide attempt survivors; military service members, Reserve, and National Guard components, veterans, and their families; American Indian/Alaska Natives; and lesbian, gay, bisexual, transgender, and questioning (LGBT) youth.

GOALS	OBJECTIVES	METRICS
Goal 1.4: Prevent and reduce prescription drug and illicit opioid misuse and abuse.	**Objective 1.4.1:** Educate health care professionals on appropriate prescription drug prescribing and dispensing; educate the general public on appropriate use and disposal of prescription drugs; and educate health care professionals, the general public, and other public and private stakeholders on opioid overdose prevention, including the use of naloxone. **Objective 1.4.2:** Support comprehensive prevention approaches in collaboration with states' public health authorities, education authorities, and Medicaid authorities, as well as the states' Prescription Drug Monitoring Programs and Health Information Exchanges. **Objective 1.4.3:** Raise awareness and bring prescription drug misuse and abuse prevention activities and education to schools, communities, parents, prescribers, health care professionals, and other patients. **Objective 1.4.4:** Prevent and reduce opioid overdose incidents and deaths. **Objective 1.4.5:** Revise and implement the Mandatory Guidelines for the Federal Drug-Free Workplace Program to include testing of additional prescription drugs; support drug testing, screening, and education on misuse of prescription and illicit drugs in the workplace; and provide links to treatment within workplace programs.	Reduce the number of opioid overdoses, overdose-related deaths, and prevalence of opioid dependence.

STRATEGIC INITIATIVE #2:
Health Care and Health Systems Integration

Overview

This Strategic Initiative (SI) focuses on integration in health care and across systems including systems of particular importance for individuals with behavioral health needs, such as community health promotion, health care delivery, specialty health care, emergency care and response, and community living needs. Integration efforts will seek to:

- increase access to appropriate high quality prevention, treatment, recovery, and wellness services and supports;

- reduce disparities between the availability of services for mental illness (including serious mental illness) and substance use disorders compared with the availability of services for other medical conditions, including those for people from minority populations who experience significant health disparities; and

- support coordinated care and services across systems.

While awareness is increasing of the high rates of physical health conditions and concurrent health care costs, alongside reduced life expectancy for people with behavioral health needs, greater attention is needed regarding goals and strategies for health care systems to support improved health for these individuals. Individuals with both physical and behavioral health conditions are served by fragmented systems of care with little to no coordination across providers, and little to no coordination across systems. This fragmentation leads to poor quality, disparate financing, and higher cost of care, as well as poor health, reduced productivity, and higher costs for businesses and publicly funded systems such as justice, education, and human services. Behavioral health truly is essential to overall health and well-being. Without behavioral health, there cannot be healthy individuals, families, or communities. Efforts must be made to tailor and customize certain aspects of health care systems to ensure access to treatment services and to support improved health for individuals with behavioral health needs, wherever they are present or are found.

Disparities

Historically, low-income minority populations were less likely to have coverage or access to health care. As such, delivery systems often lack awareness, data and information, and infrastructure to effectively treat these populations. Additionally, while much attention has focused on the vital role of primary care providers, it is necessary to focus on other key providers and systems to decrease fragmentation. Health care systems must be tailored and customized to support improved health for individuals with behavioral health conditions from underserved racial; ethnic; and lesbian, gay, bisexual, and transgender (LGBT) populations. Integration must include public health and community living services and supports, as each is a necessary partner to decrease fragmentation and improve health disparities experienced by individuals with behavioral health needs, particularly those from minority populations, and improve both physical and behavioral health outcomes for all people.

Strategic Initiative #2 – Health Care and Health Systems Integration

GOALS	OBJECTIVES	METRICS
Goal 2.1: Foster integration between behavioral health and health care, social support, and prevention systems.	**Objective 2.1.1:** Conduct analysis of SAMHSA integration efforts to include Primary Care and Addiction Services Integration (PCASI), Primary and Behavioral Health Care Integration (PBHCI), and HIV to assess the cost effectiveness and health outcomes of these and other integration program efforts; use results to develop promising practices and strategies in cost-effective integration project programming. **Objective 2.1.2:** Remove financial barriers and incentivize effective care coordination and integrated treatment delivery for people with mental illness and substance use conditions (for example: schizophrenia, bi-polar disorder, and substance use disorder) through ongoing collaboration with federal partners and other stakeholders. **Objective 2.1.3:** Help implement service delivery models to support the integration of health and behavioral ill-health prevention and treatment for individuals with or at risk for HIV/AIDS.	Increase by 10%, the number of providers that demonstrate improved health and behavioral health outcomes for individuals served in integrated care settings.

GOALS	OBJECTIVES	METRICS
Goal 2.2: Support federal, state, territorial, and tribal efforts to develop and implement new provisions under Medicaid and Medicare.	**Objective 2.2.1:** Provide targeted training and technical assistance to provider organizations on Affordable Care Act requirements implementation and on essential health business practices to improve quality and costs in the changing health care environment. **Objective 2.2.2:** Assess Medicaid alternative benefits plans, qualified health plans, private health insurance, and basic health program plans to ensure coverage is appropriate for individuals with mental and/or substance use disorders. **Objective 2.2.3:** Encourage health insurance enrollment and outreach for individuals with behavioral health conditions, especially for individuals from various racial, ethnic, and LGBT populations, for whom access and outreach efforts need to be customized.	Increase the number of providers able to implement new provisions under Medicaid and Medicare.

GOALS	OBJECTIVES	METRICS
Goal 2.3: Support federal, state, territorial, and tribal efforts to influence and support the efficient use of various financing models and mechanisms to address behavioral health services and activities.	**Objective 2.3.1:** Conduct analysis to determine the array of SAMHSA-funded services that are complementary and essential for individuals with behavioral health conditions, but are not covered under Medicaid, Medicare, TRICARE, and/or private insurance. **Objective 2.3.2:** Collaborate on federal innovations and studies examining how emerging payment models [for example: the Medicare Shared Savings Program (MSSP) and Pioneer Program Accountable Care Organizations (ACOs)] address beneficiaries' behavioral health care needs. **Objective 2.3.3:** Collaborate with the Center for Medicare and Medicaid Services (CMS) to engage the behavioral health treatment system and providers using a variety of financing and delivery platforms to provide treatment for people with mental illness and/or addictions. Facilitate access to the HHS portfolio supporting the development and testing of innovative health care payment and service delivery models. **Objective 2.3.4:** Support application of SAMHSA's Theory of Change to SAMHSA funding decisions.	Improve behavioral health outcomes for individuals served by the Mental Health and Substance Abuse Block Grants.[2]

[2] Specific outcomes will be detailed in the agency work plan.

GOALS	OBJECTIVES	METRICS
Goal 2.4: Finalize and implement the parity provisions in the Mental Health Parity and Addiction Equity Act (MHPAEA) and the Affordable Care Act, and disseminate information about parity.	**Objective 2.4.1:** With SAMHSA's federal partners and other stakeholders, evaluate the impact of parity on mental and substance use disorder services access, coverage, and costs. **Objective 2.4.2:** Assist with the development and dissemination of Medicaid guidance, under MHPAEA, for state health officials and state Medicaid directors. **Objective 2.4.3:** Develop and disseminate consumer and provider information, including methods to reach various racial and ethnic populations, to understand the implications and application of the MHPAEA law and regulations and parity more broadly. **Objective 2.4.4:** Work with CMS to assess and develop strategies to address parity barriers to behavioral health care and recovery in Medicare.	Increase the level of coverage and access to treatment for individuals with needs.
Goal 2.5: Foster implementation of quality indicators to advance behavioral health outcomes in the health care delivery system.	**Objective 2.5.1:** Develop and implement a strategy to collect and report on the National Behavioral Health Quality Framework (NBHQF) measures. **Objective 2.5.2:** Support adoption of NBHQF measures into Government Performance and Results Modernization Act of 2010 (GPRA) measures for SAMHSA-funded programs. **Objective 2.5.3:** Work with private and other federal partners to implement NBHQF measures into the nation's service delivery and quality tracking activities.	Integrate at least five key quality health indicators into all SAMHSA service programs.

STRATEGIC INITIATIVE #3:
Trauma and Justice

Overview

Research, clinical experience, and users of behavioral health services have increasingly documented the connection between trauma and mental and substance use disorders. SAMHSA's Trauma and Justice Strategic Initiative (SI) provides a comprehensive public health approach to addressing trauma and establishing a trauma-informed approach in health, behavioral health, human services, and related systems, with the intent to reduce both the observable and less visible harmful effects of trauma and violence on children and youth, adults, families, and communities. The SAMHSA-specific framework for understanding trauma and implementing a trauma-informed approach is the foundation of this SI's activities, which include integrating trauma approaches across service sectors; coordinating training and technical assistance; establishing a measurement strategy; assisting communities in the preparation for, response to, and recovery from traumatic events that include disasters; responding appropriately to those who have experienced military trauma; understanding the effect of community trauma; and providing tools for communities to promote resilience and effective responses.

While the effects of trauma and exposure to violence are found in all service sectors, it is particularly prominent among people with mental and/or substance use disorders involved in the criminal and juvenile justice systems. This SI particularly focuses on improving the well-being and personal recovery of individuals with mental, substance use, or co-occurring disorders involved with the justice system through innovative diversion practices, strategic links with community-based providers and correctional health, effective re-entry programs, and policy development. Thus, while this SI's activities are quite comprehensive and far-reaching, the common element is focusing on the links between trauma and behavioral health issues for children and youth, adults, older adults, families, and communities.

Disparities

Trauma, violence, and involvement with the criminal justice system disproportionately affect individuals, families, and communities of color, including indigenous and native populations. Racial, ethnic, sexual, and gender minority individuals experience trauma not just as individuals, but often also in the context of historical, intergenerational, or community trauma, which further compounds the effects of specific traumatic events. Mass trauma, such as natural disasters, often leave these communities underserved, unserved, or cut off from recovery resources. These communities are overrepresented in the justice system, are provided less opportunities for diversion from the system, and often move deeper into a system that itself is traumatizing and not geared toward recovery for people with mental or substance use disorders. For some people in these communities, the justice system becomes the de facto behavioral health system.

The activities of this SI will include focusing on these often-underserved communities and promoting their healing and recovery from traumatic events and associated behavioral health issues. SAMHSA's grant portfolio now requires a disparity impact statement from each grantee; all trauma-related and criminal justice-focused grantees will need to provide strategies to reduce disparities in access to care, prevention, and training. Several SAMHSA-funded policy academies will address practices for diverting tribes away from incarceration and toward appropriate community services and supports. Several will also address practices for reducing disproportionate minority contact in the criminal and juvenile justice system.

Strategic Initiative #3 – Trauma and Justice

GOALS	OBJECTIVES	METRICS
Goal 3.1: Implement and study a trauma-informed approach throughout health, behavioral health, and related systems.	**Objective 3.1.1:** Integrate an understanding of trauma and strategies for implementing a trauma-informed approach across SAMHSA, interested federal agencies, and other public service sectors. **Objective 3.1.2:** Develop SAMHSA's framework for community and historical trauma and a trauma-informed approach for communities. **Objective 3.1.3:** Coordinate and align SAMHSA's trauma technical assistance and training activities. **Objective 3.1.4:** Develop and implement measures for population surveillance, client level data, facilities surveys, and quality measures.	Increase the number of trauma-specific services and trainings in SAMHSA programs by 30%.

GOALS	OBJECTIVES	METRICS
Goal 3.2: Create capacity and systems change in the behavioral health and justice systems.	**Objective 3.2.1:** Provide comprehensive treatment and recovery services in the community to prevent entry into or deeper involvement with the criminal or juvenile justice systems. **Objective 3.2.2:** Develop and implement treatment and related recovery support models for early diversion from the criminal and juvenile justice systems. **Objective 3.2.3:** Provide tools, trainings, and technical assistance on effective screenings and assessments for behavioral health, trauma, and criminogenic risk, as well as strategies for connecting people to appropriate community-based services. **Objective 3.2.4:** Provide models for effective reintegration into communities that support public and individual safety and recovery. **Objective 3.2.5:** Provide training and technical assistance on approaches to ensure the criminal and juvenile justice-involved population with behavioral health needs gains appropriate health coverage opportunities to help divert them from—or upon leaving—jail, prison, or detention centers.	Decrease recidivism rates of individuals served by SAMHSA grantees by 25%.

GOALS	OBJECTIVES	METRICS
Goal 3.3: Reduce the impact of disasters on the behavioral health of individuals, families, and communities.	**Objective 3.3.1:** Promote the integration of behavioral health as a primary element in national, state, and local preparedness for, response to, and recovery from disasters and other wide-scale traumatic events. **Objective 3.3.2:** Collaborate with subject matter experts and other stakeholders to ensure incorporation of the best evidence-informed practices into all aspects of disaster behavioral health preparedness, response, and recovery. **Objective 3.3.3:** Provide stakeholders with training, education, best practices, skills, peer specialists, and interventions related to the impact of disasters on behavioral health. **Objective 3.3.4:** Collaborate with federal partners to create and implement strategies to address the mental health or substance abuse treatment gap that may result from a disaster for individuals whose treatment services have been disrupted by, or for people who may require treatment as a result of a disaster or wide-scale traumatic event. **Objective 3.3.5:** Work with federal, state, local, and academic partners to conduct and report surveillance data about behavioral health implications and impacts of large-scale disasters and tragic community events.	Increase the number of states that address behavioral health needs in their disaster response.

STRATEGIC INITIATIVE #4:
Recovery Support

Overview

This Strategic Initiative (SI) will promote partnering with people in recovery from mental illnesses and substance use disorders and their family members to guide the behavioral health system and promote individual, program, and system-level approaches that foster health and resilience (including helping individuals with behavioral health needs be well, manage symptoms, and achieve and maintain abstinence); increase housing to support recovery; reduce barriers to employment, education, and other life goals; and secure necessary social supports in their chosen communities.

SAMHSA defines recovery from mental illness and/or substance use disorders as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Through this SI, SAMHSA will also help promote access to quality evidence-based clinical treatment and recovery support services for all populations.

SAMHSA has delineated four major dimensions that support a life in recovery: health, home, purpose, and community. To recover, people need good access to affordable, accessible, and high-quality health and behavioral health care (**health**). Overcoming or managing one's disease(s) or symptoms (for example: abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction, or accessing the appropriate clinical medical treatment for a mental illness), and—for everyone in recovery—making informed, healthy choices that support physical and emotional well-being, are essential to recovery. To recover, people also need a stable and safe place to live (**home**) and meaningful, productive, worthwhile activities (**purpose**). Activities such as a having a job, attending school, volunteering, family caretaking, or pursuing creative endeavors—and the independence, income, and resources they bring—are necessary for people to fully participate in communities. Lastly, to recover, people need relationships and social networks, such as family and friends, that provide support, friendship, love, and hope (**community**).

The process or journey of recovery is relevant for all people with behavioral health conditions, including those with serious mental illnesses (for example: schizophrenia, bi-polar disorder) and/or severe addictions (for example: opioid dependence). Recovery provides the common and motivating goal for consumers/peers, families, providers, and service systems—that people can and do heal, overcome behavioral health problems, and live full and productive lives. For many individuals, recovery may include continuing clinical care and supportive services. By promoting the dimensions of recovery, this SI also increases protective factors that assist in preventing behavioral health conditions.

Disparities

Many racial and ethnic groups experience greater levels of substance use disorders and higher suicide rates than the general population. These groups also have higher rates of certain risk factors for mental, emotional, and behavioral problems, including poverty, domestic violence, and childhood and historical trauma, as well as involvement in the foster care and criminal justice systems. Behavioral health disparities are also present for American Indian and Alaska Native (AI/AN) communities and tribes; people with disabilities; lesbian, gay, bisexual, and transgender (LGBT) individuals; girls/young women; members of the military, veterans; family members, older adults and transition-aged youth. SAMHSA is committed to addressing these disparities by improving prevention, treatment, and recovery support programs that serve these populations.

In particular, SAMHSA will work with AI/AN communities to develop culturally focused and person-centered health and wellness initiatives to the greatest extent possible. To address disparities in access to and involvement in recovery support programs, SAMHSA will conduct outreach efforts and have discussions to identify best practices and strategies.

Strategic Initiative #4 – Recovery Support		
GOALS	**OBJECTIVES**	**METRICS**
Goal 4.1: Improve the physical and behavioral health of individuals with mental illness and/or substance use disorders and their families.	**Objective 4.1.1:** Identify and promote the adoption of evidence-based practices that facilitate health, wellness, and resiliency. **Objective 4.1.2:** Promote recovery-oriented service systems that include coordinated clinical treatment and recovery support services. **Objective 4.1.3:** Conduct outreach to and engage individuals and their families in recovery through self-directed care, shared decision-making, person-centered planning, family-driven and youth-guided care (in the case of children), self-care, complementary services, psycho-education, faith-based, and other approaches. **Objective 4.1.4:** Expand the adoption of comprehensive community-based crisis response systems (for example: mobile outreach, respite programs) for individuals with mental illness and/or substance use disorders. **Objective 4.1.5:** Collect, analyze, and report data on measuring recovery through behavioral health surveillance, quality, and other measurement activities.	Increase core health outcomes for at least 60% of individuals served by SAMHSA's discretionary grant programs.

GOALS	OBJECTIVES	METRICS
Goal 4.2: Increase access to permanent housing for individuals with mental illness and/or substance use disorders and their families.	**Objective 4.2.1:** Improve access to mainstream housing and benefits, housing assistance programs, recovery housing, and supportive services for individuals, families, and communities (for example: tribes, LGBT) with mental, illness and/or substance use disorders. **Objective 4.2.2:** Promote home and community-based service approaches that include efforts to avoid unnecessary institutionalization and out-of-home placements.	Increase housing stability for at least 60% of individuals served by SAMHSA Block Grants.
Goal 4.3: Increase competitive employment and educational attainment for individuals with mental illness and/or substance use disorders.	**Objective 4.3.1:** Increase the proportion of individuals with mental illness and/or substance use disorders who are competitively employed and/or participating in self-directed educational endeavors. **Objective 4.3.2:** Identify and expand the adoption of employer strategies to address national employment and education disparities among people with mental illness and/or substance use disorders. **Objective 4.3.3:** Identify and expand the adoption of strategies to address regulatory, legal, and attitudinal barriers to competitive employment and educational attainment for people with mental illness and/or substance use disorders. **Objective 4.3.4:** Expand the adoption of evidence-based practices related to employment and education for individuals with mental illness and/or substance use disorders throughout all service systems through supported employment, supported education, recovery schools, educational mainstreaming (with support), and other approaches.	Increase competitive employment in at least 50% of individuals served by SAMHSA's Transforming Lives through Supported Employment grant program.

GOALS	OBJECTIVES	METRICS
Goal 4.4: Promote community living for individuals with mental and/or substance use disorders and their families.	**Objective 4.4.1:** Increase the number and quality of trained peer specialists, recovery coaches, support groups, and parent support providers, as well as young adult and other consumer-operated/peer-run/family-run recovery support service provider organizations. **Objective 4.4.2:** Increase the number of social supports for youth, young adults, adults, and families with mental illness and/or substance use disorders. **Objective 4.4.3:** Decrease negative attitudes and discrimination toward people with mental illness and/or substance use disorders and their family members.	Increase social connectedness for at least 80% of individuals served by SAMHSA grant programs.

STRATEGIC INITIATIVE #5:
Health Information Technology

Overview

This Strategic Initiative will ensure that the behavioral health system—including states, community providers, patients, peers, and prevention specialists—fully participates with the general health care delivery system in the adoption of health information technology (HIT), including interoperable electronic health records (EHRs) and the use of other electronic training, assessment, treatment, monitoring, and recovery support tools, to ensure high-quality integrated health care, appropriate specialty care, improved patient/consumer engagement, and effective prevention and wellness strategies.

Implementation of both the Affordable Care Act and the Health Information Technology for Clinical and Economic Health (HITECH) Act is driving increased use of HIT to support the delivery of safer, higher quality, and more efficient health care. In partnership with the Office of the National Coordinator for Health Information Technology (ONC), SAMHSA will work to promote development, dissemination, and effective use of HIT to support prevention, treatment, and recovery so the behavioral health community can benefit from these innovations.

With the promises of HIT use comes the need to protect the privacy, confidentiality, and security of health information. These elements are critical due to the sensitive information shared by individuals receiving behavioral health services and are essential to fostering trust between patients and providers. SAMHSA and ONC are committed to supporting the development of Meaningful Use Stage 1-, 2-, and 3- compliant standards and technologies, that enable electronic health information exchange, while supporting the principle that all health information should be secure and controlled by the person receiving care.

Disparities

HIT has significant potential to improve measurement and tracking of health disparities and, ultimately, to reduce them. Poor communities; communities of color; lesbian, gay, bisexual, and transgender (LGBT) individuals; tribal communities; rural communities; older adults; and other inadequately served communities vary in their use of technology. However, the widespread use of smart phones is making HIT more accessible across diverse populations. SAMHSA is promoting the development and dissemination of HIT tools, such as our recently released SAMHSA Behavioral Health Disaster Response App and Bullying Prevention App. Tools like these serve as workforce extenders, increasing access to care in underserved communities, and to technologies for self-management that support a broad range of patients and consumers, including those who are reluctant to engage in traditional treatment settings. In addition, SAMHSA is supporting the development and broad utilization of data standards for behavioral health including standards for capturing social determinants of health in EHRs, which will improve the tracking of health disparities and guide the development of policies and programs to address disparities in behavioral health care.

Disparities in the adoption rates of EHRs and HIT among behavioral health care providers as compared to the general health care sector are significant. The necessary resources and expertise to support the effective use of HIT is often lacking among behavioral health providers. This disparity partially results from the ineligibility of the majority of behavioral health providers for the Meaningful Use EHR Incentives. However, even among psychiatrists who are eligible for

the incentives, EHR adoption rates are significantly below those of other physician specialties. SAMHSA is working to bridge this gap by providing grant funds to support HIT adoption, providing technical assistance and training to support HIT adoption among behavioral health providers, and addressing privacy concerns associated with HIT.

Strategic Initiative #5 – Health Information Technology		
GOALS	**OBJECTIVES**	**METRICS**
Goal 5.1: Promote development of technologies and standards to enable interoperable exchange of behavioral health data while supporting privacy, security, and confidentiality.	**Objective 5.1.1:** Provide leadership in national forums to promote the dissemination of standard approaches and protocols to protect the privacy of patients and consumers and their confidential information. **Objective 5.1.2:** Propose changes to 42 Code of Federal Regulations Part 2 to facilitate inclusion of behavioral health treatment data in electronic health data systems to improve the treatment and support for people being treated for addiction, while preserving privacy and confidentiality and protecting the use of this data from non-treatment related uses. **Objective 5.1.3:** Support the development and adoption of interoperable technologies to enable care coordination across health care providers as well as social service providers (for example: criminal justice, long-term care systems, homeless programs, education, aging service organizations, and others) that foster patient and consumer trust in health information exchange. **Objective 5.1.4:** Provide support for the inclusion of substance abuse and mental health treatment medication administration and prevention service providers in HIEs.	Increase the number of health information exchange organizations (HIEs) incorporating substance abuse and mental health treatment data by 25%.

GOALS	OBJECTIVES	METRICS
Goal 5.2: Promote the adoption of EHRs and other HIT tools with behavioral health functionality by health care providers, patients, consumers, states, and tribes to improve prevention, treatment, and recovery for behavioral health conditions.	**Objective 5.2.1:** Provide technical assistance and training to behavioral health constituent groups. This assistance and training should include support for eligible psychiatric physicians to promote the adoption and utilization of EHRs and other HIT tools, including information on the options for complying with federal laws and regulations (for example: 42 CFR Part 2, HIPPA, Family Educational Rights and Privacy Act [FERPA], and state substance use and mental health laws governing the confidentiality of behavioral health treatment information). **Objective 5.2.2:** Through SAMHSA products, training, and outreach use traditional and social media to educate patients, consumers, and family members on privacy, security, and confidentiality rights associated with federal and state privacy protections, and the risks and benefits associated with sharing their health data within EHR and HIE environments. **Objective 5.2.3:** Assist state and community stakeholders in outreach and communication efforts related to HIT within the provider and consumer communities. **Objective 5.2.4:** Work with state authorities and HIT coordinators to promote coordination of federal and state-funded HIT initiatives within the behavioral health community. **Objective 5.2.5:** Ensure that EHR or HIT systems used by SAMHSA or supported by SAMHSA funds conform to national standards for functional certification and interoperability.	Increase EHR adoption by behavioral health providers and provider organizations by 15%.

GOALS	OBJECTIVES	METRICS
Goal 5.3: Enhance capacity for the secure collection and use of data in EHRs and other technologies by continuing to develop behavioral health national data standards, which support quality improvement and effective outcome tracking.	**Objective 5.3.1:** Participate and provide leadership in national forums to support the development of data and technology standards related to behavioral health care prevention, treatment, and recovery. **Objective 5.3.2:** Support the development of standards for electronically capturing clinical quality measures for behavioral health to assess quality of care, health disparities, and patient outcomes. **Objective 5.3.3:** Promote the development of data standards for reporting across federal and state programs to support the collection of high quality data while reducing the need for reentry of data for reporting purposes. **Objective 5.3.4:** Support the dissemination of HIT analytic tools that enable providers and consumers to utilize data at the point of care to support improved care delivery.	Increase the percentage of behavioral health providers using data analytics to inform patient care by 15%.
Goal 5.4: Promote the broad dissemination of technologies for improving behavioral health care, prevention, and wellness.	**Objective 5.4.1:** Include incentives for the use of EHRs and HIT in SAMHSA grants. **Objective 5.4.2:** Support the dissemination of effective HIT tools including EHRs, telehealth, mobile health tools, mobile apps, and patient portals to the behavioral health community to improve quality of, and access to, care. **Objective 5.4.3:** Support the dissemination of effective HIT tools that support patient self-management and recovery to behavioral health consumers. **Objective 5.4.4:** Support the dissemination of evidence-based clinical decision support tools—including clinical supervision. **Objective 5.4.5:** Facilitate the development and dissemination of HIT tools that support use of patient-generated health data in behavioral health treatment and prevention programs.	Increase percentage of SAMHSA grantees that provide clinical services using certified EHRs by 10%.

STRATEGIC INITIATIVE #6:
Workforce Development

Overview

An adequate supply of a well-trained workforce is the foundation for an effective service delivery system. With the implementation of recent parity and health reform legislation, behavioral health workforce development issues, which have been of concern for decades, have taken on a greater sense of urgency. To position SAMHSA to address the effect that behavioral health workforce issues have on the infrastructure of the health care delivery system, SAMHSA identified the need for a Strategic Initiative that provides a focus for its programs and activities to advance the behavioral health of the nation.

This Strategic Initiative will support active strategies to strengthen and expand the behavioral health workforce and improve the behavioral health knowledge and skills of those health care workers not considered behavioral health specialists. Through technical assistance, training, partnerships, and traditional and social media outreach, SAMHSA will promote an integrated, aligned, and competent workforce. This workforce will enhance the availability of prevention and treatment for substance abuse and mental illness, strengthen the capabilities of behavioral health professionals, and promote health system infrastructure that can deliver competent, organized behavioral health services. This initiative will monitor and assess the needs of youth, young adult and adult peers, communities, and health professionals in meeting behavioral health needs within America's transforming health promotion and health care delivery systems.

SAMHSA also recognizes the growing understanding and value of peer providers to assist with engagement, support, and peer services. Increasing the peer and paraprofessional workforce, and increasing the evidence base for the best uses of peer and paraprofessional behavioral health services and supports, will require additional commitment and will help to expand the reach of limited professional treatment and support professionals.

Disparities

The behavioral health needs of minority communities have been historically and disproportionately underserved. Few trained providers are sensitive to cultural issues and equipped with the necessary language skills that facilitate and promote effective service delivery. The proportion of behavioral health providers from diverse groups generally does not represent the proportion of those various diverse groups in the United States. SAMHSA commits to addressing these behavioral health workforce disparities by expanding recruitment and training opportunities, as well as identifying effective retention strategies for prevention, treatment, and recovery support providers and providers who are or who serve members of racial, gender, and ethnic minority populations or other minority groups such as military members, veterans, and their families; lesbian, gay, bisexual, and transgender (LGBT) individuals; and American Indian/Alaska Native tribal members.

Strategic Initiative #6 – Workforce Development

GOALS	OBJECTIVES	METRICS
Goal 6.1: Develop and disseminate workforce training and education tools and core competencies to address behavioral health issues.	**Objective 6.1.1:** Collaborate to establish and disseminate evidence-based behavioral health core competencies for behavioral health, primary care, and peer providers. **Objective 6.1.2:** Enhance the current SAMHSA workforce technical assistance infrastructure through increased collaboration and coordination across appropriate Technical Assistance Centers within HHS that address behavioral health. **Objective 6.1.3:** Based on the established standard core competencies, develop a compendium of evidence-based and informed practices for cross training of behavioral health, primary care, specialty care, and peer providers. **Objective 6.1.4:** In collaboration with HRSA, support investments in training the future behavioral health workforce to practice in integrated care settings and improve care for underserved populations.	Increase the number of behavioral health providers (professional, paraprofessional, and peers) addressing children, adolescents, and transitional-age youth.
Goal 6.2: Develop and support deployment of peer providers in all public health and health care delivery settings.	**Objective 6.2.1:** Define peer providers and their roles with public health and behavioral health delivery systems. **Objective 6.2.2:** Working with HRSA and other stakeholders, increase the number of health paraprofessionals and peer paraprofessionals—in particular, the proportion of individuals with mental and/or substance use disorders who are employed as peer providers. **Objective 6.2.3:** Support and disseminate evidence-based practices related to employment, supervision, and education for peer providers.	Increase the number of individuals trained as behavioral health peer providers.

GOALS	OBJECTIVES	METRICS
Goal 6.3: Develop consistent data collection methods to identify and track behavioral health workforce needs.	**Objective 6.3.1:** Partner with federal and state agencies, and other external stakeholders to promote the choice of behavioral health early in an individual's career path by providing access to training and financial assistance (such as profession marketing strategy, Minority Fellowship Program, and pre-service recruitment). **Objective 6.3.2:** In collaboration with HRSA, state agencies, national organizations, and guilds, continue Minimum Data Set and/or other data development work to inform the knowledge and standardization of behavioral health workforce surveys and analyses for tracking behavioral health workforce needs and capacity. **Objective 6.3.3:** In collaboration with stakeholders, develop behavioral health workforce skills in areas where gaps are identified, such as business competencies, telehealth and mobile strategies, recovery supports, disparities and culturally specific approaches, screenings and brief interventions, collaborative care models, integrated care models, or evidence-based and emerging practices.	
Goal 6.4: Influence and support funding for the behavioral health workforce.	**Objective 6.4.1:** Support the identification and analysis of pay incentives and barriers for behavioral health providers across settings. **Objective 6.4.2**: Identify and disseminate best practice funding strategies for the behavioral health workforce. **Objective 6.4.3:** Work with stakeholders and federal partners to influence and support appropriate compensation for behavioral health care providers and providers for services within health care and health systems.	Increase the percentage of reimbursement rates and potential pay incentives associated with the development of a prospective payment system.

Moving Forward

SAMHSA's strategic plan, Leading Change 2.0: Advancing the Behavioral Health of the Nation 2015–2018, responds to a number of critical and emerging issues in behavioral health.

The nation's behavioral health needs present both challenges and opportunities for SAMHSA that must be met with evidence and innovation, data-driven analysis, and strategic thinking.

SAMHSA's strategic plan is a working document that will change periodically through revision and modification of strategic areas of focus in an effort to best accommodate emerging and future behavioral health needs.

As goals and objectives of the Strategic Initiatives are achieved, SAMHSA may add new initiatives that best support advancing the behavioral health of the nation.

Over the coming months, SAMHSA leadership will convene discussions with internal stakeholders to consider and develop cross-agency work teams to identify more specific action steps and critical benchmarks to ensure accountability for achieving SAMHSA's overall goals and objectives.

CHALLENGES AND OPPORTUNITIES

Critical issues that present significant challenges while creating opportunities to make significant advancements include:

- reduced federal, state, local, and tribal budgets and resources;

- rapid advancements in health information technology;

- shortages in behavioral health workforce and health care workforce trained to address behavorial health issues;

- growing health inequalities and disparities;

- slow adoption of new research in practice;

- need for prevention and early diagnosis;

- increased demand for services;

- absence of national standards for clinical services and performance monitoring;

- increased demand for health care and health systems integration;

- emerging purchasing power of buyers and providers; and

- new health insurance plan models.

List of Abbreviations and Acronyms

Administration for Children and Families (ACF)

Assistant Secretary for Planning and Evaluation (ASPE)

Center for Behavioral Health Statistics and Quality (CBHSQ)

Center for Medicare and Medicaid Systems (CMS)

Crisis Counseling Assistance and Training Program (CCP)

Department of Defense (DOD)

Department of Education (ED)

Department of Justice (DOJ)

Department of Labor (DOL)

Department of Veterans Affairs (VA)

Electronic Health Record (EHR)

Government Performance and Results Modernization Act of 2010 (GPRA)

Health Information Exchange (HIE)

Health Information Technology (HIT)

Health Information Technology for Clinical and Economic Health Act (HITECH)

Health Resources and Services Administration (HRSA)

Internal Operation Strategies (IOS)

Indian Health Services (IHS)

Lesbian, Gay, Bisexual, and Transgender (LGBT)

The Mental Health Parity and Addiction Equity Act (MHPAEA)

National Behavioral Health Quality Framework (NBHQF)

Office of National Drug Control Policy (ONDCP)

Office of the Assistant Secretary for Planning and Evaluation (ASPE)

Office of the National Coordinator for Health Information Technology (ONC)

Primary and Behavioral Health Care Integration (PBHCI)

Primary Care and Addiction Services Integration (PCASI)

Substance Abuse and Mental Health Services Administration (SAMHSA)

SAMHSA Emergency Response Grant (SERG)

U.S. Department of Health and Human Services (HHS)