



A Life
in the
Community
for
Everyone



*From Exclusion
to Belonging:*



Transforming
Mental Health Care
in America



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

A Life in the Community for Everyone

The Vision

A Life in the Community for Everyone



“People of all ages, with, or at risk for mental or substance use disorders, should have the opportunity for a fulfilling life that includes a job, a home, and meaningful relationships with family and friends.”

—Charles G. Curie,
Administrator

Dear Colleague:

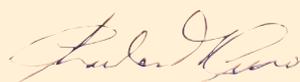
It is an honor and a pleasure to share this important document: *“From Exclusion to Belonging: Transforming Mental Health Care in America.”* Americans know all too well the human and financial costs and burdens of mental health conditions—to individuals and families as well as to communities and States. Now we are thankfully and finally at a turning point in America—one where we have come to recognize and embrace three fundamental principles at the core of our vision for the Substance Abuse and Mental Health Services Administration (SAMHSA), “A Life in the Community for Everyone.”

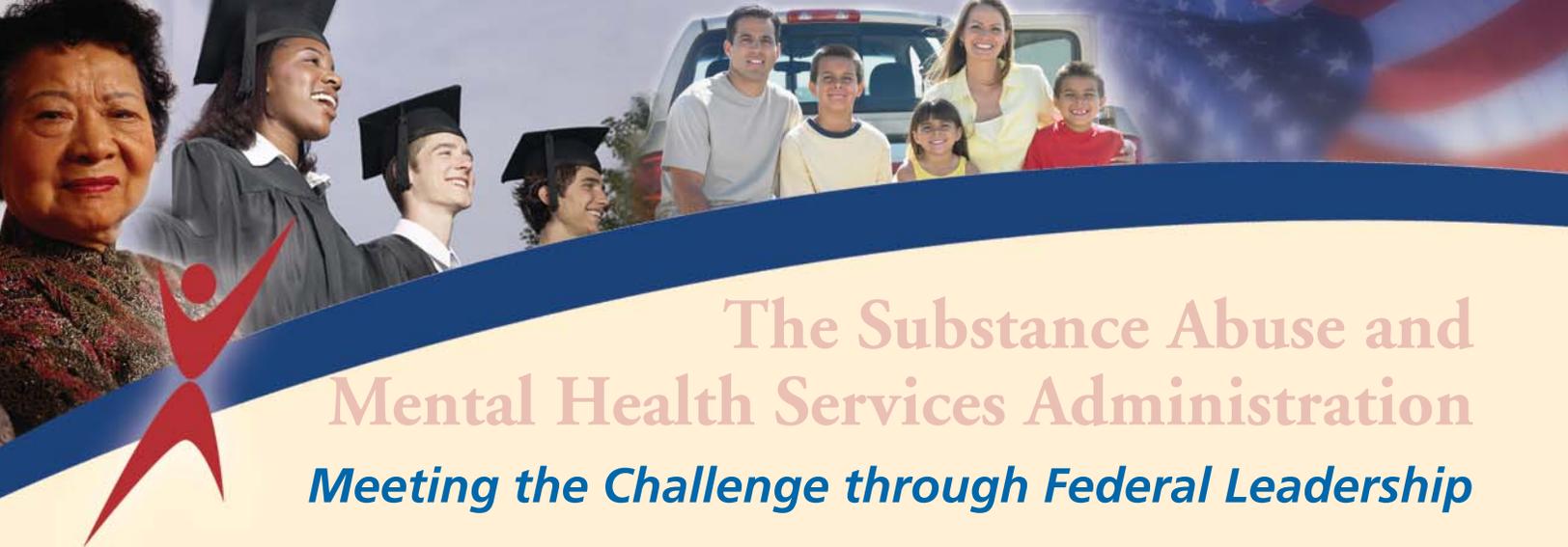
The first of these principles is that prevention efforts which embrace the natural resiliency of Americans are not only possible, but incredibly effective in reducing the incidence and severity of mental disorders. Second is that individuals with mental illnesses, substance use disorders, and co-occurring disorders can and do recover. When they take that brave step toward seeking help and the right services and treatment take hold, the bright promise of recovery can unfold. The third is that we are taking bold action on the long-neglected need to design, construct, improve, and sustain a humane and efficient mental health promotion and service delivery infrastructure. The mental health care system is today being forever changed through the twin goals of building resiliency and promoting recovery and through a strong Federal commitment to partner with allies to lead the way toward transformation.

The transformation of the mental health care system began with President Bush’s vision of hope and equality. As a presidential candidate, he pledged to “tear down” barriers to equality that exclude many of the 54 million Americans with mental and physical disabilities. Shortly after his inauguration, the President established the *New Freedom Initiative* to eliminate inequality for all Americans with disabilities. On April 29, 2002 in Albuquerque, he launched the *New Freedom Commission on Mental Health*, as an essential part of the *New Freedom Initiative*. Beginning with the full support of former Health and Human Services Secretary Tommy Thompson, and continuing under the leadership of Secretary Michael Leavitt, I have had both the honor and the privilege of working to make the President’s vision a reality through the *Federal Action Agenda on Mental Health*.

Today recovery from mental illnesses and co-occurring substance use disorders is no longer the privilege of a few exceptional people, but a possibility for all. We stand now at what the *Tipping Point* calls that “magic moment” when minds and hearts are changed, when “radical change is more than a possibility, it is a certainty.”

With new Federal leadership charting the course, and the vision of mental health care transformation lighting the way, more and more Americans with mental illnesses are stepping out of the shadows of hopelessness, stigma, and exclusion, and are at long last receiving the care, respect, and belonging which they deserve.


Charles G. Curie, M.A., A.C.S.W.
Administrator, SAMHSA



The Substance Abuse and Mental Health Services Administration

Meeting the Challenge through Federal Leadership

Through its three Centers and supporting Offices, SAMHSA engages in activities aligned with the SAMHSA Matrix of Priorities to carry out its mission: To build resilience and facilitate recovery for people with, or at risk for, substance use and mental disorders. Through these activities, SAMHSA will realize its vision of “A Life in the Community for Everyone.” SAMHSA’s Centers and Offices administer and fund a rich portfolio of grant programs and contracts that support State and community efforts to expand and enhance prevention programs and to improve the quality, availability, and range of substance abuse and mental health services—in local communities—where people can be served most effectively.

Driven by a strategy to improve accountability, capacity, and effectiveness, SAMHSA can ensure that its resources are not only being used effectively and efficiently in State and community programs, but also that these resources are being invested in the best interest of the people SAMHSA serves.

Programs and Cross-Cutting Principles

SAMHSA Matrix of Priorities		Cross-Cutting Principles									
		Science to Services/ Evidence-Based Practices	Data for Performance Measurement & Management	Collaboration with Public, Private & International Partners	Reducing Stigma & Discrimination & Other Barriers to Services	Cultural Competency/ Eliminating Disparities	Community & Faith-Based Approaches	Trauma & Violence (e.g., Physical & Sexual Abuse)	Financing Strategies & Cost-Effectiveness	Rural & Other Specific Settings	Disaster Readiness & Response
Programs/Issues	Co-Occurring Disorders	■	■	■	■	■	■	■	■	■	■
	Substance Abuse Treatment Capacity	■	■	■	■	■	■	■	■	■	■
	Seclusion & Restraint	■	■	■	■	■	■	■	■	■	■
	Strategic Prevention Framework	■	■	■	■	■	■	■	■	■	■
	Children & Families	■	■	■	■	■	■	■	■	■	■
	Mental Health System Transformation	■	■	■	■	■	■	■	■	■	■
	Suicide Prevention	■	■	■	■	■	■	■	■	■	■
	Homelessness	■	■	■	■	■	■	■	■	■	■
	Older Adults	■	■	■	■	■	■	■	■	■	■
	HIV/AIDS & Hepatitis	■	■	■	■	■	■	■	■	■	■
	Criminal & Juvenile Justice	■	■	■	■	■	■	■	■	■	■
	Workforce Development	■	■	■	■	■	■	■	■	■	■

**A Life
In The
Community
For
Everyone**

**Building
Resilience &
Facilitating
Recovery**

A Life in the Community for Everyone

The Centers and Offices Supporting State and Community Efforts to Address Mental Health and Substance Abuse Issues

Center for Mental Health Services

The Center for Mental Health Services (CMHS) leads Federal efforts in expanding the availability and accessibility of high-quality, community-based services for adults with serious mental illnesses and children with serious emotional disturbances. CMHS administers the Mental Health Services Block Grant Program—the single largest Federal contribution to improving mental health service systems across the country. CMHS also administers a portfolio of discretionary grant programs to prevent mental health problems, promote mentally healthy communities, and expand the use of evidence-based practices.

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) works to improve the quality of substance abuse prevention practices in every community. Through its discretionary grant programs and 20 percent of the Substance Abuse Prevention and Treatment Block Grant Program, CSAP provides States, communities, organizations, and families with tools to promote protective factors and to reduce risk factors for substance abuse.

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) promotes the quality and availability of community-based substance abuse treatment services for individuals and families who need them under their discretionary grant programs. CSAT works with States and community-based groups to improve and expand existing substance abuse treatment services under the Substance Abuse Prevention and Treatment Block Grant Program.



“HHS and its partners across the Federal government are committed to a shared goal of collaborating to fundamentally change the way the nation’s mental health care system currently functions.”

—Michael Leavitt, Secretary
U.S. Department of Health and Human Services

Office of Applied Studies

The Office of Applied Studies (OAS) collects, analyzes, and disseminates national data on behavioral health practices and issues and is responsible for the annual National Survey on Drug Use and Health, the Drug Abuse Warning Network, and the Drug and Alcohol Services Information System, among other projects including the National Outcome Measures.



The Charge

SAMHSA's Three Strategic Goals: Accountability, Capacity, and Effectiveness (ACE)

SAMHSA has streamlined its operations and has developed a strategy that allows it to pursue its mission as a one-SAMHSA in the most deliberate manner possible. The Strategic Plan is designed around three “ACE” goals:

- Accountability
- Capacity
- Effectiveness

The Accountability goal targets results with regard to programs, policies, and practices that SAMHSA promulgates through grants, contracts, and knowledge dissemination. It ensures that appropriate data collection is established for the purposes of measuring performance and managing agency processes.

The Capacity goal reflects SAMHSA’s activities to build the infrastructure that provides mental health and substance abuse services throughout the Nation. SAMHSA’s block and formula grants are key components of SAMHSA’s efforts to achieve its Capacity goal.

The Effectiveness goal focuses on ensuring that the infrastructure that delivers mental health and substance abuse services promotes policies, programs, and practices that are evidence-based. SAMHSA’s science-to-services activities, knowledge dissemination, and orientation toward best practices help it achieve its Effectiveness goal.

FEDERAL EXECUTIVE STEERING COMMITTEE ON MENTAL HEALTH TRANSFORMATION

- Department of Agriculture
- Department of Defense
- Department of Education
- Department of Health and Human Services
- Administration on Aging*
- Administration for Children and Families*
- Agency for Healthcare Research and Quality*
- Assistant Secretary for Planning and Evaluation*
- Centers for Disease Control and Prevention*
- Centers for Medicare and Medicaid Services*
- Health Resources and Services Administration*
- Indian Health Service*
- National Institutes of Health*
- Office for Disability*
- Office for Civil Rights*
- Office of Public Health and Science*
- Substance Abuse and Mental Health Services Administration*
- Department of Housing and Urban Development
- Department of Justice
- Department of Labor
- Department of Transportation
- Department of Veterans Affairs
- Equal Employment Opportunity Commission
- Social Security Administration

ACCOUNTABILITY
Measure and Report Program Performance

- Track National Trends
- Establish Measurements and Reporting Systems
- Implement National Outcome Measures (NOMs) within State and Community Program
- Achieve Excellence in Management Practices

Science to Services

- Disaster Response Grants
- HIV/AIDS Education
- Homelessness Grants
- Minority Fellowship Program
- National Registry of Evidence-Based Programs & Practices
- Suicide Resource Center
- Technical Assistance Centers
- Workforce Development Initiative

A Life in the Community for Everyone

Transforming Mental Health Care in America

CAPACITY

Increase Service Availability

- Assess Resources and Needs
- Support Service Expansion
- Improve Service Organization and Financing
- Recruit, Educate, and Retain Workforce
- Create Interlocking Systems of Care
- Promote Appropriate Assessment and Referral

Recovery Community Services Program (RCSP)

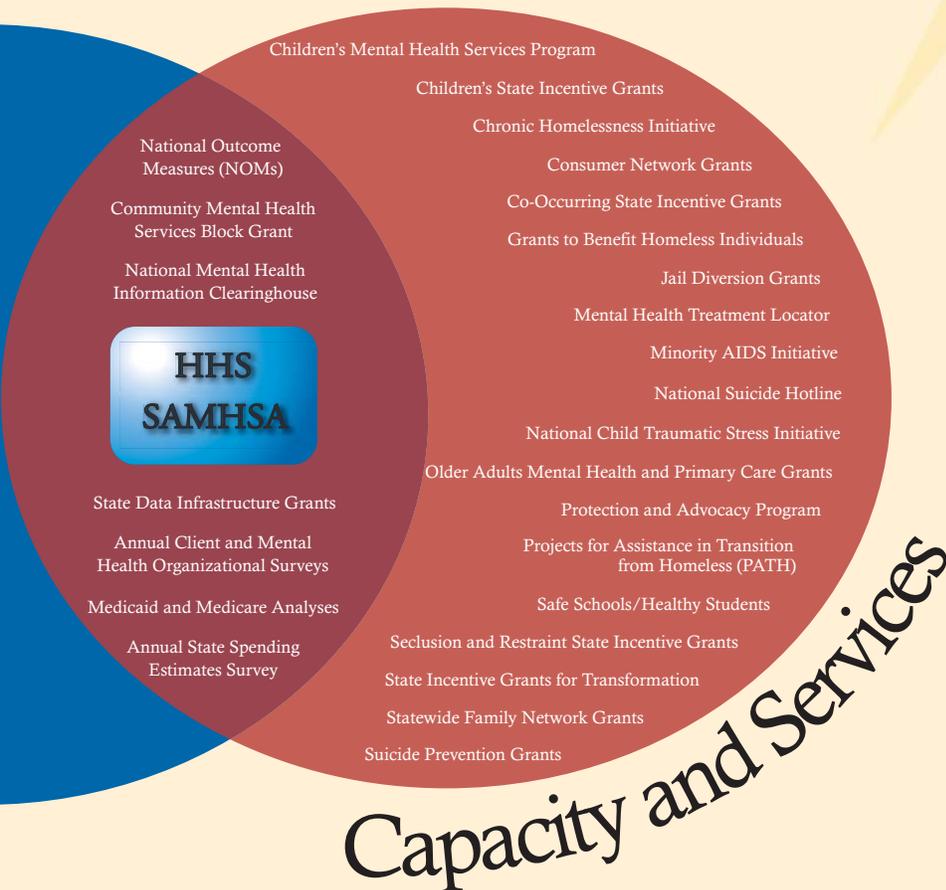
EFFECTIVENESS

Improve Service Quality

- Assess Service Delivery Practices
- Identify and Promote Evidence-Based Approaches
- Implement and Evaluate Innovative Services
- Provide Workforce Training and Education

STAKEHOLDER PARTNERSHIPS

- Advocates
- Communities
- Consumers
- Educators
- Faith-Based Groups
- Families
- Legislators
- Media
- Providers
- Researchers
- States
- Territories
- Tribes
- Youth



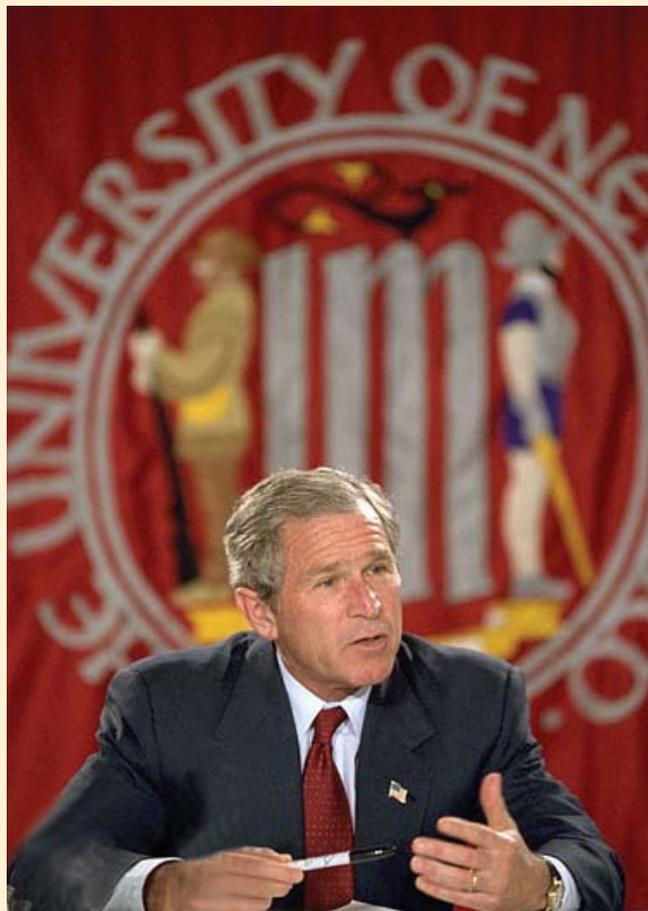
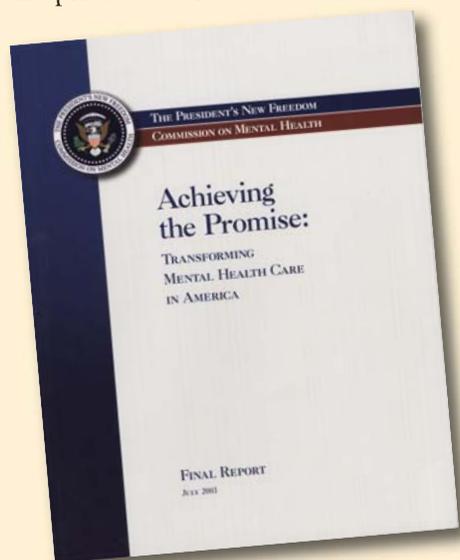


The New Federal Leadership Building Resilience, Facilitating Recovery, and Transforming Mental Health Care

The President's New Freedom Commission on Mental Health

The President's *New Freedom Commission on Mental Health* was established by Executive Order 13263 on April 29, 2002. The transformation of the mental health care system began with a vision of hope and equality that emerged from a campaign promise by then candidate George W. Bush. He pledged to “tear down” barriers to equality that face many of the 54 million Americans with mental and physical disabilities.

The Commission's work has been an essential part of the President's commitment—embodied in the *New Freedom Initiative*—to eliminate inequality for Americans with disabilities. The Commission's final report, *Achieving the Promise: Transforming Mental Health Care in America*, the product of a year of study, finds that the Nation's mental health care system is beyond simple repair. Building on research, expert testimony, and input from more than 2,300 consumers, family members, service providers, and others, the report concludes that “traditional reform measures are not enough....” Instead, it recommends a wholesale transformation that involves consumers and providers, policymakers at all levels of government, and both the public and private sectors.



“We must work for a welcoming and compassionate society, a society where no American is dismissed and no American is forgotten. This is the great and hopeful story of our country and we can write another chapter. We must give all Americans who suffer from mental illness the treatment, and the respect, they deserve.”

—President George W. Bush

A Life in the Community for Everyone

Vision Statement

We envision a future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports—essentials for living, working, learning, and participating fully in the community.

—The President's New Freedom Commission
on Mental Health

*Achieving the Promise:
Transforming Mental Health Care in America*

To achieve this vision, the Commission presented the President with six goals and a series of specific recommendations for Federal agencies, States, communities, and providers nationwide. Together, working through both the public and private sectors, the recommendations will transform systems and put limited resources to their best use.

The Commission's six key recommendations are:

- **Americans must understand that mental health is essential to overall health;** that mental illnesses must be addressed with the same urgency as other medical problems; and that the stigma attached to mental illness, which discourages people from seeking care, must be eliminated.
- **Mental health care must be consumer- and family-driven;** consumers' needs, not bureaucratic requirements, must drive the services they receive; consumers and their families must be placed at the center of service decisions.
- **Disparities in mental health services must be eliminated;** in particular, members of minority groups and people of rural areas have worse access to care; services must be designed that are culturally competent and acceptable and effective to people of varied backgrounds.
- **Early mental health screening, assessment, and referral to services must be common practice;** too often services focus on living with disability, not the better outcomes associated with early intervention; early detection, assessment, and linkage with treatments can prevent mental health problems from compounding.
- **Excellent mental health care must be delivered and research accelerated;** evidenced-based practices must be the bedrock of service delivery and research must be designed to promote recovery, and ultimately, to cure and prevent mental illnesses.
- **Technology must be used to access mental health care and information;** the power of computer technology and communications must be harnessed to improve access to information and care, and to improve quality and accountability.

The Commission's findings, goals, and recommendations are designed to be assessed and carried forward not only by Federal agencies and offices, but also by States and communities, and public and private providers, nationwide. The Commission urged all shareholders in mental health to work together to make recovery from mental illness the expected outcome.



The Challenge

Promoting An Understanding That Mental Health Is Part of Overall Health

The reshaping of the Nation's approach to mental health is well underway. No longer does a diagnosis of a mental disorder mean automatic institutionalization and exclusion from the community. There are four major fronts of progress that deserve celebration—

First, is the new understanding of the power of resiliency to thwart mental illnesses. Scientific research in the mental health field has led to new knowledge that is transforming the Nation's approach to mental health. We know now that by developing assets in individuals, families, and communities, and by fostering relationships with caring adults, children can develop resiliency that acts as an antidote to the development of a mental disorder. This "strength-based" approach has gained a proven place in mental health care and has guaranteed a prevention-oriented perspective on the part of mental health researchers, providers, and policymakers.

Second, is the strong Federal commitment to facilitate recovery from mental illnesses. Today, mental illnesses can be viewed as not only treatable, but recovery is the expectation. Recovery is cited within *Transforming Mental Health Care in America, Federal Action Agenda: First Steps*, as the "single most important goal" for the mental health service delivery system. Even those individuals with serious mental illness such as psychosis, who require medical monitoring and ongoing medication, can partake in the promise of recovery, if only by virtue of the compassion and de-stigmatization of mental illness on the part of those who care for them. Mental health recovery not only benefits individuals with mental health disabilities, it also enriches the texture of American community life, by focusing on their ability to live, work, learn, and fully participate in our society.

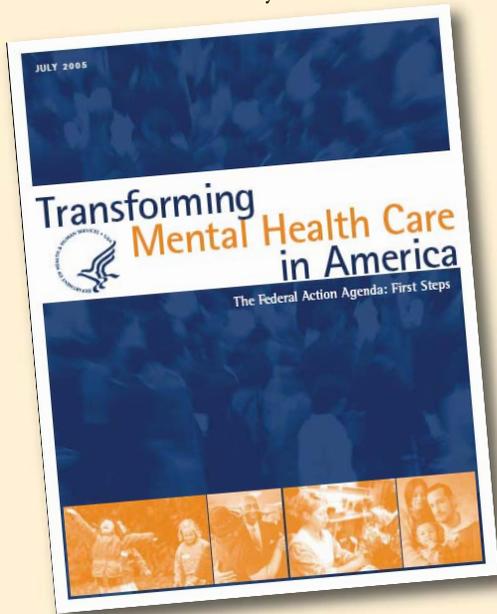
A third and critical stride forward is the evolution of Federal leadership in addressing co-occurring mental illness and substance abuse. Transforming systems means breaking down the wall between the mental health care and substance abuse treatment systems. Ideally, the two systems are fully connected so that when a person with either disorder initially accesses one system, the person is properly assessed and referred to the other as necessary and appropriate. The *Federal Action Agenda on Mental Health* underscores the growing consensus that all mental health and substance abuse service providers must be able to screen, assess, and provide treatment for, or refer individuals with co-occurring substance use and mental disorders, without regard to disease severity, duration, or symptomatology. Treatment must be seamless, comprehensive, coordinated, and involve the client's family when feasible.

Fourth, the final report of the *President's New Freedom Commission on Mental Health* and the *Federal Action Agenda* have established an historic vision and goals for transforming the mental health system of care in America. These two landmark reports have generated substantial momentum for change. Transformative programs and activities are taking shape across the Nation. Transformation is happening. SAMHSA, and its many partners across government and the private sector, are making real strides toward realizing the vision and creating a recovery-focused mental health care system that can transform lives. With the *Federal Action Agenda*, the Federal partners commit themselves to action and accountability in pursuit of the vision.

A Life in the Community for Everyone

The Federal Action Agenda on Mental Health

Building on the work of the *President's New Freedom Commission on Mental Health*, SAMHSA/CMHS has led an unprecedented partnership among Federal departments, agencies, and offices to take the initiative to formally collaborate to transform the mental health system.



Transforming Mental Health Care in America—The Federal Action Agenda: First Steps is the collaborative product of the U.S. Department of Health and Human Services agencies and offices, including SAMHSA, along with the Departments of Agriculture, Defense, Education, Housing, Justice, Labor, Transportation, and Veterans Affairs; the Equal Employment Opportunity Commission; and the Social Security Administration. Together, these agencies and departments comprise the Federal Executive Steering Committee on Mental Health Transformation. (See page 4 for a complete list of partners.)

In developing the *Action Agenda*, each participating Federal department and agency created an inventory of its current mental health activities. An additional list was created by each Federal partner outlining proposals for transforming programs and practices. From these inventories and lists of transforming activities, this first *Federal Action Agenda on Mental Health* was developed. The Action Agenda is organized around the five principles contained in the Executive Order that created the *New Freedom Commission on Mental Health*.

Specifically, the President directed us to:

1. Improve the outcomes of mental health care
2. Promote collaborative, community-level models of care
3. Maximize existing resources and reduce regulatory barriers
4. Use mental health research findings to influence service delivery
5. Follow the principles of Federalism, and promote innovation, flexibility, and accountability at all levels of government.

The Action Agenda outlines 70 specific action steps that the Federal Government is committed to taking. It is not a quick fix for the problems that have ailed the mental health care system for decades, but rather, it is a living document that begins to chart the course for the long-term goal of transforming mental health care in America.

However, the Federal Government cannot and should not go it alone. Transformation is a shared responsibility. Federal agencies must act as leaders, partners, and as facilitators, promoting shared responsibility for change and for finding the common ground in areas such as public education, research, service system capacity, and technology development.

States are the center of gravity for system transformation. Most states have already begun this critical work. State leadership in planning, financing, service delivery, and evaluation of consumer and family-driven services is advancing the transformation agenda.

Consumers and family members must also play a meaningful role. Consumers and families deserve real and meaningful choices about treatment options and providers. Care must focus on increasing an individual's ability to cope successfully with life's challenges—on building resilience and on facilitating recovery.

The proud record of improvement and accomplishment comes as a result of the President's leadership and vision that was passionately embraced by the Secretary of Health and Human Services, the Administrator of SAMHSA, and its three center Directors. Together, we will continue to make progress through an unwavering commitment to develop resilient communities and embrace the promise of recovery that offers a life in the community for everyone.



Highlights of the Federal Action Agenda:

Highlighted Action Steps to Transform the Mental Health System

Principle A Focus on the Outcomes of Mental Health Care, Including Employment, Self-Care, Interpersonal Relationships, and Community Participation

Action Steps

- Initiate a National Public Education Campaign.
- Launch the National Action Alliance for Suicide Prevention.
- Educate the Public about Men and Depression.
- Respond to refugees' mental health needs.
- Develop prototype individualized plans of care that promote resilience and recovery.
- Provide technical assistance on resilience and recovery.
- Promote the use of customized employment strategies.
- Promote the transition of youth with serious emotional disturbances from school to post-secondary opportunities and/or employment.
- Develop an employer initiative to increase the recruitment, employment, advancement, and retention of people with psychiatric disabilities.
- Assist youth with serious emotional disturbances involved with the juvenile justice system to transition into employment.
- Promote the employment of people with mental illnesses who are chronically homeless.
- Establish a DOL Work Group to promote quality employment of adults with serious mental illnesses and youth with serious emotional disturbances.
- Provide treatment and vocational rehabilitation that supports employment for people with mental disorders.
- Conduct outreach to homeless individuals with mental disorders.
- Initiate a national effort focused on meeting the mental health needs of young children as part of overall health care.
- Create a comprehensive action agenda for implementing throughout the Veterans Health Administration all relevant recommendations of the President's New Freedom Commission on Mental Health.
- Launch a user-friendly, consumer-oriented Web site.
- Promote ADA compliance, support and work to eliminate unnecessary institutionalization, and help eliminate discrimination.

Principle B Focus on Community-Level Models of Care that Coordinate Multiple Mental Health and Human Service Providers and Private and Public Payers

Action Steps

- Include issues critical to mental health in health care reform.
- Launch the Federal Executive Steering Committee on Mental Health.
- Build on and expand criminal and juvenile justice and mental health collaborations.
- Support the Interagency Autism Coordinating Committee.
- Review standards and set guidelines for culturally competent care.
- Create a National Strategic Workforce Development Plan to reduce mental health disparities.
- Initiate a project to examine cultural competence in behavioral health care education and training programs.
- Advance efforts to integrate mental health and primary care services for racial and ethnic minorities.
- Participate in HHS "Close the Gap Initiative."
- Develop a National Rural Mental Health Plan.
- Promote strategies to appropriately serve children at risk for mental health problems in high-risk service systems.
- Develop a demonstration project for children in foster care.
- Foster joint responsibility and implementation strategies for children, youth, adults, and older adults with co-occurring disorders.
- Focus on children in the juvenile justice and child welfare settings.
- Include mental health in Community Health Center consumer assessment tools.

A Life in the Community for Everyone

Highlighted Action Steps to Transform the Mental Health System

Principle C Maximize Existing Resources by Increasing Cost Effectiveness and Reducing Unnecessary and Burdensome Regulatory Barriers

Action Steps

- Educate employers and benefits managers on the practicability of paying for mental health care.
- Evaluate and report the impact of mental health parity.
- Initiate Medicaid Demonstration Projects.
- Convene Directors of State Mental Health, State Medicaid, and Regional Medicare Programs.
- Help parents avoid relinquishing custody and obtain mental health services for their children.
- Support the Ticket to Work Program.
- Address reimbursement in primary care.
- Develop a strategy to implement innovative technology in the mental health field.
- Explore creation of a Capital Investment Fund for Technology.

Principle D Use Mental Health Research Findings to Influence the Delivery of Services

Action Steps

- Accelerate research to reduce the burden of mental illnesses.
- Foster a research partnership.
- Expand the "Science-to-Services" agenda.
- Conduct research to understand co-occurring disorders.
- Harness research to improve care.
- Support research to develop new medications.
- Expand the National Registry of Evidence-based Programs and Practices to include mental health.
- Develop new toolkits on specific evidence-based mental health practices.
- Develop the knowledge base in understudied areas.
- Conduct research to reduce mental health disparities.
- Review the literature and develop new studies on mental illness/general health.
- Conduct mental health services research in diverse populations and settings.
- Test new treatments for co-occurring disorders in community settings.
- Disseminate findings of the Juvenile Justice and Mental Health Project.

Principle E Ensure Innovation, Flexibility, and Accountability at All Levels of Government and Respect the Constitutional Role of the States and Indian Tribes

Action Steps

- Award State Mental Health Transformation Grants.
- Provide technical assistance to help develop comprehensive State Mental Health Plans.
- Award Child and Adolescent State Infrastructure Grants.
- Track State mental health system transformation activities.
- Establish a foundation for the Samaritan Initiative.
- Establish the Re-Entry Initiative for ex-prisoners with psychiatric disabilities.
- Award Seclusion and Restraint State Incentive Grants.
- Develop statewide systems of care for children with mental disorders.
- Provide technical assistance to States on systems of care for children with serious emotional disturbances and their parents and other family members.
- Convene State leadership to develop statewide plans to serve children with serious emotional disturbances.
- Expand the Partnerships for Youth Transition Grant Program.
- Provide technical assistance on Early and Periodic Screening, Diagnosis, and Treatment (EPSDT).
- Facilitate linkages between DOL/SSA's joint Disability Program Navigator Initiative, SAMHSA, and related State and local mental health systems.
- Disseminate information on mental health issues through DOL grant and program initiatives.



Components of Recovery

Recovery is cited, within *Transforming Mental Health Care in America, Federal Action Agenda: First Steps*, as the “single most important goal” for the mental health service delivery system. We know that many children, adults, and older adults can and do recover from mental illnesses. For those individuals who cannot reach the full alleviation of the signs and symptoms of mental illness, recovery can entail the process they go through to achieve their highest level of functioning and community participation.

To clearly define recovery, SAMHSA, within the U.S. Department of Health and Human Services, and the Interagency Committee on Disability Research in partnership with six other Federal agencies convened the National Consensus Conference on Mental Health Recovery and Mental Health Systems Transformation on December 16-17, 2004.

More than 110 expert panelists participated, including mental health consumers, family members, providers, advocates, researchers, academicians, managed care representatives, accreditation organization representatives, State and local public officials, and others. A series of technical papers and reports were commissioned that examined topics such as recovery across the lifespan, definitions of recovery, recovery in cultural contexts, the intersection of mental health and addictions recovery, and the application of recovery at individual, family, community, provider, organizational, and systems levels.

Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice, while striving to achieve his or her full potential.



A Life in the Community for Everyone

National Consensus Statement on Mental Health Recovery

The 10 Fundamental Components of Recovery

Self-Direction: Consumers lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self-determined life. By definition, the recovery process must be self-directed by the individual, who defines his or her own life goals and designs a unique path toward those goals.

Individualized and Person-Centered: There are multiple pathways to recovery based on an individual's unique strengths and resiliencies as well as his or her needs, preferences, experiences (including past trauma), and cultural background in all of its diverse representations. Individuals also identify recovery as being an ongoing journey and an end result as well as an overall paradigm for achieving wellness and optimal mental health.

Empowerment: Consumers have the authority to choose from a range of options and to participate in all decisions—including the allocation of resources—that will affect their lives, and are educated and supported in so doing. They have the ability to join with other consumers to collectively and effectively speak for themselves about their needs, wants, desires, and aspirations. Through empowerment, an individual gains control of his or her own destiny and influences the organizational and societal structures in his or her life.

Holistic: Recovery encompasses an individual's whole life, including mind, body, spirit, and community. Recovery embraces all aspects of life, including housing, employment, education, mental health and health care treatment and services, complementary and naturalistic services, addictions treatment, spirituality, creativity, social networks, community participation, and family supports as determined by the person. Families, providers, organizations, systems, communities, and society play crucial roles in creating and maintaining meaningful opportunities for consumer access to these supports.

Non-Linear: Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience. Recovery begins with an initial stage of awareness in which a person recognizes that positive change is possible. This awareness enables the consumer to move on to fully engage in the work of recovery.

Strengths-Based: Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals. By building on these strengths, consumers leave stymied life roles behind and engage in new life roles (e.g., partner, caregiver, friend, student, employee). The process of recovery moves forward through interaction with others in supportive, trust-based relationships.

Peer Support: Mutual support—including the sharing of experiential knowledge and skills and social learning—plays an invaluable role in recovery. Consumers encourage and engage other consumers in recovery and provide each other with a sense of belonging, supportive relationships, valued roles, and community.

Respect: Community, systems, and societal acceptance and appreciation of consumers—including protecting their rights and eliminating discrimination and stigma—are crucial in achieving recovery. Self-acceptance and regaining belief in one's self are particularly vital. Respect ensures the inclusion and full participation of consumers in all aspects of their lives.

Responsibility: Consumers have a personal responsibility for their own self-care and journeys of recovery. Taking steps toward their goals may require great courage. Consumers must strive to understand and give meaning to their experiences and identify coping strategies and healing processes to promote their own wellness.

Hope: Recovery provides the essential and motivating message of a better future—that people can and do overcome the barriers and obstacles that confront them. Hope is internalized, but can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process. Mental health recovery not only benefits individuals with mental health disabilities by focusing on their abilities to live, work, learn, and fully participate in our society, but also enriches the texture of American community life. America reaps the benefits of the contributions individuals with mental disabilities can make, ultimately becoming a stronger and healthier Nation.



Programs of Transformation

Changing Forever Mental Health Care in America

In addition to its leadership role, the programs described in the following pages illustrate SAMHSA's ongoing contributions to achieve the steps to transformation highlighted in the *Federal Action Agenda on Mental Health*.

Principle A

Focus on the Outcomes of Mental Health Care, Including Employment, Self-Care, Interpersonal Relationships, and Community Participation

Reducing Stigma and Discrimination

Many Americans view mental illness through a lens of stigma and discrimination. This limited perspective lies at the center of why thousands of individuals across the Nation fail to access the mental health services that are available. Year after year, adults and children continue to suffer in silence from depression and other debilitating mental conditions. Where most of us would not hesitate to seek treatment for a physical illness, many of us remain paralyzed when it comes to seeking support for a mental health problem. A broad spectrum of CMHS programs, including a *National Anti-Stigma Campaign*, has been designed to establish a "new norm" in which individuals, without hesitation, seek out the mental health services they need and deserve. The **Elimination of Barriers Initiative** is paving the way in eight States—California, Florida, Massachusetts, North Carolina, Ohio, Pennsylvania, Texas, and Wisconsin—with pilot efforts to reduce stigma, including strategic marketing plans and trained teams of public speakers. Training teleconferences, a Web site, and other technical assistance is available through the CMHS *Resource Center to Address Discrimination and Stigma*. Additionally, CMHS is in the process of developing a national anti-stigma campaign in partnership with the Ad Council designed to increase caring and compassion for individuals with mental illnesses.

Preventing Suicide

Transformation of mental health service systems includes taking a public health approach to preventing suicide. Building resilience to face life's challenges is central to this approach. As part of the *National Strategy for Suicide Prevention* and to promote the idea that suicide prevention is a shared responsibility on all levels—Federal, State, community, and individual—CMHS is collaborating with several Federal agencies to build a public-private partnership called the *National Action Alliance for Suicide Prevention*.

Offering a lifeline to prevent suicide

Recently, the WB Television Network contacted SAMHSA's National Suicide Prevention Lifeline (Lifeline) about an episode of *One Tree Hill*, a prime time television show set to air depicting an adolescent who held his school hostage before killing himself. In the spirit of responsible programming, WB also produced a Public Service Announcement (PSA) with Lifeline's toll-free number. The PSA, which aired immediately after the *One Tree Hill* episode, generated more than 750 calls to Lifeline within 5 minutes of its airing. One of the calls was from a Colorado high school sophomore with a history of suicide attempts. The distressed student disclosed that he was planning an assault on his school. Through Lifeline's coordinated efforts, a school crisis counselor facilitated an emergency intervention and escorted the young man to a hospital for evaluation. The young man is currently receiving mental health treatment.

A Life in the Community for Everyone

Programs of Transformation

The Garrett Lee Smith Memorial Act, a congressional action authorizing support to States, tribes, colleges, and universities to develop youth suicide prevention and intervention programs has also emboldened CMHS's ongoing suicide prevention activities. SAMHSA's *National Suicide Prevention Lifeline* provides immediate assistance to individuals in suicidal crisis by connecting them to the nearest available suicide prevention and mental health service provider through a toll-free telephone number: 1-800-273-TALK (8255). It is the only national suicide prevention and intervention telephone resource funded by the Federal Government.

The *National Suicide Prevention Hotline Network* connects certified crisis centers to this single nationwide toll-free telephone number. The *Suicide Prevention Resource Center* is facilitating the development of suicide prevention plans in all 50 States, as well as disseminating articles, research, and other suicide prevention resources. CMHS is also funding the development of school-based suicide prevention guidelines for use nationwide. To support the American Indian/Alaskan Native community, the SAMHSA-funded *One Sky Center* is providing suicide prevention consultation and an interagency agreement with the Indian Health Service is helping to develop a culturally competent community suicide prevention toolkit. The transformation of the mental health care system is happening every day as States and communities use their Federal grants to implement programs that embody the best evidenced-based suicide prevention practices.

Promoting Self-Directed Mental Health Care

Involving consumers in planning, evaluating, and providing services is central to creating a transformed mental health care system that focuses on recovery. Consumer participation is ongoing at CMHS through the *Consumer-Operated Services Program*, which provides support through seven consumer/peer-operated programs as well as a coordinating center to evaluate effectiveness at improving outcomes and quality of life for people with mental illnesses.

Consumers are also providing services to peers with the support of five national technical assistance centers and a manual for States on implementing peer-support services. Finally, self-direction impacts nearly every aspect of the mental health care delivery system, including planning, financing, workforce training, provider networks, and oversight and quality improvement.

Disseminating Knowledge to the Public: The National Mental Health Information Center

SAMHSA's National Mental Health Information Center (NMHIC) is a one-stop, national clearinghouse for free information about mental health, including publications, references, and referrals to local and national resources and organizations.

The Information Center was developed for users of mental health services and their families, the general public, policy makers, providers, and the media. Staff members are skilled at listening and responding to questions from the public and professionals. The staff quickly directs callers to Federal, State, and local organizations dedicated to treating and preventing mental illness. The Information Center also has information on Federal grants, conferences, and other events. For more information, visit www.mentalhealth.samhsa.gov/ or call 1-800-789-2647 (English and Español) or 1-866-889-2647.



Programs of Transformation

Principle B

Focus on Community-Level Models of Care that Coordinate Multiple Mental Health and Human Service Providers and Private and Public Payers

Focusing on Children, Youth, and Families

The CMHS *Systems of Care* grants are based on the premise that the mental health care needs of children, adolescents, and their families can best be met within their home, school, and community environments. CMHS continues to fund *Systems of Care* grants and other activities to develop coordinated and integrated systems of care in counties across the Nation, including the *Systems of Care Research Conference* and a series of State policy academies to help States design and implement new child mental health policies. The *Caring for Every Child's Mental Health* campaign is also providing information and technical assistance to system of care communities. For those youth who have serious emotional disturbances, CMHS provides support through *Partnerships for Youth in Transition*, a series of cooperative agreements to States, to help youths ages 14-25 who so often need individualized treatment plans as they transition to adulthood.

Elevating Prevention Approaches

Armed with the knowledge gained from research and motivated by the need to prevent senseless death and disability caused by suicide, violence, or mental health problems, mental health researchers and policymakers are bringing prevention to the forefront of their approach to public health. The *Federal Action Agenda on Mental Health* recognizes that a comprehensive system of mental health care requires both treatment and prevention. CMHS embraces the National Institute of Mental Health definition as not just prevention of the onset of a disorder, but also the prevention of comorbidity, relapse, and disability. Some examples of how CMHS is promoting prevention-based activities are the *Youth Violence Prevention* grants, the CMHS *Anti-bullying Campaign*, and targeted capacity expansion *Prevention and Early Intervention* grants.

The *Safe Schools/Healthy Students (SS/HS) Initiative* is an unprecedented collaborative grant program supported by three Federal agencies—the U.S. Departments of Health and Human Services, Education, and Justice.

Promoting peer-driven recovery among youth

People who recover from mental illness often act as vectors for leading others into appropriate mental health services. Many of these "helping hands" are young people. During this past year, the CMHS-funded National Youth Development Board (NYDB), composed of 15 young people across the United States who themselves are consumers of mental health services, has emerged as a national youth leadership force. The NYDB has provided leadership trainings, created youth-guided principles and policies, and developed training tools, guides, and other documents. Most recently, the NYDB changed its name to Youth Move (Youth Motivating Others through Voices of Experience) and is seeking to establish its own national organization. More information about this Board and their activities can be found at: www.systemsofcare.samhsa.gov.

A Life in the Community for Everyone

Programs of Transformation

The grant program is designed to develop real-world knowledge about what works best to promote safe and healthy environments in which America's children can learn and develop. This issue is critical to effective system transformation. A SAMHSA study confirms that one-fifth of elementary, middle, and high school students receive some type of school-supported mental health services during the school year. School districts are using these funds to help communities design and implement comprehensive educational, mental health, social service, law enforcement, and juvenile justice services in an effort to strengthen healthy child development.

Serving Older Adults

Many older adults who need treatment do not receive it because of their own and others' ingrained attitudes about mental illnesses. Yet by 2030, the population of Americans over 65 is expected to double. Late-life depression is just one reason that the *Federal Action Agenda on Mental Health* addresses mental health needs across a life span. Nine CMHS-funded *Targeted Capacity Expansion Grants* are implementing evidenced-based programs and responding to the needs of older adults. CMHS's *Positive Aging Resource Center (PARC)* is assisting the sites in selecting screening instruments and models of care that are effective for older adults. CMHS's PRISM-E, the acronym for *Primary Care Research in Substance Abuse and Mental Health Services for the Elderly*, is a multi-site study, which concluded that integrated primary care settings were preferable to enhanced referral care for older adults with severe psychiatric disturbances and substance abuse problems. In addition, several State teams to promote healthy aging are working on State-specific plans to enhance community care systems for older adults. Finally, SAMHSA and the Administration on Aging (AoA) are working collaboratively to support States in their efforts to improve access, coordination, and integration among health and social support services and to shift resources from institutions to home- and community-based long-term care options.

Fostering student success in school and at home

HILLSBORO, Oregon—Aggressive and defiant, with poor social skills, preschooler Bill S. was clearly at risk for severe difficulties. His "First Step" Coach at Washington County's "Enhanced First Step to Success," a local effort funded under the Federal Safe Schools/Healthy Students program, worked with both his Kindergarten teacher and his parents, who were both recovering from addiction; his mother was also suffering from depression. The Coach helped Bill's mother to re-enter mental health treatment and to complete the HomeBase parent training program. Eventually Bill's mother returned to school and work and Bill joined a sports team. After careful first grade placement and support from both his mother and father, Bill has built a record of success in school and at home.



Programs of Transformation

Reducing the Effects of Trauma and Disaster

New research is revealing that traumatic experiences—physical abuse, sexual abuse, severe neglect, loss, or the witnessing of violence or disaster—can affect anyone at any time, and that the effects of trauma are not always recognized. One effect can be posttraumatic stress disorder or PTSD. Other effects can include anxiety and depression. We are just beginning to understand the full effects of terrorist activities, natural disasters, and an array of other violent “assaults” on million of adults and children.

In response to national disasters, SAMHSA works closely with the Federal Emergency Management Agency to administer its crisis counseling program. SAMHSA also funds the *Disaster Technical Assistance Center (DTAC)*, which helps prepare States, Territories, and local entities to deliver an effective behavioral health response during disasters.



CMHS funds the *National Center for Post Traumatic Stress Disorder* to develop disaster mental health intervention models, evaluation methods, and data collection tools to build effective evidenced-based mental health disaster response capabilities. CMHS also works with the *National Child Traumatic Stress Network (NCTSN)* to raise the standard of care and improve access to services for traumatized children, adolescents, and their families. The Network consists of three components: a *National Coordinating Center*, *Intervention Development and Evaluation Centers*, and *Community Treatment Service Centers* in the majority of States and the District of Columbia. Every month, thousands of victims of trauma, all children and adolescents, are treated within the NCTSN with the most up-to-date methods and the latest scientific knowledge.

Reinventing the Workforce

The *Federal Action Agenda on Mental Health* warned of a national crisis in the mental health care workforce, not just because of a shortage of professionals, but also because of a lack of diversity, cultural competence, skills essential to practice in contemporary health systems, and knowledge of evidence-based and emerging best practices.

CMHS is currently coordinating SAMHSA’s national behavioral health workforce development strategy. Through a public-private partnership with the Annapolis Coalition on Behavioral Health Workforce Education, SAMHSA is working to build new competencies among providers and educators, among health care organizations and academic institutions, and among Federal and State agencies, accrediting bodies, health care insurers, and professional organizations.

Through *Workforce Training Grants to Reduce Racial and Ethnic Disparities in Mental Health Services*, CMHS is also identifying effective training models to improve the capacity of the mental health care workforce to engage, treat, and support racial and ethnic minority persons with mental illnesses.

A Life in the Community for Everyone

Programs of Transformation

Principle C

Maximize Existing Resources by Increasing Cost Effectiveness and Reducing Unnecessary and Burdensome Regulatory Barriers

Leveraging Resources: The Community Mental Health Services Block Grant

The *Community Mental Health Services Block Grant* is the single largest Federal contribution dedicated to improving mental health service systems across the country. Based on a congressionally mandated formula, CMHS awards grants to States, Territories, and the District of Columbia to provide mental health services to adults with serious mental illnesses and to children with serious emotional disturbances. CMHS works in close collaboration with each State to develop and implement its own State Mental Health Plan for improving community-based services and reducing reliance on hospitalization. The program stipulates that case management be provided to individuals with the most serious mental disorders and encourages appropriate partnerships among a wide range of health, dental, mental health, vocational, housing, and educational services. The program also promotes partnerships among Federal, State, and local government agencies. SAMHSA continues to work toward linking Block Grant resources with transformation activities.

Working to End Homelessness

Approximately 200,000 individuals annually are chronically homeless. Research shows that integrated mental health services, substance abuse services, and supportive housing work together to end chronic homelessness. CMHS has a rich history of efforts to reduce homelessness, most recently through a Federal partnership between the U.S. Departments of Health and Human Services, Housing and Urban Development (HUD), and Veterans Affairs (VA).

Assisting individuals on the journey from chronic homelessness to housing and recovery

Contrary to the widely held notion that chronically homeless individuals are beyond help and destined to never-ending dependency, SAMHSA's collaboration with HRSA, HUD, VA, and the Interagency Council on Homelessness is setting the record straight. The 3-year, \$55 million joint initiative to help end chronic homelessness is effectively linking and coordinating mental health and substance abuse services, primary health care, permanent housing, and veterans services. A designated planning and operations "lead" agency also networks with other community service agencies as needed. The stunning results from the 11 communities participating in the groundbreaking SAMHSA initiative are forever changing the face of homelessness: Of the 493 persons served during one year, 456 (92%) were in their own housing, 71 (14%) were in salaried jobs, and 383 (78%) were receiving appropriate services.



Programs of Transformation

The *Collaborative Initiative to Help End Chronic Homelessness* funded projects in 11 communities to develop comprehensive systems of services linked to permanent housing. Individuals participating in one of these programs can enter the system through any door to gain access to all the services they require, whether it's primary health care, mental health care, substance abuse treatment, housing, or veterans services. Even more recently, CMHS, under the *Projects for Assistance in Transition from Homelessness (PATH)*, a formula grant program to States, conducted site visits, provided technical assistance, initiated a PATH outcome and evaluation study, and held panels to explore ways to ensure cultural competencies in homeless service systems.

Finally, SAMHSA's second national training conference, *HOPE: The Key to Ending Homelessness for People with Mental Illnesses and/or Substance Abuse Disorders*, brought together participants and faculty from across the country to focus on evidenced-based and promising practices for providing support to homeless individuals.

Principle D

Use Mental Health Research Findings to Influence the Delivery of Services

Moving Science to Services: Evidence-Based Practices

SAMHSA's *Science-to-Services Agenda* was born from SAMHSA's ongoing commitment to build on the effectiveness of programs, practices, and policies delivered in communities, and to reduce the time lag between the development of scientific interventions and their application in service settings.

Evidenced-based practices are practices that have been proven by research to be effective. They are vital to the mental health and substance abuse professions in an age of increased accountability and tightened budgets.

CMHS is funding three aspects of a *National Evidenced-Based Practices (EPB) Project*, a public-private partnership focused on developing the capacity for evidenced-based practices within the public mental health system. The three aspects of the project are a series of comprehensive EPB implementation resource tool kits, a national demonstration project, and a *National Center for Evidenced-Based Practices*. Numerous *Evidence-Based Practice* grants are also in place to initiate state-of-the-art training and continuing education for State mental health care providers and other stakeholders.

Through its partnership with the National Institutes of Health—including the National Institute on Mental Health, the National Institute on Drug Abuse, and the National Institute on Alcohol Abuse and Alcoholism—SAMHSA developed and implemented the *National Registry of Evidence-Based Programs and Practices (NREPP)*. NREPP is a comprehensive system to screen, select, and disseminate evidence-based prevention and treatment programs, policies, and practices.

Treating People with Co-occurring Mental and Substance Use Disorders

According to SAMHSA's 2004 National Survey on Drug Use and Health, an estimated 4.6 million people experienced co-occurring mental and substance use disorders during the year. Nearly half of the adults with co-occurring disorders received no treatment for either problem, and only 6 percent received treatment for both. The resulting human and societal costs are high. People with co-occurring disorders are at greater risk for HIV/AIDS, homelessness, contact with the criminal justice system, violence, and suicide. To better serve individuals in need, States and communities must strengthen their systems to address both substance abuse and mental health disorders.

A Life in the Community for Everyone

Programs of Transformation

In a landmark 2002 Report to Congress, SAMHSA recognized that people with co-occurring disorders are the *expectation*, not the exception, in substance abuse and mental health treatment systems. In this report, SAMHSA outlined its commitment to ensure that States and communities have the incentives, technical assistance, and training they need to effectively serve people with co-occurring disorders. To this end, SAMHSA has awarded *Co-occurring State Incentive Grants* to help States develop or enhance their infrastructure to provide accessible, comprehensive, and evidence-based treatment services to people with co-occurring substance use and mental disorders. SAMHSA has also established the *National Co-occurring Center for Excellence*, published a new Co-occurring Treatment Improvement Protocol (TIP 42), and held policy academies to encourage the development of State action plans.

Co-occurring Center for Excellence

SAMHSA created the *Co-occurring Center for Excellence (COCE)* as a vital link between the agency and States, communities, and providers. COCE provides the technical, informational, and training resources needed for the dissemination of knowledge and the adoption of evidence-based practices in systems and programs that serve persons with co-occurring disorders.

COCE's mission is to:

- Receive, generate, and transmit advances in substance abuse and mental health treatment that address mental health and substance use disorders at all levels of severity that can be adapted to the unique needs of each client
- Guide enhancements in the infrastructure and clinical capacities of the mental health and substance abuse service systems
- Foster the infusion and adoption of evidence- and consensus-based treatment and program innovation into clinical and organizational practice.

Partnering with the Criminal Justice Community

SAMHSA shares common goals with the criminal justice community and is committed to improving both public health and public safety. To address the inescapable link between mental illness, substance abuse, and crime, SAMHSA is focused on leveraging partnerships and building infrastructure. SAMHSA had developed a Criminal Justice and Juvenile Justice Framework that focuses squarely on the needs of consumers who are involved or are at risk of becoming involved in the criminal and juvenile justice systems. Through the Framework, SAMHSA is determined to develop effective reentry efforts, reduce recidivism, and increase the coordination of treatment between providers in prisons and in communities. In addition to its collaborations with the Department of Justice, SAMHSA continues to strengthen partnerships with criminal justice organizations such as the Association of State Corrections Administrators, the American Correctional Association, and the National District Attorney's Association.

CMHS also supports a jail diversion grant program to develop model diversion programs in more than two dozen sites across the country. Preliminary results from a SAMHSA study of nonviolent offenders indicate reduced rates of re-arrest, decreased incidence of psychiatric symptoms and substance abuse, and increased quality of life among people who are diverted from the justice system. SAMHSA also supports Family, Juvenile, and Adult Treatment Drug Courts, as well as the *Youth Offender Reentry Program*, which funds community partnerships that plan, develop, and provide services in the community to promote recovery, and prevent recidivism.



Programs of Transformation

Principle E

Ensure Innovation, Flexibility, and Accountability at All Levels of Government and Respect the Constitutional Role of the States and Indian Tribes

Transforming State Systems

SAMHSA is working with States to develop comprehensive statewide mental health plans by releasing an unprecedented grant program known as the *Mental Health Transformation State Incentive Grants Program*. Eligible to States and Tribes, these grants are made to Governors' offices and are financing the costs of planning and infrastructure development needed to achieve systems improvements across programs, agencies, and departments.

The goal of these grants is to achieve a fundamental shift in how we view and provide mental health care. This shift will require changes of great magnitude to policies and programs, to planning and partnerships, and to the traditional boundaries and beliefs maintained by different stakeholders. Consequently, the State transformation grants focus on broad-based systemic change—what a grantee must do to unite multiple systems behind a single vision of a consumer-driven, recovery-oriented system.

The expected payoffs will be better cross-agency coordination, more effective blending and use of available resources, and incredible improvements in the infrastructure for delivering services to adults and children in need. Offering these grants reinforces that transformation can occur only through collaboration and an ongoing commitment to change by all the systems that deliver, fund, or administer services and supports used or needed by individuals with a mental illness and their families. This is what is meant by transformation: profound change that occurs at the very core of the larger mental health system and other relevant systems and not through piecemeal reform around the margins.

Eliminating Seclusion and Restraint

For many years, coercion, seclusion, and restraint have been used in a wide range of psychiatric settings. Recently, CMHS has published materials to educate mental health care providers about the need to obviate these practices and to recognize their use for what it is: treatment systems failures when not involving issues of safety. Furthermore, *State Incentive Grants to Build Capacity for Alternatives to Restraint and Seclusion* are enhancing State efforts to adopt best practices to reduce and ultimately eliminate their use in institutional and community-based settings that provide mental health service. These grants are collecting data to document systems and services changes in the specific grantee States including Hawaii, Massachusetts, Illinois, Kentucky, Louisiana, Maryland, Missouri, and Washington.

Enhancing Protection and Advocacy

In 1986, Congress passed the *Protection and Advocacy for Individuals with Mental Illness (PAIMI)*, currently serving nearly 22,000 individuals. CMHS funds and oversees PAIMI, which is administered through *State Protection and Advocacy (P&A) systems*. P&A's advocate for individuals with mental illnesses who reside in public or private facilities or in the community who may be abused, neglected, or whose rights are violated. State P&A systems carry out investigations and class litigation, and respond to thousands of requests for information and referrals. They are empowered to use legal, legislative, systemic, and other remedies for correcting violations. P&A's monitor and act upon reported allegations of inappropriate use of seclusion and restraint, thus supporting the goal of the *New Freedom Commission on Mental Health* to protect and enhance the rights of people with mental illnesses.

A Life in the Community for Everyone

Making It Count Ensuring Accountability Through Data-Driven Decisionmaking

Mental Health Data and Analysis

With the ultimate goal of improving the quality of mental health programs and services delivery, CMHS collects, analyzes, and reports national statistical information on mental health services and the people served. These activities include primary and secondary data collection and analysis,

cost estimation, services evaluation, and policy assessment. CMHS data collection activities date back to 1840, and represent one of the longest continuous data collections in American public health. Program activities include the following:

- Surveys of the organization and financing of all specialty mental health organizations in the United States;
- Special surveys and analyses of mental health services provided outside of specialty mental health settings, such as in schools, prisons and jails, juvenile justice settings, nursing homes, and mental health self-help activities;

- Client sample surveys of persons served by specialty mental health organizations;
- Development of benchmark information on mental health spending by both public and private payors;
- Analyses of Medicaid data to highlight trends and characteristics of public financing of mental health services; and
- Development of standards that make national mental health data collection uniform and comparable.

CMHS data are recognized as the authoritative source of information on mental health organizations and their staff, finances, and clients. The results of data and analysis activities are showcased in a widely disseminated biennial publication on major mental health policy and statistical issues, *Mental Health, United States*, in peer-reviewed journals, and government reports and monographs. In addition, two widely used Web-based tools are available: a comprehensive electronic services locator, and a searchable database of behavioral health headlines from newspapers and periodicals for all 50 States—these tools can be found on SAMHSA's National Mental Health Information Center Web site at <http://www.mentalhealth.samhsa.gov/>.

It's no longer enough to show evidence of a need; we must be able to demonstrate results in order to assure funding for the services that we know work. That's public accountability.





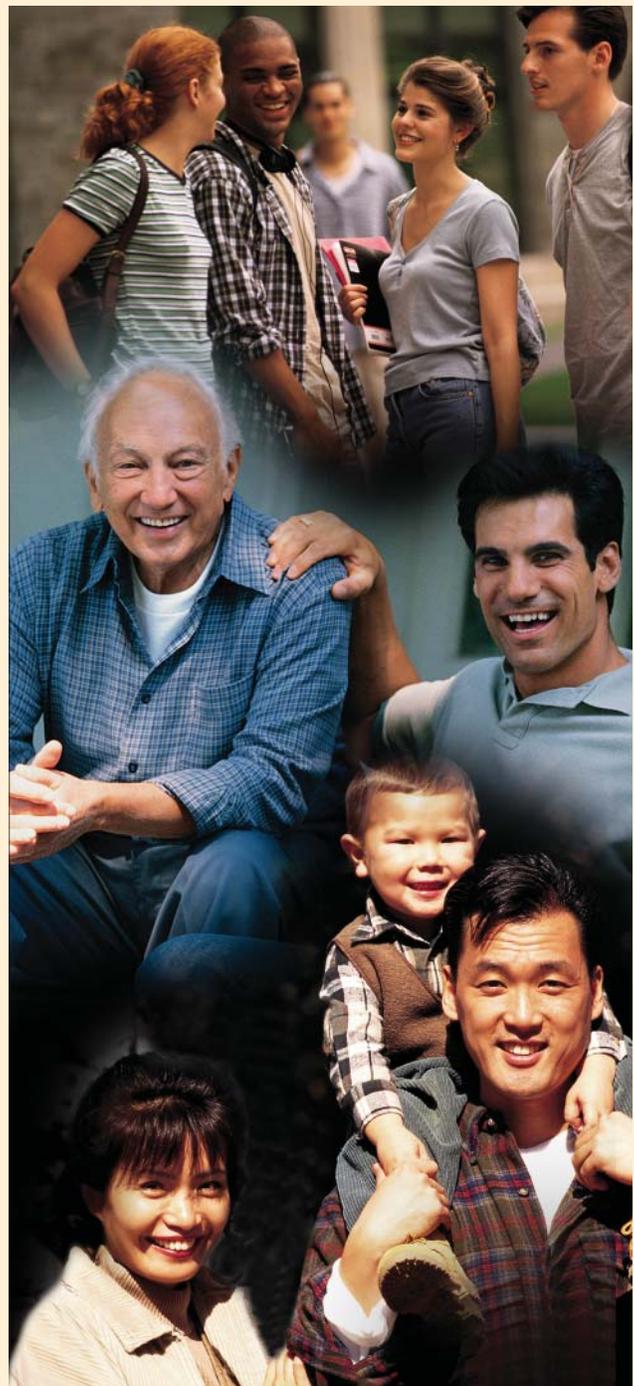
The SAMHSA Annual National Survey

The National Survey on Drug Use and Health (NSDUH) is the Nation's most comprehensive source of substance abuse and mental health related data. NSDUH is a SAMHSA-sponsored annual survey of the U.S. population ages 12 and older, excluding persons residing in institutions. The Survey presents national and State-level estimates on rates of use, numbers of users, and other measures related to illegal drugs, alcohol, tobacco, as well as measures related to mental health problems, including co-occurrence of substance use and mental health problems, and new data on depression among youth and adults.

Because it is an annual survey, NSDUH reveals important trends in substance use and mental health that can be used to plan effective evidence-based treatment and services and to judge the success of current activities. Mental health focused data show that in 2004—

- There were 35.1 million (14.7 percent) persons aged 12 or older who had at least one major depressive episode in their lifetime.
- There were 21.4 million adults aged 18 or older with serious psychological distress, representing 9.9 percent of all adults, a rate that increased from 2002 when it was 8.3 percent.
- There were 5.7 million youths aged 12 to 17 (22.5 percent) who received treatment or counseling for emotional or behavior problems in the year preceding to the interview; a rate higher than the estimates for 2002 (19.3 percent) and 2003 (20.6 percent).

Unfortunately, the survey also indicated that those who need mental health care do not receive it. Less than half of all Americans with serious mental illnesses seek treatment. SAMHSA is committed to supporting both mental health prevention and treatment programming that builds resiliency and promotes recovery. Of paramount importance is the need to expand the capacity of treatment systems to meet the needs of youth and adults with mental illnesses and substance use disorders.



A Life in the Community for Everyone

Using Data to TRAC Performance

CMHS directs a diverse portfolio of grants, contracts, and other activities aimed at improving the lives of people with, or at risk for mental illnesses. To assist with managing and monitoring functions, CMHS is developing a new Web-based database system known as the TRAC (referring to TRansformation ACcountability). This new tool will serve as a centralized portal for data from across CMHS's wide discretionary portfolio that includes approximately 28 distinct programs. The TRAC will capture performance measures generated by CMHS programs including client services and infrastructure development. It will also capture requests for and delivery of technical assistance. The TRAC will allow SAMHSA to obtain a snapshot of the performance of individual grantees against target performance goals and align grantee goals with SAMHSA's National Outcome Measures (NOMs). Data analysis and output reports will allow CMHS to monitor and work with grantees to ensure quality implementation of programs, and to inform the agency about future program needs and directions.

Streamlining Reporting Requirements

SAMHSA has responded to the public's demand that government agencies demonstrate accountability to the taxpayer by wisely investing resources into treatments and services that produce positive outcomes. To enhance the effectiveness of SAMHSA-funded programs and to streamline reporting requirements, SAMHSA and the States have created a simple, performance-based, outcome-driven measurement system for SAMHSA's two Block Grant programs and other funded programs. These National Outcome Measures (NOMs) represent meaningful, real life outcomes for people who are striving to attain and sustain recovery, build resilience, and work, learn, live, and participate fully in their communities.

National Outcome Measures (NOMs)

In alignment with SAMHSA's three strategic goals, NOMs also reduce State reporting burdens and provides uniform, consistent reporting of information focusing on 10 domains:

- Reduced symptomatology from mental illnesses or Abstinence from drug use and alcohol abuse
- Resilience and sustaining recovery, including:
 - Getting and keeping a job or enrolling and staying in school
 - Decreasing involvement with the criminal justice system
- Finding safe and stable housing
- Improving social connectedness to others in the community
- Increased access to services
- Retention in substance abuse treatment or decreased inpatient hospitalizations for mental health treatment
- Quality of services provided
- Client perception of care
- Cost-effectiveness
- Use of evidence-based treatment practices.

Data for reporting on the NOMs will come primarily from the States. SAMHSA will support States in their efforts with infrastructure and technical assistance through a new State Outcomes Measurement and Management System (SOMMS), an umbrella activity in SAMHSA to implement NOMs. After receiving data from each State, SAMHSA and State officials collaborate on data analysis and performance management to improve services. Currently, each State is at a different stage of readiness and some of the measures themselves are still in development. However, we will be able to report State-level, consistent, cross-year data, which will ultimately allow us to examine the impact of programs and changes over time.

SAMHSA is realigning its entire grant and contract data collection programs—both internal and external—using these NOMs, while expanding and focusing its technical assistance resources to help States and providers develop NOMs reporting capacity.

Contact

Substance Abuse and Mental Health Services Administration

1 Choke Cherry Road
Rockville, MD 20857
(240) 276-2000

ADMINISTRATOR

Charles G. Curie, M.A., A.C.S.W.

Mental Health Resources

SAMHSA'S NATIONAL MENTAL HEALTH INFORMATION CENTER (NMHIC)

1 (800) 789-2647 or
1 (866) 889-2647 (TTY)

<http://www.mentalhealth.samhsa.gov>

Substance Abuse Resources

SAMHSA'S NATIONAL CLEARINGHOUSE FOR ALCOHOL AND DRUG INFORMATION (NCADI)

1 (800) 729-6686 (English and Español)
or 1 (800) 487-4889 (TDD)

<http://www.ncadi.samhsa.gov>

The Substance Abuse and Mental Health Services Administration (SAMHSA), part of the U.S. Department of Health and Human Services (HHS), focuses attention, programs and funding on promoting a life in the community with jobs, homes and meaningful relationships with family and friends for people with, or at risk for, mental or substance use disorders. The Agency is achieving that vision through an action-oriented, measurable mission of building resilience and facilitating recovery.

For detailed information about current grant opportunities, browse the SAMHSA Web site at www.samhsa.gov and click on "Grants." Visit regularly for updates.

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