



Substance Abuse and Mental Health Services Administration **DRAFT Strategic Plan**

April 2023

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Introduction

The United States faces unprecedented mental health and substance use crises among people of all ages and backgrounds. Two out of five adults have symptoms of anxiety or depression, and under-resourced communities are disproportionately impacted. Even before the COVID-19 pandemic, rates of depression and anxiety were increasing.¹ The grief, trauma, and physical and social isolation related to the COVID-19 pandemic have exacerbated these issues for many.² Among adults aged 18 or older in 2021, nearly 58 million people had any mental illness (AMI) and 14 million people had a serious mental illness (SMI) in the past year.³ In addition, drug overdose deaths have reached a historic high, devastating individuals, families, and communities. More than 107,600 people in the United States died due to an overdose in 2021, and over 46 million people met diagnostic criteria for a substance use disorder (SUD) in the past year.^{3,4}

However, despite these tragic numbers, we also know that many people are moving toward and achieving recovery. The most recent [National Survey on Drug Use and Health](#) (NSDUH) tells a more encouraging story: nearly 21 million adults who perceived they ever had a substance use problem and nearly 39 million who perceived they ever had a problem with their mental health considered themselves to be in recovery or to have recovered.³

The many issues surrounding behavioral health are challenging and complex and require multifaceted efforts. As part of a more comprehensive and nation-wide approach, in 2022 President Biden announced the [Unity Agenda](#), which among other things, highlights mental health and the opioid crisis as two of four key pillars.² The Substance Abuse and Mental Health Services Administration (SAMHSA) is actively working to advance this agenda, which includes strengthening system capacity, connecting more people to care, and creating a continuum of support that aims to transform our health and social services infrastructure to address behavioral health holistically and equitably, including those communities and populations that have historically been under-resourced. With that in mind, SAMHSA has developed a new four-year strategic plan to reflect these priorities.

The 2023–2026 SAMHSA Strategic Plan presents a new person-centered mission and vision highlighting key guiding principles and presenting new priorities, goals, and objectives. To be as comprehensive as possible, the Plan also aligns to various initiatives and goals of the Administration, Congress, and the U.S. Department of Health and Human Services (HHS).

Strategic Framework

This is a significant time in history. Federal, state, and local governments; tribes and tribal organizations; communities; families; providers, and people with lived experience are all coming together to help address the mental health and substance use crises. SAMHSA’s Strategic Plan is informed by agency leadership and staff; traumatic events such as school shootings; natural disasters such as hurricanes, tornados, and wildfires; and the innovative ideas and suggestions communicated by our many stakeholders.

Mission

SAMHSA’s mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

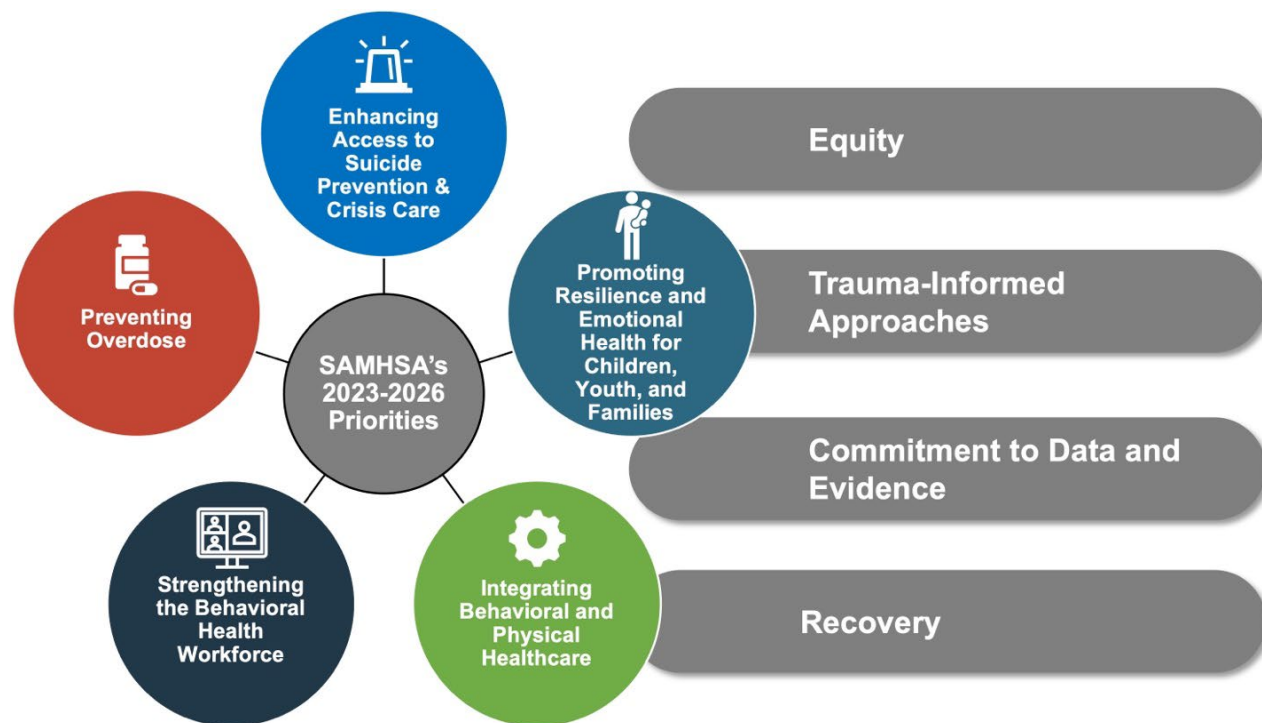
Vision

SAMHSA envisions that people with, affected by, or at risk for mental health and substance use conditions receive care, thrive, and achieve well-being.

Priorities and Guiding Principles

The new Strategic Plan keeps the prevention, treatment, and mental health promotion continuum at its core, and emphasizes four guiding principles: equity, trauma-informed approaches, recovery, and a commitment to data and evidence.

The priorities and their corresponding goals and objectives focus on five key areas and are described in greater detail later in this document:



Purpose

The 2023–2026 SAMHSA Strategic Plan supports the numerous initiatives and goals of the Administration, Congress, and HHS that prioritize behavioral health. For example, the [President’s Unity Agenda](#) calls out mental health as essential to overall health, and multiple executive orders such as [Executive Order 13985](#) highlight the importance of advancing racial equity and support for under-resourced communities.^{5,6} The [2022 National Drug Control Strategy](#) underscores the damaging consequences of the drug overdose epidemic and the urgent need for substance use prevention and early intervention, harm reduction, treatment, and recovery support for all who need it.⁷

In concert, HHS released its [2022–2026 Strategic Plan](#), which calls for protecting and strengthening equitable access to high-quality and affordable health care as well as improving social well-being, equity, and economic resilience.⁸ HHS also published a [Health Workforce Strategic Plan](#), which discusses enhancing care quality through professional development, collaboration, and evidence-informed practices and encourages the use of data to strengthen the health workforce.⁹ Additionally, the [Surgeon General developed an Advisory on Protecting Youth Mental Health](#), which emphasizes the role family, communities, policy makers, media, young people, and others play in increasing resiliency and supporting children and youth.¹⁰ SAMHSA is also working to advance the [National Tribal Behavioral Health Agenda \(TBHA\)](#) with Tribes and across the federal government, to improve behavioral health, and contribute to the well-being of American Indians and Alaska Native people. The TBHA is a guiding blueprint that assists in strengthening policies and programs, aligning disparate resources, and facilitating collaboration.¹¹

Further illustrating that behavioral health is a top priority for the nation, Congress passed the [Bipartisan Safer Communities Act](#), which, among other directives, includes meaningful investments in school-based mental health services and additional support for the [988 Suicide and Crisis Lifeline](#).¹² SAMHSA has also received extensive and thoughtful feedback from stakeholders calling for action to improve well-being by heightening the importance of behavioral health integration and focusing on trauma-informed, recovery-oriented, and person-centered care.

SAMHSA received a total of \$7.5 billion in the [Consolidated Appropriations Act, 2023](#).¹³ This is almost \$1 billion over SAMHSA’s Fiscal Year 2022 level and the largest increase (15.2%) of any agency within HHS. The law also reauthorized key SAMHSA programs at increased funding levels and created new programs to improve access to recovery and peer supports. Additionally, the law contains provisions to improve access to integrated care, increase the behavioral health workforce, and increase access to medications for opioid use disorder by removing the DATA 2000 waiver (X-waiver).¹³

The above-mentioned federal efforts share many similar themes and objectives. It is SAMHSA’s intent that the 2023–2026 Strategic Plan unite these undertakings by facilitating actions to help fully integrate behavioral health services and supports within all health care programs and systems; develop a well-trained, diverse, and culturally competent workforce; reduce incidence,

prevalence, and mortality related to overdose and suicide; and provide the resources needed to develop, support, promote, and sustain resilience in children, youth, and families.

Guiding Principles

The 2023–2026 Strategic Plan integrates four guiding principles, as described below, across all policies and programs and will support SAMHSA in achieving its mission and vision.

Equity

Under-resourced/historically marginalized populations include the following: Black, Latino, Hispanic and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; Lesbian, Gay, Bisexual, Transgender, And Queer, And Intersex (LGBTQI+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.¹⁴

Behavioral health equity is the right to access high-quality and affordable health care services and supports for all populations. According to [Executive Order 13985](#), the term “equity” means the consistent and systematic fair, just, and impartial treatment of all individuals, including those who belong to underserved communities that have been denied such treatment.⁶

As population demographics continue to evolve, behavioral health care systems will need to expand their ability to effectively meet the growing needs of a diverse population. Improving access to care, promoting quality programs and practice, and reducing persistent disparities in mental health and substance use services for under-resourced and historically marginalized populations and communities are important first steps to ensuring that all people are provided with fair opportunities to be as healthy as possible.

For some populations, this remains an ongoing challenge. The 2021 [NSDUH](#) report showed that White people were more likely than Hispanic, Latino, or Asian people to have received substance use treatment at a specialty facility in the past year. Similarly, White and Multiracial adults were more likely to receive mental health services in the past year than Black, Hispanic, Latino, or Asian American adults.³ American Indian/Alaska Native adults were more likely than White, Black, Hispanic, or Asian adults to have both AMI and a SUD.³ NSDUH data also showed that Lesbian, Gay, and Bisexual (LGB) adults were more than twice as likely than heterosexual individuals (49.7% for LGB vs. 20.2% for heterosexual) to have used an illicit substance in the past year.³ This has important implications for how behavioral health systems effectively outreach, engage, and retain these diverse groups in care. For example, in conjunction with promoting access to high-quality services, behavioral health disparities can be mitigated by addressing social determinants of health (SDOH), such as social injustice and racial exclusion, unemployment, level of education, lack of access to transportation, food insecurity, housing instability, and exposure to trauma.¹⁴

Reducing the impact of SDOH in conjunction with promoting adherence to the [National Culturally and Linguistically Appropriate Services Standards](#) are also important steps SAMHSA takes to reduce disparities.¹⁵ Unfortunately, language accessibility and assistance are often overlooked despite the fact they are fundamental to engagement in treatment, quality of care, and the customer experience.¹⁶ For communities and populations where English is not the primary spoken language, provision of language assistance is not only a civil right regarding health care, but a necessary component of equitable care.¹⁶

Trauma-Informed Approaches

Trauma is a widespread and costly public health problem that occurs due to emotionally harmful events such as violence, abuse, neglect, or disaster.¹⁷ For those with mental health and substance use conditions, trauma is an almost universal experience.¹⁷

Research has documented the relationships among exposure to traumatic situations, impaired neurodevelopmental and immune system responses, and subsequent health risk behaviors resulting in chronic physical and/or behavioral health disorders.^{18,19,20,21,22} Although many people who experience trauma may overcome it, becoming stronger and more resilient, for others, trauma can be overwhelming and disruptive.¹⁷

It is important to recognize that whole communities can experience trauma and can be profoundly shaped by traumatic experiences.¹⁷ For many marginalized populations, their experiences of historical and intergenerational trauma coupled with the daily experiences of interpersonal and structural racism and discrimination can have a significant impact on individual and community well-being.¹⁷

Trauma-informed approaches recognize and intentionally respond to the lasting adverse effects of traumatic experiences, while promoting linkages to recovery and resilience for impacted individuals and families.¹⁷

A trauma-informed approach is defined by six key principles:

1. **Safety:** participants and staff feel physically and psychologically safe
2. **Peer support:** peer support and mutual self-help are vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing lived experience.
3. **Trustworthiness and transparency:** decisions are conducted with the goal of building and maintaining trust.
4. **Collaboration and mutuality:** importance is placed on partnering and leveling power differences.
5. **Cultural, historical, and gender issues:** culture and gender-responsive services are offered while moving beyond stereotypes/biases.
6. **Empowerment, voice, and choice:** organizations foster a belief in the primacy of the people who are served to heal and promote recovery from trauma.¹⁷

Recovery

SAMHSA’s working definition of recovery is described as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.²³ This definition is operationalized through four major dimensions:

1. **Health:** overcoming or managing one’s disease(s) or symptoms, and making informed, healthy choices that support physical and emotional well-being.
2. **Home:** having a stable and safe place to live.
3. **Purpose:** conducting meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society.
4. **Community:** having relationships and social networks that provide support, friendship, love, and hope.²³

The concept of recovery promotes the expectation that all individuals, including those with SUDs and mental illnesses, can thrive. Recovery is more than abstinence or symptom remission, rather it is based on the notions of living well and that thriving is the goal and expectation. SAMHSA not only envisions individuals achieving recovery, but also supports developing and sustaining recovery-oriented systems of care and creating recovery facilitating environments. The intent is that when anyone with a behavioral health condition seeks help, they are met with the knowledge and belief that anyone can recover and/or manage their conditions successfully. SAMHSA also recognizes that recovery takes into account cultural and community expectations and is understood and embraced differently across diverse populations.

SAMHSA has been instrumental in advancing recovery support systems to promote partnering with people in recovery and their family members to guide the behavioral health system. This includes promoting individual, program, and system-level approaches that foster health and resilience; increasing housing to support recovery; reducing barriers to employment, education, and other life goals; and securing necessary social supports in their chosen community.

Commitment to Data and Evidence

Timely, high-quality data help public health officials, policymakers, community practitioners, and the public to understand mental health and substance use trends and how they are evolving; inform the development and implementation of targeted evidence-based interventions; focus resources where they are needed most; and evaluate the success of programs and policies. A key objective is to decrease the burden on stakeholders while expanding and improving data collection, analysis, evaluation, and dissemination. To achieve this objective, SAMHSA is streamlining and modernizing data collection efforts, while also coordinating evaluation across the agency to ensure funding and policies are data driven. Additionally, the agency is utilizing rigorous evaluation and analytical processes that are in alignment with the [Foundations for Evidence-Based Policymaking Act of 2018](#).²⁴

Leveraging data and evidence also strengthens SAMHSA’s activities around the other guiding principles and the five priority areas. It is vital that data and evidence is used to both inform

policies and program development as well as determine program impact on mental health and substance use conditions. SAMHSA, using robust methods to collect, analyze, and report valid, reliable, trustworthy, and protected data, is key to improving and impacting behavioral health treatment, prevention, and recovery for communities most in need. By using rigorous methods, and improving the quality and completeness of program data, data can be disaggregated across different population groups to assess disparities within the behavioral health care system. SAMHSA’s vision will be accomplished by better leveraging optimal data to inform the agency’s policies and programs.

Priorities

The following sections describe SAMHSA’s priorities, strategic goals, and related objectives. Each section also discusses the key approaches, mechanisms, and strategies SAMHSA intends to engage in to deliver measurable results in advancing its mission and vision.



Priority 1: Preventing Overdose

The isolation, anxiety, and reduced access to resources experienced by so many during the COVID-19 pandemic have exacerbated the overdose epidemic and contributed to a sharp rise in related deaths.² In response, U.S. Department of Health and Human Services released an [Overdose Prevention Strategy](#) (OPS) in October 2021, which outlines four pillars: Primary Prevention, Harm Reduction, Evidence-Based Treatment, and Recovery Support.²⁵ The OPS is built on the principles of maximizing health equity by using the best available data and evidence to inform policy and actions, by integrating substance use disorder (SUD) treatment services into other types of health care and social services, and by reducing stigma.²⁵ It recognizes the full continuum of integrated care and services needed to help prevent substance use, reduce harm, expand quality treatment, and sustain recovery from SUD.²⁵

People from under-resourced and marginalized communities face particularly complex challenges; however, it is critical to recognize that every community has strengths and protective factors such as faith-based organizations, civic associations, community-based organizations, and other natural helpers that can work in conjunction with evidence-based practices to support people facing substance use problems.²³ Addressing substance use and SUDs among underserved racial, ethnic, and Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBTQI+) populations include: (1) incorporating culturally and linguistically effective practices and engagement strategies; (2) being community-centered; (3) offering comprehensive services that include participants' SUD(s), health care, and social needs; and (4) using culturally tailored harm reduction and healing-centered approaches to care and recovery.²³

Substance Abuse and Mental Health Services Administration (SAMHSA)'s contributions to these efforts begin upstream with primary prevention programs that are supported through technical assistance (TA) such as the [Prevention Technology Transfer Centers](#) (PTTC), the [Strategic Prevention Technology Assistance Center](#) (SPTAC), and funding such as the [Substance Use Prevention, Treatment, and Recovery Services Block Grant](#) and the [Partnerships for Success](#) grant programs. Recognizing some individuals may have a SUD or need more intensive services, SAMHSA supports a range of more targeted mitigation services, including harm reduction approaches such as distribution of naloxone and fentanyl test strips to those at high risk for overdose.

SAMHSA's treatment and recovery support programs such as the [State](#) and [Tribal Opioid Response](#) and [Building Communities of Recovery](#) grants, include a range of evidence-based services. These types of services specifically aim to link people with SUDs and those who have experienced an overdose to low-barrier access to medication and non-pharmacologic treatment options as well as peer support and recovery services to reduce repeat overdoses. Together, these efforts help address substance use conditions by meeting people wherever they are on the behavioral health continuum, through targeted services and supports that are culturally responsive and driven by public health data.

Goal 1. To prevent overdose deaths in America, SAMHSA will support efforts to transform systems and services that increase access to and utilization of harm reduction approaches and effective treatments.

As the overdose crisis continues to change, SAMHSA will take an evidence-based approach to saving lives, reducing risk, and removing barriers to effective interventions. With this approach, SAMHSA will promote care and services that respect the health and dignity of people who use drugs. System changes will include data driven performance improvement and will be informed by impacted individuals, families, and communities to achieve outcomes that reduce risk, save lives, and provide equitable pathways to recovery. System transformation will occur within clinical and community-based settings, focusing on priority populations across the lifespan and throughout the continuum of care.



**Prevent Overdose
Goal 1 Example Programs**

The **Substance Use Prevention, Treatment, and Recovery Services Block Grant** provides funds to states, territories, and tribes to help plan, implement, and evaluate activities that support prevention, treatment, and recovery from SUD. SAMHSA strongly encourages grantees to use a portion of their funding for recovery support services.

State/Tribal Opioid Response Programs prevent overdose deaths from opioids and stimulants, reduce unmet treatment need, and support recovery for people with, or at risk for, opioid use disorder and/or stimulant use disorders and related conditions. The programs also include a robust technical assistance center.

The **Harm Reduction Program Grant** supports community-based overdose prevention programs, including naloxone distribution, syringe services programs, health and harm reduction education, and linkages to care, including for infectious diseases.

Objective 1.1. Increase utilization of medications for opioid use disorder.

Buprenorphine, methadone, and naltrexone are three medications approved by the Food and Drug Administration (FDA) for the treatment of opioid use disorder (OUD). Available in different formulations, these medications are backed by significant evidence for their effectiveness in improving outcomes for people with OUD.²⁶ Studies show that methadone and buprenorphine, in particular, reduce opioid-related mortality by over 50 percent. Treatment that includes a medication for opioid use disorder (MOUD) is also associated with significant reductions in human immunodeficiency virus and viral hepatitis disease transmission, and with improvements in recovery-related outcomes such as employment, educational attainment, and

quality of life.²⁷ Despite some improvement in response to policy changes seeking to expand access to MOUD, these medications continue to be vastly underutilized.^{28,29}

To address these issues, SAMHSA will work with partners across federal government and externally to foster the utilization of MOUD. This includes implementing the [removal of the DATA 2000 waiver](#) (X-waiver) for prescribing buprenorphine for the treatment of OUD and revised regulations for the provision of methadone. Removal of the X-waiver seeks to remove known barriers to treatment availability by allowing more practitioners to prescribe buprenorphine for OUD.³⁰ Additionally, SUD management education will be a requirement of all Drug Enforcement Administration-registered providers, which should increase treatment capacity and help decrease stigma as SUD education is moved to mainstream curricula.³⁰ SAMHSA is also working with other partners towards expanding access and use of methadone and buprenorphine in correctional settings and addressing stigma of MOUD and other factors that impact equitable uptake and continued treatment, particularly among populations hard hit by the overdose crisis. MOUD will be included as a required service across SAMHSA wherever possible, and this includes in the [Certified Community Behavioral Health Clinics program](#), which now has nearly 500 sites across 46 states that require the provision of MOUD.³¹

Objective 1.2. Increase uptake of evidence-based interventions.

To combat morbidity and mortality related to SUDs, SAMHSA supports several evidence-based interventions. For instance, opioid education and naloxone distribution and syringe services programs effectively reverse overdoses and reduce infectious disease spread, respectively.²⁶ In the absence of pharmacological treatments, behavioral interventions are often employed as mainstays. For example, the lack of effective, FDA-approved pharmacological treatments for stimulant use disorder elevates contingency management as a lifesaving option. Contingency management is an evidence-based intervention to support SUD recovery efforts among adults in which individuals receive incentives to reinforce desired behaviors that promote recovery from SUDs.³² Decades of research have demonstrated contingency management as an effective strategy across racially and socioeconomically diverse populations in supporting recovery from various SUDs by producing higher abstinence rates and higher retention in treatment compared to other interventions.³²

SAMHSA will promote nonpharmacological evidence-based interventions proven to save and improve lives, such as naloxone, overdose education, and contingency management, through grant funded training and technical assistance programs and strategic partnerships. SAMHSA will also support permissible expenditures in service delivery grants.

Objective 1.3. Achieve universal access to overdose prevention strategies and education competencies.

SAMHSA will support federal, state/territorial, local, and tribal partnerships promoting universal and focused public education campaigns raising awareness of overdose mitigation strategies that include naloxone and fentanyl test strip distribution/drug checking, stigma reduction, overdose prevention training, and low-barrier treatment.

SAMHSA will also support targeted and data-driven public health strategies that address populations at heightened risk for overdose fatality including pre-arrest diversion and referral to harm reduction programs, naloxone upon release programs, programs that are culturally responsive to under-resourced and stigmatized populations, post-overdose response programs, and naloxone distribution at treatment programs.

Additionally, SAMHSA will work in collaboration with states and communities to achieve naloxone saturation, which is typically considered the amount of naloxone needed to ensure its availability for immediate use in 80 percent of witnessed overdoses.³³ The agency will also support harm reduction organizations' access to naloxone and support public health interventions to increase knowledge and capabilities in naloxone distribution. Promoting partnerships between harm reduction and treatment organizations to support training and education to facilitate low-barrier services is also a SAMHSA priority.

Goal 2. To reduce overdose risk, SAMHSA will support primary prevention and strengths-based recovery approaches that reduce barriers and create more opportunities to thrive.

This goal will impact both those at risk for a SUD and/or of an overdose as well as help individuals, families, and communities facilitate greater opportunities for recovery. Primary prevention includes strategies and interventions mainly focused on the general population and are aimed at delaying or preventing substance use. Primary prevention also includes strategies and interventions that prioritize subgroups at higher risk for substance misuse and overdose to prevent the likelihood of developing a SUD or experiencing an overdose. A strengths-based recovery approach recognizes and cultivates the unique strengths and abilities individuals possess to better cope with and overcome behavioral health challenges.²³ Recovery support services are designed to leverage the assets of individuals, families, and community resources to improve health and well-being.²³

Prevent Overdose Goal 2 Example Programs

The **Substance Use Prevention, Treatment, and Recovery Services Block Grant** requires that grantees spend no less than 20 percent of their allotment on primary prevention strategies. While a similar set aside has yet to be included for recovery support, SAMHSA strongly encourages states to use a portion of their funding for recovery support services.

Strategic Prevention Framework – Partnerships for Success grants help reduce the onset and progression of substance misuse and its related problems by supporting the development and delivery of state and community substance misuse prevention and mental health promotion services.

Peer Recovery Center of Excellence is a peer-led national center that provides training and technical assistance related to SUD recovery.

Objective 2.1. Establish recovery-oriented systems of care as the framework for promoting individual, family, and community health.

A recovery-oriented system of care is a network of community-based services and supports that is person and family-centered, culturally responsive, and builds on the strengths and resiliencies of individuals, families, and communities to achieve improved health, wellness, and quality of life for those with or at risk for behavioral health problems.²³ Community based services and supports draw on the resources within the community, including clinical and non-clinical services. This ensures ongoing and seamless connections to individuals for as long as needed. Services are designed to support individuals across the lifespan, understanding that needs and resources change and shift over the course of recovery and time.

To further this objective, SAMHSA will adapt or adopt policies and practices that are informed by the most recent data and reflect scientific advances. This approach will ensure that resources and TA are directed to advance community-based systems and services oriented to recovery, resiliency, wellness, and social inclusion. SAMHSA will also engage people with lived experience and federal, state, local, and tribal partners to advance health equity and address social determinants of health (SDOH) so that people in every community can thrive and reach their fullest potential.

Objective 2.2. Enhance protective factors in preventing or delaying initiation of substance use.

Risk and protective factors are conditions in environments that can significantly impact health and overall well-being.³⁴ Protective and risk factors are behaviors, experiences, or conditions that either decrease or increase, respectively, an individual's likelihood of consuming substances. Protective factors include social coping and effective problem-solving skills, strong interpersonal relationships, employment, and community supports.³⁴ Alternatively, risk factors include adverse

childhood experiences (ACEs), social pressure, living in communities with poor SDOH of health, and trauma. ACEs can have lasting, negative effects on health and well-being including behavioral health.³⁴ Creating and sustaining safe, stable, nurturing relationships and environments for all children and families can prevent ACEs and help all children reach their full potential. Protective factors can help buffer individuals from influences that make them more inclined to start or continue using substances.^{35,36}

Through grant funding and stakeholder partnerships, SAMHSA will support strength-based approaches that enhance protective factors. Approaches include enhancing cultural connections, bolstering community-based resources, strengthening family relationships, and offering a variety of afterschool programs.

Objective 2.3. Expand resources for families and caregivers impacted by overdose.

Families and caregivers impacted by overdose need access to resources to help support the well-being of a person at risk of or who has experienced an overdose. Resources can also include programs, activities, or services that help promote the well-being of families and caregivers to help prevent substance use among other family members. SAMHSA will partner with other federal agencies to develop informational materials and programs that are consistent with the [2022 National Strategy to Support Family Caregivers](#).³⁷

SAMHSA will direct resources to ensure the inclusion and participation of family members and informal caregivers in program development, implementation, and evaluation of funded services and TA. Families and caregivers from diverse and under-resourced communities will be a population of special focus for culturally responsive outreach, education, and mitigation tools in partnership with local entities.

Objective 2.4. Strengthen factors to improve health, home, purpose, and community to address social determinants of health.

Improving socioeconomic factors such as environmental conditions, economic factors, and interpersonal relationships are essential to strengthening SDOH, which reduces the risk of substance misuse, promotes equity, and improves overall health and well-being.

To help strengthen these linkages, SAMHSA will provide funding to eligible entities for screening, intervention, referral, linkage to care, and warm hand-off support services focused on substance misuse prevention and/or cessation, infectious disease prevention and treatment, mental health, primary care, pre-arrest diversion/deflection, housing, employment, education, peer support, and other psychosocial needs. SAMHSA is working with federal partners and other stakeholders such as through the [Interdepartmental Substance Use Disorders Coordinating Committee](#) and will support policies and practices that address individual, family, and community needs associated with SDOH including through efforts such as peer specialists, community health workers, faith-based leaders, person-centered planning, case management, and others.



Enhancing Access to Suicide Prevention & Crisis Care

Priority 2: Enhancing Access to Suicide Prevention and Crisis Care

Enhancing access to suicide prevention and crisis care is a key priority for Substance Abuse and Mental Health Services Administration (SAMHSA). By improving the nation’s efforts in this area, individuals experiencing suicidal ideation and other behavioral health crises can thrive and achieve well-being.

Suicide is a preventable cause of premature mortality and a leading cause of death for adults and youth; during the COVID-19 pandemic, there were significant increases in suicidal behaviors among young people.³⁸ In 2020, death by suicide was the second leading cause of death for youth ages 10–14 and the third leading cause among individuals between the ages of 15–24 in the United States.³⁹ The 2021 [National Survey on Drug Use and Health](#) data estimated that the number of adults with serious thoughts of suicide was 12.3 million, those with plans for suicide was 3.5 million, and those who attempted suicide was about 1.7 million.³ Fully addressing suicide involves preventive public health interventions as well as workforce improvements so that all providers can consistently identify and provide basic care and support of those at risk for suicidal ideation and behaviors. This includes engaging those individuals who have indicated plans to complete suicide, those considering a suicide attempt, individuals who have attempted suicide, and family members of these individuals.


As SAMHSA’s 2020 [National Guidelines for Behavioral Health Crisis Care](#) indicate, comprehensive crisis care systems include several core services, such as crisis contact centers, mobile crisis teams, and crisis receiving and stabilizing facilities.⁴⁰ In 2022, SAMHSA also provided guidance on crisis care for youth in the [National Guidelines for Child and Youth Behavioral Health Crisis Care](#), which further supports a developmentally tailored approach to crisis care for young people with an emphasis on home and community-based stabilization supports as appropriate, “a safe place to be” while prioritizing safety.⁴¹ A behavioral health crisis care ecosystem represents a key set of services that includes someone to contact, someone to respond to the location of the person in crisis and, *if needed*, a safe place to receive help. These services address the acute behavioral health needs of people in crisis, are consistent with goals to prevent suicide, overdose, and other adverse crisis-related outcomes, and are linked to subacute and outpatient services with a goal of ongoing engagement toward harm reduction, treatment, and recovery. More robust, culturally relevant, and responsive systems will be essential to meeting crisis care needs across the nation. Crisis services must be trauma-informed and avoid re-traumatizing individuals seeking help by avoiding use of restraint and seclusion practices. Together these components, when person-centered and coordinated with other services, can address the mandate of serving anyone, at any time, from anywhere across the country.

To help achieve this goal, on July 16, 2022, the National Suicide Prevention Lifeline transitioned to the [988 Suicide & Crisis Lifeline](#).⁴² Services provided through this number include direct contact with a trained counselor and referral to services. Training for counselors must include work across the lifespan, effective approaches for individuals with disabilities, attention to

historical trauma, stigma, and discrimination in marginalized communities, and knowledge of population specific factors that may influence engagement with crisis workers. For situations in which risk is imminent or the crisis is ongoing, a responder such as a mobile crisis response unit can go where the caller is and/or identify a place the caller can go for help. SAMHSA continues to invest in key suicide prevention efforts such as the [Garrett Lee Smith \(GLS\) Youth Suicide Prevention](#) and [Zero Suicide](#) programs, as well as to provide needed technical assistance (TA) to the field.

Goal 1. To save lives and improve well-being, SAMHSA will lead public health efforts to reduce suicidal ideation and behavior.

This goal aligns with the [Surgeon General’s 2021 Call to Action to Implement the National Strategy for Suicide Prevention](#). Through grant funding, coordination, dissemination of practice and policy recommendations, data collection, and evaluation, SAMHSA has a key role in strengthening service development to promote access to quality suicide prevention care, improve engagement of service recipients and providers, and ensure that resources are aligned with practices that are more impactful.



Prevent Suicide
Goal 1 Example Programs

Garrett Lee Smith State/Tribal Youth Suicide Prevention and Early Intervention Program supports states and Tribes with implementing youth suicide prevention and early intervention strategies in schools, juvenile justice, substance use and mental health programs, foster care systems, pediatric health programs, and other child and youth-serving organizations. The program reduces suicides and suicide attempts among youth.

Suicide Prevention Resource Center advances suicide prevention infrastructure and capacity building through consultation, training, and resources to states, Native settings, colleges and universities, health systems and other settings, and organizations that serve populations at risk for suicide.

National Strategy for Suicide Prevention grant program aims to prevent suicide and suicide attempts among adults by supporting efforts to implement suicide prevention and intervention programs. The program raises awareness of resources available to prevent suicide; promotes help seeking behavior; establishes referral processes, and improves outcomes for individuals at risk for suicide.

Objective 1.1. Improve access to suicide prevention services.

Reducing barriers and enhancing equitable, culturally and trauma-informed, and linguistically responsive access to the [988 Suicide & Crisis Lifeline](#) and other core components of the crisis services continuum will offer immediate support to those in distress and can decrease the development of future crisis situations. Suicide prevention services must also be embedded

through the broader public health and health care systems. An example of this work can be seen in the [Zero Suicide grant program](#), which supports the implementation of the Zero Suicide intervention and prevention model for adults throughout a health system or systems.

However, building suicide prevention services does not guarantee that all populations will be aware of and/or use these services. For historically marginalized populations with deep-seated mistrust of health care systems, engagement strategies and partnerships with the community and community-gatekeepers will be essential to facilitating trust and utilization of these services. It is also important to recognize that in-language services are essential in crisis situations for communities where English is not the preferred or primary language.

SAMHSA will support the expansion of community public health and health care-based wellness, recovery, and suicide prevention programs that work to prevent future crisis encounters. This includes upstream efforts to prevent attempts and the emergence of suicidality; increase primary care providers' skills in identifying suicidality, assessing safety, talking about lethal means restrictions, and implementing safety planning; and increase behavioral health providers' knowledge and implementation of evidence-based practices to treat suicidality and deliver behavioral health crisis care. To support these efforts, programs like the [GLS program](#) utilize strategies such as working with a range of youth serving systems (e.g., schools, child welfare, juvenile justice, and pediatric services). Other SAMHSA efforts include engaging systems serving military personnel, veterans and older adults, workplaces, faith-based communities, and tribal communities, which are also integral to improving access to suicide prevention services.

Considerations regarding equity are also critical to these efforts. For example, the SAMHSA [Native Connections Grant Program](#) supports grantees in reducing suicidal behavior and substance use among Native youth up to age 24, easing the impacts of substance use, mental illness, and trauma in tribal communities, and supports youth as they transition into adulthood. Furthermore, the [National Action Alliance for Suicide Prevention](#), in conjunction with the [Suicide Prevention Resource Center](#), is conducting a formative audience evaluation to ensure [988 Suicide & Crisis Lifeline](#) efforts—implementation, programmatic, and messaging—are well informed by populations at high risk or disproportionately impacted by mental health or suicide-related behaviors. This will include qualitative and quantitative data collection from various groups such as African American youth and adults, American Indian/Alaska Natives, older rural adults, Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBTQI+) individuals, and Latino and Hispanic youth and adults.

Objective 1.2. Improve the quality and effectiveness of suicide prevention services.

SAMHSA will enhance suicide prevention services by supporting training standards and promoting the adoption of practices that are evidence-based, evidence informed, or promoted through expert consensus. This includes, but is not limited to, assuring [988 Suicide & Crisis Lifeline](#) call center staff are well trained and responsive to the needs of all individuals who call, text, or chat, including those from under-resourced and marginalized communities. Training will

be supported through implementation of core curriculum modules with subsequent evaluation of worker skill.

An example of an evidence-based practice is strengthening follow-up protocols for individuals who have experienced a behavioral health crisis, including, but not limited to emergency department visits, inpatient psychiatric admissions, and other behavioral health crisis care encounters. Collecting, analyzing, and reporting data (e.g., training and policy changes, screening, model fidelity, practice adoption) must accompany practice implementation to inform quality improvement efforts. This type of work is supported through the [Zero Suicide grant program](#) that supports the implementation of the Zero Suicide intervention and prevention model for adults throughout a health system or systems.

Goal 2. To deliver crisis care across all communities, SAMHSA will improve the quality and accessibility of the crisis care system.

When adequately resourced, a responsive behavioral health crisis system provides person-centered, trauma-informed responses that decrease reliance on law enforcement and utilization of hospital emergency departments.⁴⁰ Too often, people with mental and substance use disorder (SUD) treatment needs cannot access the care they need when they need and want it, or they get lost in transition across a highly fragmented and inadequately funded system.⁴⁰ Under-resourced and marginalized populations, such as those from racial, ethnic, sexual and gender minority groups, and rural communities often face additional barriers with respect to access and outcomes.⁴⁰

The growth of a robust behavioral health crisis response system will require leadership at multiple levels throughout mental health and substance use services systems. This includes a role for federal partners as well as state, tribal, local leaders, and people with lived experience. In a highly fragmented and disjointed system, there is a clear role for SAMHSA. Through the [988 and Behavioral Health Crisis Coordinating Office](#), in conjunction with the agency's Centers and Offices, SAMHSA will work with partners to convene, coordinate, and disseminate information, including updated evidence and best practices, provide ongoing learning and TA, facilitate awareness and behavior change campaigns, and support the measurement and evaluation of system performance across the crisis continuum. In this role, SAMHSA can identify strategies and resources to address policy issues including regulatory, governance, and funding or obstacles faced by jurisdictions.

Objective 2.1. Improve the experience for people in crisis and for crisis care providers.

SAMHSA will lead the nation in promoting the development of crisis and related services so the needs and experience of the persons in crisis are prioritized. The foundation SAMHSA relies on in the design of crisis services includes starting with the individual. First one must ask what does a person in crisis need? The answer is three broad categories of services: someone to talk to, someone to respond, or a safe place for help. Using a whole population approach, states and other stakeholders are asked to start their planning with thinking about the needs, circumstances,

and situation of a person in crisis. Using this whole population approach as a starting point, SAMHSA aims to continuously increase support and TA through the development of TA center documents, reports, and meetings as well as partnering and keeping abreast of developments in evolving research on best practices in crisis services. SAMHSA will promote and enhance genuine engagement with persons who have experienced crisis and are living with or are in recovery from mental illnesses or SUD by developing several initiatives that will improve and serve as a model for state and local systems on consumer engagement in services design and delivery. SAMHSA also aims to lead efforts to reduce barriers and enhance equitable, culturally and linguistically responsive access to the [988 Suicide & Crisis Lifeline](#); strengthen coordination between 988 and 911 Public Safety Answering Points, including the support of programs that divert calls from 911 to 988 to decrease unnecessary law enforcement response to crisis encounters; promote the improvement of law enforcement interactions; and increase the influence of those with lived experience in planning, implementation, delivery, and evaluation of the behavioral health crisis continuum. The incorporation of person-centered, trauma-informed principles will promote engagement and improvements in quality crisis service delivery. Through these efforts as well as collaborations with national partners, SAMHSA will lead the nation in the development and dissemination of best practices in crisis care.

Objective 2.2. Improve allocation of resources across the crisis care ecosystem.

There are significant variations in crisis service definitions and gaps in the evidence base supporting specific model implementation. The crisis system must adapt to emerging needs and evidence, and resources need to be aligned and scaled to respond to this growth and evolution. A multi-faceted financing strategy will create flexibility in allowing partners to weave together sustainable funding approaches to crisis services. SAMHSA will support alignment of policy and program incentives to drive effective, safe, high-quality community-based care. This includes a focus on sustaining crisis services through grant opportunities as well as public and commercial payors. How resources are allocated must be consistent with equity goals to overcome historical barriers and address inequities in access and outcomes.



Priority 3

Promoting Resilience and Emotional Health for Children, Youth, and Families

Priority 3: Promoting Resilience and Emotional Health for Children, Youth, and Families

Most individuals with mental health and substance use conditions first manifest signs in childhood, adolescence, and young adulthood. In fact, half of all mental illnesses emerge by the time a child turns age 14, and nearly 75 percent by the time a person is 24-years-old.⁴³ There is also a significant correlation between adverse childhood experiences, which are potentially traumatic events that occur in childhood, and aspects of the child's environment that can undermine their sense of safety, stability, bonding, and contribute to poor physical and behavioral health outcomes in adulthood.⁴⁴

Even before the COVID-19 pandemic, the nation's youth were experiencing significant mental health and substance use challenges. Nearly one in five young people had a diagnosable mental health condition, and one in 10 had a serious emotional disturbance (SED) that negatively impacted their ability to function at home, in school, or in the community.^{45, 46} Additionally, more than one in 10 youth ages 12-20 had a substance use disorder (SUD), inclusive of alcohol, or illicit drugs.⁴⁷ The pandemic has made this situation even worse with depression and anxiety doubling in youth, especially youth of color, compared to pre-pandemic levels;⁴⁸ moreover, more than 215,000 children in the U.S, have experienced the death of a primary or secondary caregiver due to COVID-19, with children of Black, indigenous, and other people of color disproportionately impacted.^{49,50,51} The Centers for Disease Control and Prevention also released data indicating that one in three high school students experienced poor mental health during the pandemic and nearly half of students felt persistently sad or hopeless.^{52,53}

Unfortunately, many young people do not receive the treatment supports they need. According to the 2021 [National Survey on Drug Use and Health](#), over half of children/youth with mental health needs did not receive services, and over 98 percent of young adults with a SUD did not receive appropriate treatment.^{3,54} Furthermore, those seeking treatment experienced longer delays, including days long stays in the emergency department for those needing an inpatient hospital bed.⁵⁵

Substance Abuse and Mental Health Services Administration (SAMHSA)'s vision for youth behavioral health is that all children, youth, young adults, and their families thrive in their homes and communities. SAMHSA will achieve this through a tiered public health approach that matches each child with the right intervention at the right time by working upstream and acting early in the risk trajectory through a system of care. This approach will use early identification, effective interventions, and implementation science in the context of community engagement so that youth, young adults, and their families will achieve wellness. Furthermore, it will afford specialized evidence-based treatment for those who have SED, serious mental illness (SMI), and SUDs.

Goal 1. To ensure that all children, youth, and families have opportunities to thrive, SAMHSA will increase access to a comprehensive array of equity-driven behavioral health programs by increasing program integration and expanding pediatric behavioral health capacity.

SAMHSA will emphasize the importance of promotion, prevention, early intervention, treatment, and recovery by engaging with child-serving sectors, especially schools and primary care; create a specialized focus for children, youth, and families as part of the crisis continuum; and strengthen workforce capacity and skills.

**Children, Youth & Families
Goal 1 Example Programs**

Children’s Mental Health Initiative provides resources to improve the mental health outcomes for children and youth, birth through age 21, at risk for or with SED, and their families. This program supports the implementation, expansion, and integration of the System of Care approach by creating sustainable infrastructure and services that are required as part of the Comprehensive Community Mental Health Services for Children and their Families Program (also known as the Children’s Mental Health Initiative or CMHI). With this program, SAMHSA aims to prepare children and youth with or at risk of SED for successful transition to adulthood and assumption of adult roles and responsibilities.

Circles of Care provide tribes and tribal organizations with the tools and resources to plan and design a family-driven, community-based, and culturally and linguistically competent system of care.

Objective 1.1. Strengthen the nation’s youth behavioral health system by integrating behavioral health care across youth-serving systems, including child welfare and juvenile justice, with a particular emphasis on education and pediatric primary care.

SAMHSA will expand the use of the “System of Care” framework, which seeks to organize services and supports into a coordinated network, build meaningful partnerships with youth and families, and address their cultural and linguistic needs.⁵⁶ Services and supports are coordinated across systems, individualized, and delivered in the most appropriate, least restrictive setting to help young people reach their full potential and thrive. The foundation of this work has been created through the [Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances program](#) (also known as the Children’s Mental Health Initiative or CMHI).

Schools

To address the behavioral health needs of students and ensure that schools are both secure and safe, SAMHSA will emphasize the Comprehensive School Mental Health Systems (CSMHS) framework and the use of a Multi-Tiered System of Supports (MTSS).⁵⁷ The CSMHS framework and MTSS approach are designed to provide a continuum of instructional and behavioral

supports that can positively impact an entire school and create a supportive school culture, as well as offer specific interventions to meet the individual needs of each student.

Although some schools can provide direct services (i.e., school-based interventions), many others do not have such capabilities and therefore must link with services in the community (i.e., school-linked services). These linkages with community-based organizations help schools identify and address the unique needs of students, which can allow for more comprehensive assessments, reduce service gaps, and lead to better outcomes. These programs focus on emotional and behavioral wellness and resilience, as well as services and supports for youth who have SMI or SUDs.

Pediatric Primary Care

SAMHSA will seek to improve the integration of youth behavioral health and pediatric primary care. Pediatric primary care is the point of initial care delivery for 75 percent of children and youth and can be the key to early identification of complex needs and effective referral and coordination of care.⁵⁸ Best practice related to integrating behavioral health and primary care requires an infrastructure of universal evidence-based screening, measurement-based care (MBC), psychiatric and addiction medicine consultation, and collaboration among service providers.

The [Consolidated Appropriations Act, 2023](#) included provisions that prioritized integrating primary and behavioral health care.¹³ For example, Section 1301 of the law reauthorized and augmented SAMHSA’s primary and behavioral health care integration program.¹³ The provision added a requirement that 10 percent of appropriated funds for the program be allocated to implement the psychiatric collaborative care model by primary care practices.¹³

Objective 1.2. Ensure that plans to develop the crisis continuum, in conjunction with the transition to the 988 Suicide & Crisis Lifeline, incorporates a specialized focus for children, youth, and their families.

Currently the nation’s crisis system is in a state of major growth and development. Crisis services do not adequately meet the specialized needs of youth, nor do they function as a coordinated system. This prevents children and youth from getting the services they need when and where they need them. Although ideally children and youth in crisis should be served in their communities, emergency departments and law enforcement are often the first point of entry into the behavioral health system. Therefore, in 2022, SAMHSA released [The National Guidelines for Child and Youth Behavioral Health Crisis Care](#), which offers best practices, implementation strategies, and practical guidance for the design and development of services that meet the needs of children, youth, and their families experiencing a behavioral health crisis.⁴¹

Crisis and mobile response teams can de-escalate behavioral health emergencies and are an important part of the array of available services.⁴¹ They often serve as a diversion from hospital-level care and involvement in the juvenile justice and child welfare systems.⁴¹ Mobile response and stabilization teams focused on children and youth are necessary to ensure that services are provided by the right people with the appropriate expertise.⁴¹ Some youth may need more than

mobile crisis response and may also need a “safe place to be.”⁴¹ Efforts should prioritize stabilization with the youth and family such that the youth can remain at home, however, SAMHSA recognizes that the safety of the youth is a high priority. For youth, a home based and/or community-based stabilization services can be delivered over a period of several weeks. When situations cannot be resolved in home or when the home is unsafe, youth may need more intensive services such as a crisis stabilization unit, emergency department, or inpatient treatment.

Objective 1.3. Work collaboratively with other federal agencies and external stakeholders to develop strategies to increase capacity to deliver behavioral health services for children, youth, and their families.

The pediatric behavioral health workforce shortage will ultimately lead to long-term negative outcomes across countless dimensions, particularly in underserved communities, with more pronounced inequities across communities of color.^{59,60} In addition, low reimbursement rates for youth behavioral health services and limited behavioral health benefit packages have contributed to the ongoing challenges related to obtaining and paying for services and supports.⁵⁸ To ensure availability to children, youth, and families, it is of paramount importance to address funding mechanisms and the need to expand access to quality care. To respond to this need, a responsive, culturally, racially, and ethnically diverse workforce comprised of youth and family peers, paraprofessionals, allied professionals, and clinicians must be mobilized. One specific area of focus will be to provide guidance regarding how to implement services and obtain reimbursement to integrate pediatric primary care and youth behavioral health.

To assist with efforts to expand the workforce, SAMHSA has a long history of collaborating with federal partners. Similarly, non-federal partnerships can drive the state, local, and tribal dissemination of resources. SAMHSA will continue collaborative efforts to expand the youth behavioral health workforce, address behavioral health issues related to child welfare and juvenile justice, and identify strategies to fund quality care for youth.

Despite 36 percent of American children being covered by Medicaid and/or Children Health Insurance Program, there are significant challenges for children and youth with insurance accessing providers in-network, and SAMHSA will be commissioning a study to evaluate the barriers in behavioral health provider participation in public insurance programs.⁶¹ Furthermore, while SAMHSA encourages care in the least restrictive environment, the lack of available inpatient and residential treatment beds for children who require them has been a growing issue. This situation has led to significant downstream effects, such as increased emergency department boarding times for children in behavioral health crisis. SAMHSA will evaluate the reasons behind why these beds have been closing and will also engage with partners to discuss potential development of funding mechanisms for youth crisis services to prevent the unnecessary utilization of inpatient and residential levels of care.

Goal 2. To meet the specific needs of children, youth, and their families, SAMHSA will support the dissemination and implementation of evidence-based and culturally appropriate services.

An increasing number of studies demonstrate that the use of evidence-based practices to address child and youth behavioral health conditions improves outcomes.⁶² In fact, these treatments consistently outperform control conditions for the most common youth disorders, including anxiety, depression, and disruptive behavior. It is also important that the evidence show relevance and effectiveness for culturally diverse populations.⁶²

Evidence-based interventions are needed and should demonstrate improved outcomes should show relevance and effectiveness for culturally diverse populations. However, SAMHSA is not a research entity; notwithstanding, the agency often supports necessary adaptations to evidence-based services so that they are aligned with cultural and linguistic needs of the population served. SAMHSA will also encourage the use of a MBC approach. MBC is an evidence-based strategy to improve service outcomes that involves the systematic administration of symptom rating scales and use of the results to drive clinical decision-making. Routine data collection as part of MBC processes has been demonstrated to inform treatment planning and improvements in treatment outcomes.



**Children, Youth & Families
Goal 2 Example Program**

Family TREE grantees provide a comprehensive, family-centered, trauma-informed, culturally competent, and evidence-based integrated outpatient system of care, which includes early intervention and recovery support services to meet the complex needs of the population of focus. The benefits include screening, assessment, treatment, and wraparound care, and they must be provided in outpatient, intensive outpatient, or day treatment settings.

Objective 2.1. Reduce health disparities and ensure effectiveness of SAMHSA programs by establishing an equity-informed approach to data, evaluation, technical assistance, and service delivery that is specific to young people and their families.

There is a widespread need to increase timely data collection and analysis in order to more immediately respond to youth behavioral health needs.⁶² Data are also needed to develop, implement, and evaluate interventions to determine if they meet requirements to be identified as an evidence-based practices and to ensure the inclusion of marginalized groups in the interventions that are provided. Relevant and timely analysis of data is also critical to evaluating the effectiveness of SAMHSA’s programs and services and to understanding the needs of diverse populations. Data can help inform the implementation of high-quality programs, practices, and policies that are responsive, recovery-oriented, trauma-informed, and equity-driven (culturally and linguistically competent). This objective focuses on creating data strategies that understand

the unique needs of children and youth, and support programs that reduce and eliminate behavioral health inequities.

Population inclusive data can also help identify specific needs and can be used to develop focused interventions. Significant inequities exist across a range of behavioral health areas for Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI+), Black, indigenous, and children of color.¹⁰ These range from rates of diagnosis of attention-deficit/hyperactivity disorder to disparate treatment with antipsychotics for impulsivity to the startling morbidity and mortality among Black youth by suicide.¹⁰ Given this, there is an explicit need to address the social and structural determinants of mental illness and SUD—paying particular attention to behavioral health equity.

Objective 2.2. Promote and coordinate technical assistance for youth behavioral health that provides guidance and expertise to professionals, organizations, and the public.

SAMHSA provides technical assistance (TA) to support individuals, communities, and systems as they develop and implement plans to address youth behavioral health challenges. However, current SAMHSA’s efforts in this area are limited. Building on existing efforts, SAMHSA will create a robust specialized national TA center for youth behavioral health to assist individuals, organizations, and communities to improve and reform youth behavioral health services and systems. This comprehensive center will use a public health approach to provide TA related to wellness and health promotion, early identification and intervention, and treatment and recovery approaches across the developmental spectrum. This TA will focus on improving clinical services and programs, addressing specialized topics such as reducing health disparities and financing service delivery, expanding capacity and access to youth and family peer support, and providing interventions that are trauma- and grief-informed and recovery/resilience-oriented.

Objective 2.3. Increase the inclusion of young people and family members with lived and living experience in the development, implementation, and evaluation of programs and services.

An increasing body of evidence shows that outcomes improve when young people and their families are engaged in their own treatment decisions and in the development of policies and procedures governing care.^{63,64,65} Youth and family members with lived and living experience provide a perspective and descriptive information that contextualizes and complements the interventions being delivered, and highlights areas for system improvement and reform. As a result, SAMHSA intends to obtain feedback from people receiving services for continuous quality improvement and to promote opportunities for leadership and positive development. This includes engaging young people and their family members on SAMHSA National Advisory Councils, educational activities, and in the development and implementation of training and TA to grantees and the public.

Objective 2.4. Guide the optimal use of technology to support the behavioral health of children, youth, and families.

Use of technology significantly impacts the nation’s children, youth, and families.¹⁰ The use of telehealth services in particular, greatly expanded as a result of the COVID-19 pandemic and has improved access to mental and substance use disorder services.¹⁰ Technology also has the potential of providing robust social support. For example, social media provide youth who identify as LGBTQI+ with an environment that fosters peer connections and supports emotional well-being.⁶⁶ Additionally, the utilization of crisis supports through text and chats has exponentially risen since the transition to the [988 Suicide & Crisis Lifeline](#) and these services are disproportionately used by young people.⁶⁷ There is also an emerging area of work to better understand the role of digital technologies to assist in the treatment of behavioral health conditions from apps to wearables, which show promise for the future of behavioral health service delivery.

Unfortunately, social media can be harmful to child, youth, and family mental health. According to a Pew Research Survey (2022) nearly half of United States teens ages 13 to 17 have been bullied or harassed online, and 53 percent identify it as a “major problem.”⁶⁸ Such negative influences can create or exacerbate conditions such as anxiety and depression, and excessive use of social media has been linked to impulsive behavior and loneliness. Understanding the influences of increased use of technology and new digital platforms on the mental health of young people is key to adapting policy and practices. SAMHSA’s [Center of Excellence on Social Media and Mental Wellbeing](#) is developing and disseminating information, guidance, and training on the impact of youth social media and technology use, particularly the potential benefits and risks that these platforms may pose to mental wellness and resilience.



Integrating Behavioral and Physical Health Care

Priority 4: Integrating Behavioral and Physical Health Care

Although mortality can be directly related to mental and substance use disorders (SUDs), people living with these conditions are also at higher risk for poor health outcomes associated with preventable chronic physical health problems.^{69,70} Systems that provide health care services, including primary care, are often ill equipped to meet the myriad complex needs of people with mental health and SUDs, especially when more support and attention would be helpful than what is available or feasible within these setting.⁷⁰ This may complicate efforts for people with serious mental illness (SMI) and SUDs to access or effectively engage with different types of healthcare from which they could benefit. This is one contributing factor to the shorter life expectancies among people with SMI and SUDs compared to their peers without these conditions.⁶⁹

At the same time, people with behavioral health conditions often experience challenges getting the care they need. For example, according to the [2021 National Survey on Drug Use and Health \(NSDUH\)](#), 44 million people ages 12 and older in the United States needed substance use treatment in the past year; however, only 6.3 percent reported receiving any; and close to 58 million adults ages 18 or older had any mental illness during the same time period.³

In addition, systemic factors, such as lack of transportation, condition-related stigma and discrimination, high rates of past trauma, racism, homophobia, and transphobia may pose significant barriers for people and families to trust and effectively engage with behavioral and other healthcare services. These factors apply no matter the age of the individual as they have impacts across the lifespan.

Improving health holistically for people with mental and substance use issues can be addressed through the integration of behavioral and physical healthcare in different ways to improve comprehensive care in all settings. Recognizing the multidimensional elements to health, a whole-person approach considers the individual at the center of care regardless of treatment setting, integrates their goals and priorities into a person-centered care plan, is culturally informed and appropriate, and aims for the creation of health and well-being—not just the absence of disease.

A key to achieving a whole-person care approach is advancing the bi-directional integration of behavioral health with all other health care services and systems. Substance Abuse and Mental Health Services Administration (SAMHSA)'s integration efforts provide support in areas integral to its mission, including grant programs, technical assistance (TA), training resources, and policy activities. These efforts also include the education and training of primary care providers to better promote prevention, screening, and early behavioral health interventions, self-management approaches including shared decision making so individuals and families can fully participate in care, as well as investing in models that connect individuals with behavioral health issues to needed physical health screening and associated care. SAMHSA funds the [National Center of Excellence for Integrated Health Solutions](#) (CIHS), which houses some of the newest evidence-based resources, tools, and support for organizations working to integrate primary and

behavioral health care. This team of experts in organizational readiness, integrated care models, workforce and clinical practice, health and wellness, and financing and sustainability partner with providers to create a customized approach to advance integrated care and health outcomes.

SAMHSA is also working with federal, state/territorial, local, and tribal partners to eliminate the barriers that providers encounter when trying to deliver holistic health care and supports. These barriers are especially profound when serving communities disproportionately affected with comorbid infectious disease conditions.

Goal 1. To promote whole-person care and improve health outcomes, SAMHSA will advance bi-directional integration of health care services across systems for people with behavioral health conditions.

Bi-directional care integration focuses on improving access to and delivering whole-person care and addressing physical and behavioral health in an integrated system where providers work together to deliver and coordinate care.⁷¹ SAMHSA also acknowledges that bi-directional care integration is not a “one-size fits all” endeavor. Specialty behavioral health and primary care settings differ in significant ways, including patient populations, provider expertise and background, resource needs, financing and information technology systems, and primary drivers of care.⁷¹ These differences need to be factored into any integration activities.

Despite these differences, consistently applying a whole-person care approach no matter the setting can improve health outcomes for people with behavioral health conditions.⁷² Non-specialty healthcare settings, whether emergency departments, hospitals, or primary care may be the first place for an encounter with an individual in need of behavioral health services. These encounters represent significant opportunities for screening, diagnosis, and engagement in effective services and supports, not only for physical and behavioral health conditions but also supports that pay attention to Social Determinants of Health.⁷⁰ Providing treatment for behavioral health conditions in primary care not only expands access to these services, but allows for attention to other acute and chronic health conditions.⁷⁰ Interventions for behavioral health conditions in primary care especially reaches the large population of individuals with less complex or stable mental and SUD.⁷²

To be successful, this goal will require partnerships and educational efforts among all stakeholders. That includes actively and closely engaging, building on, and working with federal partners prominent in this area, including the Health Services and Resources Administration (HRSA), the Centers for Disease Control and Prevention, the Office of the Assistant Secretary, the Veterans Administration, and others. For example, the SAMHSA-HRSA [CIHS](#) assists providers in integrating primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in specialty behavioral health or primary care provider settings.

Healthcare Integration Goal 1 Example Programs

Promoting Integration or Primary and Behavioral Health Care grants promote full integration and collaboration in clinical practice between primary and behavioral healthcare and promote integrated care services related to screening, diagnosis, prevention, and treatment of mental and SUDs, and co-occurring physical health conditions and chronic diseases.

Screening, Brief Intervention and Referral to Treatment grants implement screening, brief intervention, and referral to treatment services for children, adolescents, and/or adults in primary care and community health settings with a focus on screening for underage drinking, opioid use, and other substance use.

Objective 1.1. Increase resources and service capacity through grants, educational materials, and technical assistance for mental health and substance use disorder education, screening, prevention, treatment, and recovery in physical health care settings.

Historically there has always been an unmet need for behavioral health care services. According to NSDUH data, many of those with behavioral health conditions have not received treatment.³ Additionally, the COVID-19 pandemic has resulted in increased symptoms of anxiety and substance use that call for additional investments to address these concerns across more integrated treatment settings.³ Physical health care settings play important roles in preventing, identifying, mitigating, treating, and supporting the recovery of people with, or at risk for, behavioral health conditions.⁷¹ Meeting these functions presumes that practitioners have the requisite education, support, and resources to adequately deliver these services. An example can be found in the [Consolidated Appropriations Act of 2023](#), which amended the [Public Health Service Act](#) to reauthorize and augment the primary and behavioral health care integration program by requiring that 10 percent of appropriated funds be allocated to implementing the psychiatric collaborative care model by primary care practices.¹³

SAMHSA will continue to support training and TA using a whole-person care framework for all practitioners, health systems, and other organizations that seek to provide behavioral health care. These efforts will align with and complement the range of SAMHSA’s programs that support the spectrum of prevention, treatment, recovery support, and mental health promotion services across primary care, emergency departments and hospital settings, infectious disease clinics, and criminal justice-related health care services such as grants to expand SUD treatment in drug courts and TA through the [CIHS](#).

Objective 1.2. Increase resources and service capacity through grants, educational materials, and technical assistance for physical health condition education, screening, prevention, treatment, and recovery in behavioral health care settings.

Specialty behavioral health care settings may be the primary and only places in which people with mental and substance use conditions encounter and engage with health professionals on a longer-term basis. To improve health outcomes for their clients, this means behavioral health organizations need to be prepared for physical health conditions and integrate services for the people they serve.

Several of SAMHSA’s programs, including the [Certified Community Behavioral Health Clinics](#), the [Minority Acquired Immunodeficiency Syndrome \(AIDS\) Initiative](#), and the [Promoting Integration of Primary and Behavioral Health Care grants](#), include aspects of wellness-focused and whole-person care requirements such as primary healthcare screenings and referrals. SAMHSA will expand these activities to all relevant grant programs.

Objective 1.3. Increase availability and improve uptake of training, education, and technical assistance on evidence-based, trauma-informed, integrated whole-person care.

SAMHSA has a long history of providing training, education, and TA to a range of healthcare audiences to advance the behavioral health needs of the nation. With a growing emphasis on wellness-focused, whole-person care, SAMHSA will continue to focus on these activities, ensuring inclusion of trauma-informed, integrated care approaches. Work from various stakeholders and partner federal agencies such as the VA and the National Institutes of Health on whole-person care models will also inform efforts.^{72,73} SAMHSA will employ its strategic data collection revisions in measuring acceptance and uptake of these training and TA efforts, including the [Whole Health Action Management](#) model that SAMHSA plans to review and revise.



Strengthening the Behavioral Health Workforce

Priority 5: Strengthening the Behavioral Health Workforce

The nation's mental health and substance use workforce is critical to providing individuals with access to essential health care services. Prior to the COVID-19 pandemic, there was already a projected shortage of behavioral health care providers, with acute shortages predicted for psychiatrists and addiction counselors through 2030.⁷⁴ The provider shortage is likely to be further exacerbated due to the negative impact of COVID-19 and burnout.⁷⁵ Simultaneously, higher demand for services is predicted due to increased prevalence of depression and anxiety disorders and substance use related to the COVID-19 pandemic.^{76,77} Substance Abuse and Mental Health Services Administration (SAMHSA) is working closely with the Health Resources and Services Administration (HRSA) through the [Behavioral Health Workforce Research Center](#) to define and more clearly describe these needs.

Recognizing that a strong behavioral health workforce must meet people's needs where they are, the [21st Century Cures Act](#) directed SAMHSA to work with states and other stakeholders to develop and support recruitment and retention efforts specific to addressing mental health conditions and substance abuse disorders (SUDs).⁷⁸ To assist with recruitment and retention efforts, SAMHSA engages with the field through numerous pathways such as provision of training and technical assistance (TA), encouraging the expansion of the use of paraprofessionals, and increasing the diversity and cultural competency of the workforce. In particular, peer providers and paraprofessionals have been shown to play a crucial role in enhancing and extending care to communities.⁷⁹ This expansion of workers from the community served is important considering that lack of diversity in the workforce is a systemic issue that contributes to poor health outcomes for racial, ethnic, sexual, and gender minorities.⁸⁰ The use of telehealth and other technologies among behavioral health providers is also a promising strategy that can help increase access to mental illness and SUD treatment by addressing workforce shortages, which are often more pervasive in certain geographic areas.⁸³

Goal 1. To meet the behavioral health needs of the nation, SAMHSA will support the active recruitment, training, and retention of diverse, qualified individuals into the behavioral health workforce.

Research has shown the positive impact on client outcomes when the clinicians providing care are of similar racial, ethnic, sexual orientation, and gender identity backgrounds as those receiving service.⁸⁰ Further, behavioral health service accessibility, availability, affordability, and acceptability are enhanced when the workforce is stable and established in a community. Through grants, contracts, and TA resources, SAMHSA will highlight best and promising practices in recruitment and retention and expand the reach of training and skill development to assure the workforce is qualified to provide the services offered.

Strengthen the Workforce Goal 1 Example Programs

Minority Fellowship Program (MFP): Fellowships are open to people pursuing master's or doctoral degrees in various fields of behavioral health. SAMHSA-sponsored, and administered by eight national behavioral health organizations, the MFP annually provides approximately 200 master's level and Ph.D. students with educational scholarships and training. MFP fellows commit to working with minority and underserved communities for a specified period after they complete their education.

Historically Black Colleges and Universities Center for Excellence (HBCU-CFE): The HBCU-CFE program recruits students to careers in behavioral health fields that address mental and SUD, provides training that can lead to careers in the behavioral health field, and prepares students for obtaining advanced degrees in the behavioral health care field. HBCU-CFE activities emphasize education, awareness, and preparation for careers in mental and SUD treatment including addressing opioid use disorders, serious mental illness (including First Episode Psychosis), and suicide prevention.

Objective 1.1. Expand the number of Minority Fellowship Program fellows and enhance the reach of the Historically Black Colleges and Universities Center for Excellence.

SAMHSA operates the [Minority Fellowship Program](#) (MFP) and [Historically Black Colleges and Universities Center of Excellence in Behavioral Health](#) (HBCU-CFE) programs that aim to increase the number of behavioral health practitioners serving minority populations. While both the MFP and HBCU-CFE programs have shown success in expanding the number of behavioral health providers that serve minority populations, they are not meeting increased demand to provide culturally appropriate behavioral health care.

Working with grantees and stakeholders, SAMHSA will reassess the MFP and HBCU-CFE to expand and enhance their impact. By expanding the reach of these two programs, SAMHSA can support increasing the total number of behavioral health practitioners that serve minority and underserved populations.

Objective 1.2. Develop new pipeline programs by engaging high school, community college, and four-year university students.

While the [MFP](#) and [HBCU-CFE](#) programs have been successful, they are insufficient to meet demand for bolstering the behavioral health workforce. Nationally, there is a need to attract quality candidates into the behavioral health prevention, intervention, treatment, and recovery support fields. Programs that build awareness and educate people about these career fields establish a “pipeline” of new talent that eventually adds to the national behavioral health workforce.

To build a sustainable workforce it is necessary to attract candidates by educating them about this field as early as possible. Targeted outreach efforts are needed to support those exploring entry-level careers and those who are completing their degrees and deciding with which populations they want to specialize. This is long-term work that will grow the pool of viable candidates for behavioral health care positions around the country.

Objective 1.3. Expand the availability of paraprofessionals, particularly peer support providers.

Peer support providers offer encouragement, practical assistance, guidance, and understanding to support recovery. Peer support providers walk alongside people in recovery, offering individualized supports and demonstrating that recovery is possible. They share their own experience including strategies for self-empowerment and achieving a self-determined life that can complement or, in some cases, replace clinical supports. They support people in recovery to connect with their own inner strength, motivation, and desire to move forward in life, even when experiencing challenges. Peer support providers and recovery coaches are critical in engaging people into recovery; navigating complex service systems; providing support and hope; and modeling that people can manage or overcome their conditions and live full, healthy lives. Leveraging paraprofessionals and peer support providers can help licensed clinicians to serve a greater number of people.

Recognizing their value, SAMHSA will work with stakeholders to educate them on what peer support providers and paraprofessionals are doing across the nation to help address the acute need for behavioral health care. This includes developing a model national peer specialist standard, conducting training and TA to further the peer workforce, and working with federal, state, and local partners on issues such as financing, recruitment, and continuing education.

Objective 1.4. Increase the supply and capacity of the behavioral health workforce to provide new, innovative, and evidence-based treatment in community-based primary care settings.

SAMHSA recognizes that the overall supply of the behavioral health workforce does not meet the current demand for behavioral health services.⁷⁴ In addition to increasing the overall supply of behavioral health practitioners, there are other ways, such as greater utilization of telehealth, to expand capacity.⁸³ In addition, more behavioral health care can be provided in primary care settings. However, these settings often do not have behavioral health providers embedded in the practice, requiring additional steps to access behavioral health. In addition, overburdened primary care providers may not have the resources to stay abreast of new, innovative, and evidence-based behavioral health treatments.⁸¹

Recent additional funding has been provided through both SAMHSA and HRSA for primary health providers to offer behavioral health care, but primary health providers will need supports to understand what new, innovative, and evidence-based interventions are most effective and how to access them.

SAMHSA will increase resources for education and training programs that enhance providers' use of recovery-oriented, evidence-based strategies and tailors prevention and clinical interventions to be responsive to communities' linguistic and cultural needs. Further, SAMHSA will maintain and expand its [Evidence-Based Practices Resource Center](#) with easily searchable references to make information and tools that incorporate evidence-based practices available to practitioners for use in communities or clinical settings.

Goal 2. To improve the quality of behavioral health care, SAMHSA will promote and support professional development initiatives to improve the competencies of service providers.

Mental health and substance use disorder prevention, treatment, and recovery services are delivered in greatly varied settings by a wide variety of professionals and paraprofessionals. Regardless of the setting, behavioral health care should be delivered using evidence-based and culturally informed practices. Working with professional organizations, licensing and credentialing boards, and SAMHSA's Technical Assistance Centers (TACs) and Centers of Excellence (COEs), SAMHSA will work to improve behavioral health provider competencies. Such improvements have been seen through programs such as the SAMHSA funded [Providers Clinical Support System](#), which provides both training and clinical mentoring to providers treating SUDs.



**Strengthen the Workforce
Goal 2 Example Programs**

Technology Transfer Centers (TTC) Program: TTCs develop and strengthen the specialized behavioral healthcare and primary healthcare workforce that provides prevention, treatment, and recovery support services for SUD and mental illness. The TTC program is comprised of three networks: the Addiction Technology Transfer Centers, the Mental Health Technology Transfer Centers, and the Prevention Technology Transfer Centers. Each network is comprised of a National Coordinator Center and 10 Regional Centers.

Clinical Support System for Serious Mental Illness (CSS-SMI): This initiative supports the use and implementation of evidence-based screening and treatment for SMI through education and consultation. The TA provider engages and leads more than 30 national mental health organizations who help guide this interprofessional project. CSS-SMI supports real-world clinical practice with education, data, and consultations.

Objective 2.1. Increase the use of equity-oriented and trauma-informed approaches in SAMHSA’s training and technical assistance efforts for providers of behavioral health services.

SAMHSA’s overall approach to training and TA must be responsive to the communities in which the providers deliver service. With the great diversity in the country’s communities and the disparities in access for those populations that remain under-served and under-resourced, all SAMHSA-funded training and TA must include considerations for equitably increasing access and incorporating trauma-informed approaches, relevant to each setting. Services must be trauma-informed to respond to individual, family, community, and historical trauma that have impacted populations. This includes working to prevent trauma, including adverse childhood experiences, and to prevent re-traumatizing those seeking care.

Objective 2.2. Improve training and supports for providers who work with young people with or at-risk for behavioral health conditions.

Behavioral health providers for children, adolescents, and young adults are historically difficult to attract and retain in the health workforce.⁸² It is critical that providers are trained to respond to the diverse needs of all youth, spanning developmental ages, demographics, intellectual and developmental abilities, and socio-economic situations.

SAMHSA currently supports the [National Training and Technical Assistance Center for Children, Youth and Family Mental Health](#) (NTTAC). NTTAC provides an array of trainings, TA, and resources to providers, organizations, and agencies from across the system of care. SAMHSA will review how these trainings and supports can be improved and expanded to get providers the supports they need. In addition, the development of the SAMHSA-wide TAC, targeted for development under SAMHSA’s priority to Enhance Resilience and Wellness Among Youth and Families, will enhance the services and skill levels of providers who work with young people.

Similarly, many of SAMHSA’s Centers offer supports for practitioners aiding targeted communities, but they do not necessarily have offerings for children in these communities. SAMHSA will review how to create greater synergies and resources across its Centers to support providers who work with young people.

Objective 2.3. Increase awareness and utilization of practitioners’ education and training opportunities.

Through its partners, SAMHSA offers a variety of education and training opportunities, but it is unclear whether practitioners know about and sufficiently leverage these resources. To ensure practitioners have opportunities for self-development, SAMHSA will review the programming and delivery methods to ensure they recognize providers’ busy schedules, that identified shortcomings are addressed, and that barriers to self-development are mitigated. SAMHSA will also launch an awareness campaign among practitioners to ensure they know what is available to them.

Objective 2.4. Promote evidence-based professional development to improve behavioral health providers’ competencies in line with the National Behavioral Health Quality Framework.

The [National Behavioral Health Quality Framework](#) is an initiative that was established by SAMHSA after the passage of the Affordable Care Act to promote the quality of health among Americans and reduce costs of care. Major components of the framework include the patient, population, payor, system, plan, provider, and practitioner. Achieving safe, high quality, affordable behavioral health care for all Americans will be the product of millions of local actions in local communities—actions taken by doctors and nurses, patients and family members, and systems put in place by health and behavioral care organizations, providers, payors, and care managers to ensure high quality, effective and reliable care.

To enhance the utility of the Framework, progress in achieving goals and priorities can be assessed at three separate but related domains: (1) among SAMHSA-funded programs and activities; (2) among behavioral health systems (e.g., states and counties) and providers (e.g., networks, managed care vendors); and (3) among the general population, or subpopulations reflecting specific demographic and/or clinical characteristics.

Goal 3. To increase the accessibility of behavioral health providers in all communities, SAMHSA will reduce barriers to the continuum of high-quality services.

We learned during the COVID-19 pandemic that accessing behavioral health providers in a virtual space can make services available to people who would not otherwise have access.⁸³ However, even with virtual options, people still face barriers to receiving specialized behavioral health treatment, and some policy barriers reduce the effectiveness that virtual services could realize.⁸³ SAMHSA seeks to reduce barriers to high-quality services, regardless of how those services are delivered, and seeks to decrease disparities in access to care.

The use of telehealth among behavioral health providers is just one promising strategy that can help increase access to mental health services and SUD treatment by addressing workforce shortages, which are often more pervasive in certain geographic areas. In addition to providing services directly to the individual, the use of telehealth can increase the quality of treatment services. For example, the [Project Extension for Community Healthcare Outcomes](#) model utilizes video conferencing to train primary care clinicians to treat chronic illnesses and conditions, such as treatment for individuals with opioid use disorder or children with mild to moderate mental disorders.

Strengthen the Workforce Goal 3 Example Programs

African American Behavioral Health Center of Excellence is designed to help the field transform behavioral health services for African Americans, making them safer, more effective, more accessible, more inclusive, welcoming, and engaging, and more culturally appropriate and responsive. This is achieved through collaboration, training, TA, and a variety of written and recorded resources.

The **Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders** guide reviews ways that telehealth modalities can be used to provide treatment for serious mental illness and SUDs among adults, distills the research into recommendations for practice, and provides examples of how these recommendations can be implemented.

Objective 3.1. Increase investments to reduce disparities in access to specialized behavioral health care.

Access to specialized behavioral health services can be limited due to a variety of causes—cost, stigma, lack of transportation, personal mobility, hours of operation, and lack of access to information technology equipment (phone, computer, internet, etc.), among others.⁸⁴ The underlying causes of the disparities can be tied to a lack of infrastructure, personal supports, and other reasons.

Some federal programs already exist to reduce barriers, such as the [Federal Communications Commission’s \(FCC\) Rural Digital Opportunity Fund](#), and other FCC and U.S. Department of Health and Human Services programs to expand telehealth. Partnering with these and other stakeholders to expand access to behavioral health care has the potential to reach historically underserved communities. Additional programs to provide targeted populations with access to computer equipment serve as a model for SAMHSA to explore.

To address these causes and reduce barriers to specialized behavioral health care, SAMHSA will expand the availability and use of grant funds to invest in approvable strategies to mitigate these causes. SAMHSA will also increase partnerships with other federal, state, tribal, and philanthropic programs to decrease disparities in access.

Objective 3.2. Increase funding opportunity announcements that allow resources to be used to expand virtual care.

SAMHSA will clarify and expand where possible, the approvable use of SAMHSA grant and contract dollars to support virtual care including support for infrastructure (equipment), provider reimbursement, supervision, and evaluation of quality impact.

Objective 3.3. Decrease restrictions on credentialed practitioners working across state lines, particularly for under-resourced populations.

Individuals have long been able to cross state lines to receive care, but providers have been restricted to practice in the state in which they maintain active licenses.⁸³ With the advancement of telehealth and other technologies, we have learned that telehealth is effective in the delivery of behavioral health treatments and that telehealth can result in greater and more timely access to professional care.⁸³ Each state’s licensure requirements are under the jurisdiction of state government.⁷⁸ However, the federal government can facilitate greater reciprocity of acceptance of licensed practitioners across states so that there is greater access to providers. One such mechanism is HRSA’s work on interstate compacts, which create agreements across state lines to accept professionals who are licensed in other states.

SAMHSA will work with federal and state authorities involved with behavioral health and trade associations representing behavioral health providers as well as credentialing, certifying, and licensing bodies to establish common scope of practice guidelines for behavioral health professionals and paraprofessionals. This work aims to decrease barriers to moving between states to practice and providing services across state lines as well as support multidisciplinary, interprofessional collaborative care models. Such common scopes of practice can form the basis for cross-state compacts for credentialled professionals and certified paraprofessionals.

Conclusion

The behavioral health needs of the nation are unquestioningly complex. To address them as comprehensively as possible, it is critical to recognize approaches must be person-centered and account for the great diversity of individuals, families, and communities. It must also be acknowledged there is much work to do to build health systems and approaches that provide high quality care and services to those who need them the most. As such, holistic approaches are key as they put people at the center of their care, regardless of treatment setting, and integrates their goals and priorities into individualized care plans that are culturally informed and appropriate. As the new SAMHSA mission and vision clearly convey, the goal is for everyone to have opportunities to thrive and achieve better health outcomes.

The work before us will be challenging, but ultimately with this Strategic Plan, along with the many efforts of federal partners and vast networks of stakeholders across the diverse range of disciplines, expertise, and lived experience, success is possible. As we continue in this work and build out new policies, programs, and strategies, it is also essential to acknowledge that the individuals who comprise SAMHSA’s workforce are critical to achieving our goals and objectives. As an agency, we are aware that addressing some of our nation’s toughest challenges requires a dedicated, diverse, and highly skilled staff, as well as talented and engaged leadership that foster innovation, collaboration, and culturally-informed, data-driven solutions.

SAMHSA’s mission and vision recognize the role our programs and grants play in providing opportunities to promote good mental health and support SUD prevention, treatment, and recovery at all points along the continuum of care and lifespan. In a rapidly changing physical and social landscape, it is more important than ever that evidence-based practices and data-driven decision making inform our work to the greatest degrees possible. As we consider our great responsibility to improve the behavioral health of the nation, we must also keep at the forefront the essential tasks of building a robust and diverse workforce and supporting policies and programs that are equitable, accessible, adaptable, and sustainable.

Acronyms

Term	Definition
ACEs	Adverse Childhood Experiences
AMI	Any Mental Illness
CIHS	National Center of Excellence for Integrated Health Solutions
CMHI	Children’s Mental Health Initiative
CSMHS	Comprehensive School Mental Health Systems
CSS-SMI	Clinical Support System for Serious Mental Illness
FCC	Federal Communications Commission
FDA	Food and Drug Administration
GLS	Garrett Lee Smith Youth Suicide Prevention Program
HBCU-CFE	Historically Black Colleges and Universities Center for Excellence
HHS	U.S. Department of Health and Human Services
HRSA	Health Services and Resources Administration
LGB	Lesbian, Gay, Bisexual
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex
MBC	Measurement-Based Care
MFP	Minority Fellowship Program
MOUD	Medication for Opioid Use Disorder
MTSS	Multi-Tiered System of Supports
NTTAC	National Training and Technical Assistance Center for Children, Youth and Family Mental Health
NSDUH	National Survey on Drug Use and Health
OPS	Overdose Prevention Strategy
ODU	Opioid Use Disorder
SAMHSA	Substance Abuse and Mental Health Services Administration
SDOH	Social Determinants of Health
SED	Serious Emotional Disturbance
SMI	Serious Mental Illness
SPRC	Suicide Prevention Resource Center
SUD	Substance Use Disorder
TA	Technical Assistance
TAC	Technical Assistance Center

TBHA	National Tribal Behavioral Health Agenda
TTC	Technology Transfer Center
X-Waiver	DATA 2000 Waiver

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