Substance Abuse and Mental Health Services Administration

Strategic Plan

FY2019 – FY2023

SAMHSA

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Table of Contents

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Introduction

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 and to improve the lives of individuals living with mental and substance use disorders, and their families.

The SAMHSA Strategic Plan FY2019-FY2023 outlines five priority areas with goals and measurable objectives that provide a roadmap to carry out the vision and mission of SAMHSA over the next four years. The five priority areas are:

1. Combating the Opioid Crisis through the Expansion of Prevention, Treatment, and Recovery Support Services
2. Addressing Serious Mental Illness and Serious Emotional Disturbances
3. Advancing Prevention, Treatment, and Recovery Support Services for Substance Use
4. Improving Data Collection, Analysis, Dissemination, and Program and Policy Evaluation
5. Strengthening Health Practitioner Training and Education

For each priority area, an overarching goal and series of measurable objectives are described in the Strategic Plan. Following the discussion of SAMHSA's priority areas are examples of key performance and outcome measures SAMHSA will use to track progress. Given the broad range of issues and populations that SAMHSA addresses, this Strategic Plan is not intended to be an inventory of all objectives or activities SAMHSA will pursue. Rather, the Strategic Plan presents *priority* goals and objectives reflecting important changes and outcomes that SAMHSA aims to achieve over the next four years.

The SAMHSA Strategic Plan FY2019-FY2023 aligns with the U.S. Department of Health and Human Services Strategic Plan FY2018-FY2022. Specifically, the Priorities, Goals, Measureable Objectives of the SAMHSA Strategic Plan FY2018-2023 will serve to advance HHS Strategic Goal 1, Objective 1.4 to Strengthen and Expand the Healthcare Workforce to Meet America's Diverse Needs; HHS Strategic Goal 2, Objective 2.3 to Reduce the Impact of Mental and Substance Use Disorders through Prevention, Early Intervention, Treatment and Recovery Support; and HHS Strategic Goal 4, Objective 4.1 to Improve Surveillance, Epidemiology, and Laboratory Services.

Vision and mission of the Substance Abuse and Mental Health Services Administration

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

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

Core principles

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

Supporting the adoption of evidence-based practices.

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

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

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

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

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

Collecting, analyzing, and disseminating data to inform policies, programs, and practices.

SAMHSA will enhance its data collection, outcomes, evaluation, and quality support efforts to enhance health care and health systems integration; to identify and to address mental and substance use disorder-related disparities; to identify what works;, and to strengthen and to expand the provision of evidence-based behavioral health services for Americans. Such performance-based efforts will be conducted by SAMHSA along with federal, state, territorial, tribal, and community partners, will directly improve the delivery of services, promote awareness, and will inform the development of policy and programmatic initiatives.

Recognizing that the availability of mental and substance use disorder services is integral to everyone's health.

SAMHSA will lead efforts to advance the recognition of mental health and freedom from addiction as being essential to overall health. Such recognition and focus will help to improve access to and integration of services, support the development of financing mechanisms to support and sustain positive outcomes, and address gaps and disparities in service delivery.

Priorities, Goals, and Measurable Objectives

Priority 1: Combating the Opioid Crisis through the Expansion of Prevention, Treatment, and Recovery Support Services

Goal

Reduce opioid misuse, use disorder, overdose, and related health consequences, through the implementation of high quality, evidence-based prevention, treatment, and recovery support services.

Overview

The opioid crisis continues to have devastating effects on individuals, families, and communities across the United States. In 2017, 11.1 million Americans 12 years or older reported misuse of prescription opioids, nearly 900,000 reported heroin use, and 2.1 million had an opioid use disorder in the past year; and more than 42,000 Americans died from an opioid overdose in 2016.[1,2] In addition, opioid misuse and opioid use disorder are contributing to rising rates of hospital emergency department visits,[3] neonatal abstinence syndrome,[4] and viral hepatitis associated with opioid injection,[5] among others. Since 2013, the proliferation of such highly potent synthetic opioids such as fentanyl and carfentanil has further fueled a dramatic increase in overdose deaths and underscores the urgent need for action.[2] SAMHSA is leading efforts to support the implementation of the full range of prevention, treatment, and recovery support services that can bring an end to the opioid crisis.

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[1] Substance Abuse and Mental Health Services Administration. Results from the 2017 National Survey on Drug Use and Health. 2018.

[2] Jones CM, Einstein EB, Compton WM. Changes in synthetic opioid involvement in drug overdose deaths in the United States, 2010-2016. JAMA. 2018;319(17):1819-1821.

[3] Kantor-Vivolo, Seth P, Gladden RM, Mattson CL, et al. Vital Signs: trends in emergency department visits for suspected opioid overdoses – United States, July 2016-September 2017. MMWR Morb Mortal Wkly Rep. 2018;67(9):279-285.

[4] Winkelman TNA, Villapiano N, Kozhimannil KB, Davis MM, Patrick SW. Incidence and costs of neonatal abstinence syndrome among infants with Medicaid: 2004-2014. Pediatrics. 2018;141(4). Pii:e20173520.

[5] Zibbell JE, Asher AK, Patel RC, Kupronis B, et al. Increases in acute hepatitis C virus infection related to a growing opioid epidemic and associated injection drug use, United States, 2004 to 2014. Am J Public Health. 2018;108(2):175-181.

Measurable Objectives

Objective 1.1: Strengthen public health surveillance

How we will accomplish our objective:

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

Objective 1.2: Advance the practice of pain management

How we will accomplish our objective:

- Promote technical assistance, training, and effective educational strategies to clinicians, policy makers, and the public on the risks of opioid pain medications.
- Support the dissemination and adoption of evidence-based guidelines for acute and chronic pain management in both general and high-risk populations to mitigate the risk of opioid misuse, use disorders, and overdose, and to improve the care of individuals living with chronic pain.[6]

[6] e.g., Centers for Disease Control and Prevention (CDC) Guidelines for Prescribing Opioids for Chronic Pain https://www.cdc.gov/drugoverdose/prescribing/guideline.html

- Increase understanding and support of multi-disciplinary, multi-modal pain management approaches among clinicians, patients, the public, and policymakers to ensure that non-pharmacologic (including psychologic interventions, procedures, and complementary and alternative approaches) and non-opioid pharmacologic options are readily accessible for patients and clinicians.
- Develop and disseminate clinical practice guidelines to healthcare professionals on evidence-based treatment of co-occurring substance use and mental disorders and pain disorders.
- Collaborate with the National Institutes of Health (NIH), CDC, Health Resources and Services Administration (HRSA), and education accreditation bodies to advance pain management and substance use education to be core training elements in colleges, universities, and health professional schools, including through work in SAMHSA's Regional Offices.

Objective 1.3: Improve access to, utilization of, and engagement and retention in prevention, treatment, and recovery support services

How we will accomplish our objective:

- Develop and disseminate educational materials and science-based messaging to educate the public about not sharing medications, safe storage of medications, and safe disposal of medications.
- Develop and disseminate communication materials and other resources to increase understanding of families and caregivers on facts around privacy of information and access to records.[7]
- Leverage SAMHSA's Provider's Clinical Support System – Universities to expand access to MAT services for persons with an opioid use disorder seeking or receiving MAT through ensuring the education and training of students in the medical, physician assistant and nurse practitioner fields.
- Support, through SAMHSA funding, training, and technical assistance, the adoption of evidence-based policies, programs, and practices to prevent opioid misuse, and to diagnose and treat opioid use disorders and co-occurring substance use and mental disorders.
- Utilize SAMHSA's new approach to technical assistance for opioids that engages localized expert teams of clinicians, preventionists, and recovery specialists to provide technical assistance to states, communities, and healthcare providers on addressing the opioid crisis.

[7] e.g., the Health Insurance Portability and Accountability Act (HIPAA).

- Utilize SAMHSA's Regional Prevention Technology Transfer Centers in collaboration with SAMHSA's Regional Addiction Technology Transfer Centers to educate providers and other stakeholders on opioid use disorder prevention, treatment, and recovery.
- Leverage SAMHSA funding to expand access to MAT and recovery support services[8] for individuals with opioid use disorder, including through efforts to increase the number of MAT providers and programs, the advancement of telehealth approaches and use of mobile technologies, and through the implementation of comprehensive service delivery models.
- Facilitate collaboration between primary care and specialty care providers and the recovery community to support the development and implementation of comprehensive and integrated systems of care that provide the full spectrum of treatment and recovery support services for people with opioid use disorder.
- Partner with the Agency for Healthcare Research and Quality (AHRQ), HRSA, and the United States Department of Agriculture (USDA) to expand use of telehealth and e-prescribing protocols for opioid-related crisis response and treatment and to expand access to MAT in rural and remote areas.
- Collaborate with CDC and other stakeholders to advance efforts to screen, prevent, and address the infectious disease complications of opioid use disorder,[9] particularly among people who inject drugs.
- Leverage SAMHSA funding, training, and technical assistance to increase access to MAT and behavioral therapies and ongoing recovery support services for individuals with opioid use disorder involved in the criminal justice system.
- Disseminate patient education information to clinicians regarding the dangers of opioid use by girls and women of childbearing age, and those who are considering pregnancy or are pregnant.
- Support efforts, in collaboration with other federal and nonfederal partners, to ensure that substance-exposed infants and their mothers are identified, treated, and receive long-term follow up to monitor/prevent long-term consequences.
- Collaborate with the Centers for Medicare & Medicaid Services (CMS) and other public and private payers to support the implementation of payment

[8] e.g., MAT, recovery coaches, vocational training and employment services, legal services, and safe and supportive housing

[9] e.g., HIV, HCV, infectious endocarditis

policies that can sustain evidence-based opioid prevention, treatment, and recovery support services.

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

How we will accomplish our objective:

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

Objective 1.5: Support cutting-edge research on pain and addiction

How we will accomplish our objective:

- Conduct service delivery research and evaluations to identify effective opioid-related prevention, treatment, and recovery programs, practices, and policies.
- Utilize SAMHSA's National Mental Health and Substance Use Policy Laboratory in collaboration with external partners, including states, tribes, local jurisdictions, and non-government entities, to identify and evaluate promising approaches to address opioid misuse, opioid use disorder, and overdose and to support the replication and scaling of opioid-related evidence-based programs, practices, and policies.
- Engage with federal partners such as ASPE, NIH, CDC, CMS, and AHRQ to identify research needs and to advance priority research on pain, addiction, and overdose.

Priority 2: Addressing Serious Mental Illness and Serious Emotional Disturbances

Goal

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

Overview

In 2017, 4.5 percent (11.2 million) of Americans 18 years or older had an SMI,[10] and it is estimated that 6.8 to 11.5 percent of children and youth have an SED.[11] Individuals with SMI often have multiple mental disorders,[10] co-occurring substance use disorders,[10] have a substantially elevated risk for suicide,[12] and are at increased risk for homelessness and involvement with the criminal justice system.[13,14] Yet, despite the well-documented health and social impacts of SMI and SED on individuals, families, and communities, only a fraction of individuals with these disorders receive the evidence-based care they need.[9,10] To address this priority area, SAMHSA is focusing its efforts on the guidance and recommendations provided by the ISMICC – a new federal advisory council authorized by the 21st Century Cures Act to improve the lives of people living with SMI or SED.

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[10] Substance Abuse and Mental Health Services Administration. Results from the 2017 National Survey on Drug Use and Health. 2018.

[11] Interdepartmental Serious Mental Illness Coordinating Committee. The Way Forward. Federal Action for a System That Works for All People Living with SMI and SED and Their Families and Caregivers. 2017. Available at: https://store.samhsa.gov/shin/content/PEP17-ISMICC-RTC/PEP17-ISMICC-RTC.pdf

[12] Hor K, Taylor M. Suicide and schizophrenia: a systematic review of rates and risk factors. Journal of Psychopharmacology. 2010;24(4_Suppl):81-90.

[13] U.S. Department of Housing and Urban Development (HUD). HUD 2016 continuum of care homeless assistance programs homeless populations and subpopulations. Available at: https://www.hudexchange.info/resource/reportmanagement/published/CoC_PopSub_NatlTerrDC_2016.pdf

[14] Steadman HJ, Osher FC, Robbins PC, Case B, Samuels S. Prevalence of serious mental illness among jail inmates. Psychiatric Services. 2009;60(6):761-765.

Measurable Objectives

Objective 2.1: Strengthen federal coordination to improve care

How we will accomplish our objective:

- Collaborate and align efforts with federal partners through inter and intra-departmental initiatives[15] to:
  - Improve care across the lifespan for people with SMI or SED by developing a comprehensive continuum of care, including a list of core services that encompass evidence-based prevention, treatment, and recovery supports to address such issues as crisis services, early mental illness including first-episode psychosis (FEP), suicide, trauma, homelessness, criminalization and outreach and engagement.
  - Convene expert panel meetings on various topics, such as co-occurring disorders, school mental health, older adult issues, inpatient care, and psychotropic medications, to gather input on actions to improve care and policy development.
  - Leverage SAMHSA resources, including funding, training, and technical assistance, such as the Promoting Integration of Primary and Behavioral Health Care grants and the Center for Integrated Health Solutions, to improve the integration of primary healthcare with services for mental illness and substance use disorders.
  - Work with partners to improve data collection and use of quality measures, including program evaluations to improve service delivery, quality of care, and outcomes and identify, expand, and maximize the use of evidence-based practices by evaluating promising approaches and achieving wide-scale adoption of evidence-based practices for SMI and SED.

[15] e.g., ISMICC and the HHS Behavioral Health Coordinating Council

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

How we will accomplish our objective:

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

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

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

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

How we will accomplish our objective:

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

- Use SAMHSA's National Mental Health and Substance Use Policy Laboratory and Evidence-Based Practices Resource Center to consolidate and improve the dissemination and translation of research findings and the adoption of evidence-based practices among the behavioral health workforce, clinicians, policymakers, peers, and family members.
- Foster the agency's Zero Suicide efforts by promoting comprehensive suicide prevention efforts in health and mental health and substance use disorder systems.
- Expand – through SAMHSA funding, training, and technical assistance, and collaborations with federal and nonfederal partners – the supply of mental health providers and the delivery of high-quality treatment and recovery support services across the United States, particularly in underserved and rural areas, especially those found in culturally diverse communities and in tribal nations.
- Increase the delivery of systems of care for children, youth, and families affected by SMI or SED by expanding transition-age youth services, child trauma services, school-based care, early childhood services, and efforts for young people who are at clinically high risk for developing psychosis.
- Expand, through SAMHSA funding, collaborations, training, and technical assistance, efforts to address the needs of individuals living with SMI or SED who have co-occurring addictions, intellectual and developmental disabilities, hepatitis C virus, and/or HIV/AIDS, including making integrated services readily available, incorporating tobacco dependence treatment into mental health services, and increasing the number of providers trained in and offering MAT for opioid use disorders for people who have SMI.
- Expand the availability of high-quality, integrated, and comprehensive care by expanding and evaluating Certified Community Behavioral Health Clinics (CCBHCs).
- Expand use of community recovery support systems such as clubhouses and other peer-to-peer focused support services.

Objective 2.4: Increase opportunities for diversion and improve care for people with SMI or SED involved in the criminal and juvenile justice systems

How we will accomplish our objective:

- Support, through SAMHSA funding, training, and technical assistance, state and local efforts to divert if appropriate, individuals living with SMI or SED from the juvenile or criminal justice systems to community-based care for mental and substance use disorders and through other developmental support services.

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

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

How we will accomplish our objective:

- Collaborate with CMS to provide guidance to states on financing evidence-based treatment and recovery services for SMI or SED.
- Promote full enforcement of the Mental Health Parity and Addiction Equity Act and other parity laws.
- Collaborate with commercial health insurers on supporting comprehensive and innovative coverage and payment policies for those with SMI or SED, including for FEP.
- Collaborate with CMS and the HHS Office of the Assistant Secretary for Planning and Evaluation to evaluate the effectiveness of the CCBHC value-based payment approach, identifying innovative best practices and promoting opportunities for expansion.
- Conduct evaluations, including economic assessments, of innovative service delivery models for SMI or SED treatment and recovery supports that can improve care and outcomes.
- Partner with other federal agencies and nonfederal partners to implement innovative service delivery models that improve care and outcomes for individuals with SMI or SED.

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

Goal

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

Overview

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

Measurable Objectives

Objective 3.1: Increase public awareness and subsequent behavior change regarding the risks of substance use with a focus on alcohol, marijuana, and stimulants

How we will accomplish our objective:

- Apply science-based prevention research to develop accurate and timely prevention messages and strategies that strengthen community, state, and federal actions to prevent substance abuse and misuse.
- Develop, evaluate, and promote effective education strategies (e.g., health observances, public education campaigns, social media campaigns) to increase public awareness and to prevent substance use and misuse at all stages of life.

[17] Substance Abuse and Mental Health Services Administration. Results from the 2017 National Survey on Drug Use and Health. 2018

- Develop and disseminate products and resources to inform parents, children, youth and young adults, schools, workplaces, and communities about the facts and consequences of substance use and misuse.
- Strengthen community, state, and national partnerships in order to expand the reach of substance use and misuse related health messages and to facilitate the implementation of effective prevention, treatment, and recovery strategies.
- Increase public and provider risk communication about the contamination of the illicit drug supply with highly potent synthetic opioids and new psychoactive substances and the dangers this contamination poses to people who use substances.

Objective 3.2: Expand community engagement around substance use prevention, treatment, and recovery

How we will accomplish our objective:

- Promote the Strategic Prevention Framework, SAMHSA's planning process model, to help communities assess needs, build capacity, plan, implement, and evaluate.
- Identify, evaluate, and promote community successes and innovations through new and existing avenues, such as social media, list serves, newsletters, conferences, communication collaboratives, publications, and SAMHSA's Evidence-Based Practices Resource Center.
- Leverage SAMHSA's regional Prevention and Addiction Technology Transfer Centers to facilitate the provision of technical assistance and training on prevention, treatment, and recovery support services to a diverse group of communities.

Objective 3.3: Reduce youth substance use initiation through strengthening protective factors and reducing risk factors

How we will accomplish our objective:

- Develop and disseminate products and resources to assist communities and states to conduct strategic planning to increase protective factors and reduce risk factors related to substance use and misuse, including risk and protective factors related to homelessness, education/employment, recovery, and overall well-being.
- Identify and promote best practices and evidence-based programs through technical assistance programs, educational programs, campaigns, SAMHSA's Evidence-Based Practices Resource Center, and collaborations with other federal agencies.

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

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

How we will accomplish our objective:

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

among people with mental and substance use disorders, among whom combustible tobacco use is higher and who suffer a higher burden of cardiovascular events.

- Leverage SAMHSA funding, training, and technical assistance to expand and explore new and emerging evidence-based recovery approaches.[18]
- Promote coordination and partnership between mental and substance use disorder and criminal justice systems through use of the Sequential Intercept Model (SIM) to identify and address challenges to implementing evidence-based interventions with individuals involved in the criminal justice system.

Objective 3.5: Strengthen federal coordination to improve substance use prevention, treatment, and recovery support services

How we will accomplish our objective:

- Increase cooperation, coordination, and collaboration with federal partners through inter and intra-departmental initiatives[19] to:
  - Convene expert panel meetings on various topics to gather input on actions to improve the delivery of services for individuals with or at risk for substance use disorders and for co-occurring substance use and mental disorders.
  - Improve prevention, treatment, and recovery services across the lifespan for people with substance use disorders by aligning federal efforts to increase access to prevention, treatment, and recovery support services.
  - Leverage SAMHSA resources, including funding, training, and technical assistance, to improve the integration of primary care and services related to the care and treatment of substance use and mental disorders.
  - Work with states and community partners to improve data collection and the use of quality measures, including program evaluations, to improve service delivery, quality of care, and outcomes and identify, expand, and maximize the use of evidence-based practices by evaluating promising approaches and by promoting wide-scale adoption of evidence-based practices in preventing and treating substance use disorders.

[18] e.g., recovery coaches, reimbursement policies, peer-to-peer programs, and recovery housing

[19] ee.g. Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD), HHS Behavioral Health and Criminal Justice Coordinating Committee, and other Interagency Workgroups

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

Goal

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

Overview

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

Measurable Objectives

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

How we will accomplish our objective:

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

[20] Through DAWN, SAMHSA will leverage data on substance-use involved ED visits from a network of hospitals across the U.S. that can be used to target prevention, treatment, and recovery efforts.

- Update the National Survey on Drug Use and Health (NSDUH).[21] Key planned activities include:
    - Collecting and analyzing survey data on MAT for opioid use disorder and alcohol use disorder to inform national estimates of prevalence, of MAT access, and of individual correlates of MAT receipt.
    - Revising the NSDUH to update clinical diagnostic information for substance use disorders.
    - Redesigning the NSDUH to collect emerging mental health and substance use related behaviors, including, where feasible, data on the use of emerging substances and products (e.g., tobacco products) to provide national estimates.
- Update the National Survey of Substance Abuse Treatment Services (NSSATS) and National Mental Health Services Survey (N-MHSS).[22] Key planned activities include:
    - Updating the NSSATS to include information on MAT in order to provide information on the availability of MAT services for both opioid use disorder and alcohol use disorder.
    - Updating the NSSATS to include information on treatments for HIV, viral hepatitis, mental disorders, medication-managed withdrawal, naloxone and overdose education, and recovery support services provided in substance use disorder treatment facilities in the United States.
    - Revising the N-MHSS to provide information on the availability of treatment services to address data gaps identified by the 2017 ISMICC Report to Congress.
    - Ensuring the online Behavioral Health Treatment Services Locator is regularly updated and is populated with substance use disorder and mental health facility survey data to help policymakers, providers, patients, and the public identify relevant treatment services information and availability.

[21] The NSDUH is the primary source of statistical information on the prevalence of substance use and mental illness in the U.S. The NSDUH generates statistical estimates at the national, state, and sub-state levels.

[22] These national surveys collect data on the location and characteristics of substance abuse and mental health facilities and are used to update the SAMHSA online Behavioral Health Treatment Services Locator.

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

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

How we will accomplish our objective:

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

[23] TEDS collects demographic and substance use characteristics of treatment admissions and discharges from publicly funded substance abuse treatment facilities. MH-CLD collects administrative data on mental health clients in state funded mental health treatment facilities.

- Developing benchmarks and disseminating annual Performance Evaluation Reports for all SAMHSA discretionary grant programs.

Objective 4.3: Promote access to and use of the nation's substance use and mental health data and conduct program and policy evaluations and use the results to advance the adoption of evidence-based policies, programs, and practices

How we will accomplish our objective:

- Expand access to substance use and mental health data.[24] Key planned activities include:
  - Releasing annual reports and updated public-use files in a timely and efficient manner.
  - Ensuring continuous and seamless public access to Substance Abuse and Mental Health Data Archive (SAMHDA) data in the cloud.
  - Enabling the availability of access to SAMHSA restricted-use, micro-level data at CDC's National Center for Health Statistics (NCHS) Research Data Centers to promote broader researcher integration and use of public health data.
- Strengthen partnerships with communities, states, stakeholders, and other federal agencies to increase understanding of the prevalence, patterns, trends, and program data, including risk and protective factors, on substance use and mental illness.
- Develop and disseminate effective data-driven products, resources, and tools to assist clinicians, policymakers, community practitioners, patients, and the public in efforts to advance substance use and mental health prevention, treatment, and recovery.
- Conduct epidemiological studies and other data analyses and disseminate findings in order to inform policy and program development and resource allocation.
- Advance the use of evidence-based, data-driven programs, practices, and policies to prevent and to treat substance use and mental disorders and to support recovery through rigorous evaluations of innovative and promising approaches and the replication and scaling of evidence-based interventions.

[24] SAMHSA disseminates key national annual reports and evaluation summaries throughout the year. In addition, SAMHSA provides access to the Substance Abuse and Mental Health Data Archive (SAMHDA), SAMHSA's platform for disseminating public-use and restricted-data collected from our national mental health and substance use data collections.

Priority 5: Strengthening Health Practitioner Training and Education

Goal

Improve the supply of trained and culturally competent professionals and para-professionals to address the nation's mental and substance use disorder healthcare needs across the lifespan.

Overview

Given the insufficient supply and unbalanced geographical distribution of mental and substance use disorder professionals, and other healthcare professionals with expertise in the diagnosis, evaluation, or treatment of people with serious mental illness and substance use disorders, SAMHSA is committed to supporting a strategy to improve training and education of a diverse and robust workforce with skills in addressing prevention, screening, evaluation, diagnosis, treatment, and recovery support services. Using a multi-pronged approach, SAMHSA will engage in enhanced collaboration with federal, state, and local governments, communities, and tribes and tribal organizations. This approach will involve attracting new professionals to the field, as well as retaining existing professionals and expanding their reach through such multiplier-effect strategies as Project Extension for Community Healthcare Outcomes (ECHO), the Hub-and-Spoke model, broader use of peers, and other innovations. This approach will also involve improving the clinical skills of all health practitioners with training on evidence-based practices, including prescriber training for those who are eligible.

Measurable Objectives

<u>Objective 5.1: Develop and disseminate workforce training and education tools, and core competencies to prevent and address mental and substance use disorders</u>

How we will accomplish our objective:

- Build and promote the SAMHSA Evidence-Based Practices Resource Center's collection of scientifically based resources, so that all stakeholders have access to tools for improving prevention, treatment, and recovery support services regardless of their geographic locations.
- Raise the awareness and utility of:
    - The Providers' Clinical Support System (PCSS) as a source of education and clinical coaching on the treatment of opioid use disorders, treating chronic pain and preventing opioid use disorder, and Drug Addiction Treatment Act of 2000(DATA) waiver training for physicians, nurse practitioners, and physician assistants.

    - The Clinical Support System for Serious Mental Illness as a source of education and clinical coaching on the treatment of and recovery from SMI or SED.
- Continue to advance SAMHSA's new approach to training and technical assistance through the implementation of a national network of regional centers that provide expertise and training on addiction, substance abuse prevention, and mental health. This new system is available to all practitioners and providers and replaces the previous system that focused primarily on technical assistance delivery only to SAMHSA grantees.
- Develop timely, strategic, and high-value products and publications to support delivery of evidence-based practices by providers of services for mental and substance use disorders.
- Support Drug Addiction Treatment Act (DATA) waiver coursework – the training required for qualified practitioners to obtain a waiver to prescribe buprenorphine for the treatment of opioid use disorder - delivered prior to graduation in medicine, physician assistant, and nurse practitioner academic programs so that new practitioners have completed the required DATA waiver training by the time of graduation. In addition, expand this approach to other healthcare professionals who may become eligible to qualify for a DATA waiver.

Objective 5.2: Collaborate with HRSA, CMS, and other partners to improve mental and substance use disorder workforce opportunities, including recruitment, training, and retention

How we will accomplish our objective:

- Collaborate on the Behavioral Health Workforce Education and Training program administered by HRSA to optimize the resources contributed by each agency.
- Collaborate on the SAMHSA-HRSA Behavioral Health Workforce Research Center to provide analysis of workforce issues and gaps, and the data needed to inform policy and program planning.
- Increase the utilization of the training and technical assistance resources of the SAMHSA-HRSA Center for Integrated Health Solutions to better address the whole health needs of individuals with mental and substance use disorders, whether seen in specialty or primary care settings.
- Expand the relationships and partnerships between the HRSA Area Health Education Centers and the SAMHSA Regional Technology Transfer Centers.
- Support National Health Service Corps (NHSC) expansion to include licensed, masters-level addiction counselors to demonstrate the utility of

continuing to expand the NHSC to new mental and substance use disorder professions and sites.
- Promote cross-state license and credentialing portability by working with state regulatory agencies and other professional associations and accrediting bodies, including for peer professionals, to facilitate practice flexibility.
- Explore with CMS and other public and private payers innovative payment policies and service delivery models that incentivize the provision of mental and substance use disorder prevention, treatment, and recovery support services across the health system.
- Promote development of standards for mental and substance use disorder professionals to conduct tele-mental health/addiction services and leverage the SAMHSA Regional Administrators to help establish these standards in the states.

Objective 5.3: Support use of credentialed peer providers and other paraprofessionals as an integrated component of the comprehensive care provided by the primary and specialty care systems to prevent substance use disorder and to address the needs of individuals living with mental and substance use disorders and their families

How we will accomplish our objective:

- Disseminate the SAMHSA "Core Competencies for Peer Workers in Behavioral Health Services" publication and provide training and technical assistance to support application and attainment of these competencies.
- Explore with CMS and other public and private payers options to support the use of programs by states to collect existing information on the impact of the use of peers, and study service model enhancements and payment policies that use peer workers as part of a comprehensive health and community care system.
- Work with local, regional, state, tribal, and national groups to develop a strategy for increasing the quality of the peer workforce – including credentialing, licensing and certification – and explore complementary uses of community health workers.
- Support an in-depth analysis of the variation in peer roles and distribute the results to organizations that have an interest in using peers to support the service delivery continuum.
- Work with stakeholders and researchers to further build the evidence base for different peer roles.
- Develop model job descriptions for peer workers and disseminate these descriptions to stakeholders.

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

Key Performance and Outcome Measures

To track performance and progress in realizing the goals and objectives described in the Strategic Plan, SAMHSA has identified a series of key performance and outcome measures. The example measures, presented below, were selected from among the many measures used by SAMHSA to track performance, progress, and impact of the Agency's work, and do not provide a complete enumeration of all measures and metrics SAMHSA will use to track progress. Priorities 1 through 3 include both key performance and outcome measures; Priority 4 includes key milestones, and Priority 5 includes only key performance measures.

Priority 1: Combating the Opioid Crisis through the Expansion of Prevention, Treatment, and Recovery Support Services

Key Performance Measures

- Number of opioid prescriptions dispensed, and the average number of morphine milligram equivalents dispensed per prescription in the outpatient setting.
- Percentage of opioid prescriptions with a daily morphine equivalent dose greater than 50 morphine milligram equivalents.
- Percentage of opioid prescriptions with an overlapping benzodiazepine prescription.
- Number of naloxone kits distributed, and number of naloxone prescriptions dispensed.
- Number of practitioners (physicians, nurse practitioners and physician assistants) with a DATA 2000 waiver to prescribe buprenorphine to individuals with opioid use disorder.
- Percentage of practitioners with a DATA 2000 waiver who have a patient limit of 275.
- Number of individuals receiving buprenorphine (sublingual/buccal, injectable, and implantable) in the office-based setting.
- Number of individuals receiving extended-release naltrexone in the office-based setting.
- Number of opioid treatment programs.
- Number of individuals receiving methadone, buprenorphine, and extended-release naltrexone in opioid treatment programs.
- Percentage of individuals with opioid use disorder receiving any form of MAT in the past year.
- Percentage of individuals who had opioid use disorder receiving any form of MAT in the past year and who were engaged in treatment for at least six months.
- Number of communities with a recovery community organization.

Key Outcome Measures

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

Priority 2: Addressing Serious Mental Illness and Serious Emotional Disturbances

Key Performance Measures

- Number of individuals trained to recognize mental health distress and to connect individuals to needed services.
- Number of programs serving individuals experiencing FEP.
- Number of communities with a crisis response system for SMI and SED.
- Number of communities with a comprehensive continuum of care for SMI and SED.
- Number of communities with an ACT program.
- Number of communities with an Assisted Outpatient Treatment program.
- Number of adults with SMI who experience homelessness.
- Number of adults with SMI who are unemployed.
- Number of children with SED who are in out-of-home placements.
- Number of children with SED who continue in school.
- Percentage of adults with any mental illness receiving mental health services in the past year.
- Percentage of adults with SMI receiving mental health services in the past year.
- Percentage of adults with co-occurring any mental illness and substance use disorders receiving both mental health and substance use services in the past year
- Percentage of adults with co-occurring SMI and substance use disorders receiving both mental health and substance use services in the past year.
- Proportion of mental health treatment facilities that screen patients for tobacco use, offer tobacco cessation counseling, offer nicotine replacement therapy, offer non-nicotine tobacco cessation medications, and have smoke-free policies.
- Percentage of youth with major depressive episodes receiving mental health services in the past year.
- Percentage of adults with SMI retained in treatment for at least six months.

Key Outcome Measures

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

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

Key Performance Measures

- Prevalence of perceptions of harm/risk for parents and youth related to substance use and for specific substances, including alcohol, tobacco products, marijuana, cocaine, prescription drugs, methamphetamine, and heroin.

- Number of Synar non-compliance reports, which are state-level reports that track retailers' compliance with laws governing tobacco product sales to minors.

- Percentage of individuals with nicotine dependence receiving cessation pharmacotherapy in the past year.
- Percentage of individuals with nicotine dependence receiving cessation pharmacotherapy in the past year and were engaged in treatment for at least six months.
- Proportion of substance abuse treatment facilities that screen patients for tobacco use, offer tobacco cessation counseling, offer nicotine replacement therapy, offer non-nicotine tobacco cessation medications, and have smoke-free policies.
- Percentage of individuals with alcohol use disorder receiving any form of MAT in the past year.
- Percentage of individuals with alcohol use disorder who received any form of MAT in the past year and who were engaged in treatment for at least six months.
- Percentage of individuals with substance use disorders who received any form of substance use disorder treatment in the past year.
- Number of communities with a recovery community organization.
- Number of communities utilizing peer recovery coaches in hospital emergency departments.

Key Outcome Measures

- Prevalence of past-year initiation of substance use for specific substances (tobacco, including the full range of tobacco products, alcohol, marijuana, cocaine, methamphetamine, prescription stimulants, sedatives, and tranquilizers).
- Prevalence of past-30-day substance use for specific substances (tobacco, including the full range of tobacco products, alcohol, marijuana, cocaine, methamphetamine, prescription stimulants, sedatives, and tranquilizers).
- Prevalence of past-30-day binge drinking and past-30-day heavy drinking.
- Prevalence of past-month nicotine dependence.
- Prevalence of past-year substance use disorders for specific substances (alcohol, cannabis, cocaine, methamphetamine, prescription stimulants, sedatives, and tranquilizers).
- Rates of alcohol and substance-related hospital emergency department visits.
- Rates of alcohol and substance-related hospitalizations.
- Rates of alcohol-attributable deaths.
- Rates of drug overdose deaths.

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

Key Milestones

- Begin data collection in DAWN in April 2019. Release first DAWN data in June 2019.
- Incorporate new questions on MAT for opioid use disorder and alcohol use disorder in the 2019 NSDUH. First release of these new data in September 2020.
- Update NSDUH to include new Diagnostic and Statistical Manual of Mental Disorders (DSM-5)-based substance use craving and withdrawal items in the 2020 NSDUH. First release of these new data September 2021.
- Revise N-SSATS to include additional questions and response options, including those related to MAT for opioid use disorder and alcohol use disorder in the 2019, 2020, and 2021 N-SSATS. First release of the new data from the 2019 N-SSATS in summer 2020.
- Revise NMHSS to include additional questions and response options, including those related to data gaps identified by the ISMICC in the 2019, 2020, and 2021 NMHSS. First release of the new data from the 2019 NMHSS in summer 2020.
- Revise SPARS data collection with ICD-10 diagnostic codes and program-specific outcomes questions by fall 2018. First performance evaluation reports based on these new data will be generated for the 2019 grant cycle.
- Implement updated SPARS data collection system with new web-based self-report interface by fall 2019.
- Implement revised SPARS data collection to include such validated assessment instruments as the Addiction Severity Index and the Colorado Symptom Index by fall 2019. First performance evaluation reports based on these new data will be generated for the 2020 grant cycle.

Priority 5: Strengthening Health Practitioner Training and Education

Key Performance Measures[25]

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

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

SAMHSA

Substance Abuse and Mental Health Services Administration

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

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