

# Behavioral Health Equity Fact Sheet

## SAMHSA's Strategic Efforts to Advance Behavioral Health Equity

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the federal agency charged with leading public health and service delivery efforts in behavioral health. SAMHSA's mission is to promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and improved outcomes for all populations. As emphasized in SAMHSA's [2023-2026 Strategic Plan](#), the agency's work is guided by the core principles of equity, trauma-informed approaches, recovery, and a commitment to data and evidence. The equity principal builds upon [Executive Order 13985](#) *Advancing Racial Equity and Support for Underserved Communities Through the Federal Government* that defines "equity" as the consistent and systematic, fair, just, and impartial treatment of all individuals, including those who belong to underserved communities that have often been denied such treatments. Behavioral health care systems must 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 underserved and historically marginalized communities are important first steps to ensuring that all people are provided with fair opportunities to be as healthy as possible. This principle is integrated into all aspects of SAMHSA activities and reflects a commitment of SAMHSA's various centers and offices to ensure that their investments are reaching and supporting underserved communities.

SAMHSA's Office of Behavioral Health Equity (OBHE) is the office within SAMHSA that has a dedicated mission to ensure that underserved, under-resourced communities are equitably included in SAMHSA's mission. Under the leadership of the Biden-Harris Administration, equity has become a driving force to redesign behavioral health systems to effectively address the unique and high-burden challenges of underserved groups, delineated in the Executive Order by race, ethnicity, religion, income, geography, gender identity, sexual orientation, and disability. These efforts have also emphasized the significant role of community voice in advancing equity.

The following sections detail selected activities undertaken by SAMHSA Offices and Centers to advance behavioral health equity. The description of each activity is determined by the health equity goal set by the SAMHSA center/office administering the activity, followed by a description of the action, and its impact.

### OFFICE OF BEHAVIORAL HEALTH EQUITY (OBHE)

#### Health Equity Goal

Promote policy initiatives that strengthen the impact of SAMHSA grant programs, initiatives, and operations in improving behavioral health outcomes for underserved populations.

#### ACTIONS TO DATE:

- ✓ [Disparity Impact Strategy 2.0](#). In October 2022, SAMHSA's Office of Behavioral Health Equity led the development and launch of the updated version of the Disparity Impact Strategy (DIS 2.0). This strategy requires that SAMHSA discretionary funded grant recipients submit a statement identifying a disparity-vulnerable, underserved ethnic/racial minority population; and develop a quality improvement plan to address the

identified disparities. The grantee must describe how they will outreach and engage this population and improve access, services, and outcomes. All grantees submit data on their service population and outcomes as part of their federal performance measurement requirements. Additional tools and rubrics for assessing the DIS have been developed for government project officers (GPOs) and grantees who must establish quality improvement plans that include a focus on social determinants of health and incorporate the National Culturally and Linguistically Appropriate Services Standards. OBHE is working with SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ) to develop DIS Dashboards to track grantees' performance on their disparity impact strategy.

**Impact:** Through the DIS 2.0, SAMHSA grantees will be more inclusive of and improve outcomes for underserved populations.

- ✓ **Guide to Equity Terminology [coming soon].** This is a decision-support tool focused on the use of equity terminology. As terminology has proliferated around equity and disparity issues, OBHE has developed a job-aide and decision-support tool to reduce confusion among behavioral health stakeholders. More information can be found in the blog: [Guide to Equity Terminology: Promoting Behavioral Health Equity through the Words We Use.](#)

**Impact:** Increase clarity and understanding of equity among behavioral health stakeholders.

- ✓ **Embedding Equity in 988.** Listening sessions were held with representatives of underserved communities to gauge understanding about and willingness to utilize 988. OBHE is represented on the National Advisory Council for 988 and participates in 988 webinars.

**Impact:** Educating and engaging underserved communities about 988.

- ✓ **Language Access and Justice.** OBHE participated in the Office of Civil Rights' Language Access Steering Committee and its five subgroups. Participating staff are developing SAMHSA's Language Access Plan to be completed in May 2024. SAMHSA's plan cascades from the Department of Health and Human Services (HHS) 2023 Language Access Plan and highlights unique challenges for behavioral health. OBHE and the Office of Communications are developing the plan together.

**Impact:** Populations with Non-English Language Preference will have access to translated materials. Website-based services such as FindSupport.gov, the Treatment Facility Locator, and the 988 Suicide and Crisis Line will continue to assess needs for expanded language access.

- ✓ **Elevate CBOs.** This initiative provides a training series to build capacity for community-based organizations (CBOs) serving primarily underserved racial and ethnic communities. In contrast to clinical trainings and interventions, this effort is focused on strengthening organizational business processes. This includes securing grants and contracts, developing partnerships with state agencies to optimize contracting opportunities, utilizing administrative and community data, and sustaining its workforce. In the three most recent training sessions, there were over 1,200 participants.

**Impact:** CBOs in underserved communities improve their organizational business practices, understanding of the grant-making process, and relationships with state agencies, thus better positioning their organizations to successfully compete for federal, state, and foundation funding.

- ✓ **Equity Dialogues with Community Leaders, CBOs, and SAMHSA Staff.** Ongoing virtual and in-person dialogues with CBOs and OBHE staff have been established to learn more about the issues faced by CBOs and strategies for overcoming these challenges.

**Impact:** Federal staff gain a firsthand understanding of the burden of mental and substance use disorders in low-resourced, underserved communities, community strategies that mitigate burden, and federal and state policies that often inadvertently exacerbate the burden of care.

- ✓ **Behavioral Health Equity Challenge.** The goal of the April 2023 "Behavioral Health Equity Challenge for Underserved Racial and Ethnic Communities" was to identify and highlight outreach and engagement strategies used by CBOs to increase access to behavioral health services for racial and ethnic underserved communities. There were 427 submissions, ten winners received \$50,000 each in prize money.

**Impact:** In addition to an unrestricted cash prize, Challenge winners increased their visibility and gained multiple opportunities to showcase their outreach and engagement strategies. OBHE will continue using the submissions to learn more about outreach and engagement strategies that connect communities with behavioral health services, and to recognize and reward CBOs that demonstrate innovative outreach strategies.

## Health Equity Goal

Reconceptualize the behavioral health workforce, combining new and emerging roles with existing, traditional specialty roles to improve outreach, engagement, and quality of care for underserved populations.

## ACTIONS TO DATE:

- ✓ **Re-Envisioning the Behavioral Health Workforce with a Focus on Underserved Communities: A Technical Experts Panel.** In January 2024, OBHE convened this technical expert panel to address the behavioral health workforce crisis. Experts across disciplines, sectors, population groups, and public and private payers assembled to develop strategies to address this growing crisis that significantly limits access to care. Discussion focused on new roles in the workforce, such as behavioral health support specialists and community-initiated care providers; career pathways in behavioral health for people from underserved communities; and the infrastructure (e.g., financing, reimbursement, licensing policies, etc.) necessary to sustain and grow these roles.

**Impact:** Innovative workforce strategies in communities and states emerged from this expert panel and will be the foundation for a Workforce Academy for state and local leaders in behavioral health.

- ✓ **AANHPI Behavioral Health Center of Excellence ('Ohana CoE)**. In September 2022, OBHE awarded the Hawaii Department of Health/Behavioral Health Administration, the Asian American, Native Hawaiian, and Pacific Islander Behavioral Health Center of Excellence. This is the first-ever Center focusing on the behavioral health needs of the AANHPI population. A major focus of the CoE is training and technical assistance (TA) to increase provider capacity to deliver culturally appropriate care; conducting community assessments to determine levels and focus of need and maintaining a repository of culturally and linguistically appropriate evidence-based, behavioral health resources and products. Following the wildfire disaster in Maui in 2023, the CoE provided crisis response and culturally based healing practices.

**Impact:** Supports access to culturally informed, behavioral health care services and better outcomes.

- ✓ **Hispanic/Latino Behavioral Health Center of Excellence**. In September 2023, OBHE awarded the Hispanic/Latino Behavioral Health CoE to the Universidad del Caribe in Puerto Rico. The CoE provides training and TA to increase providers' capacity to deliver culturally informed and responsive care, provide interpreter training, and develop and implement strategies to increase the Hispanic/Latino behavioral health workforce. The CoE will increase provider capacity to conduct community assessments to determine levels and focus of need and maintain a repository of culturally and linguistically appropriate evidence-based, behavioral health resources and products.

**Impact:** Supports access to culturally informed, behavioral health care services and better outcomes.

- ✓ **The African American Behavioral Health Center of Excellence**. In October 2020, the African American Behavioral Health Center of Excellence was awarded to the National Center for Primary Care in the Morehouse School of Medicine. This CoE is taking a highly collaborative public health approach toward cultural and practical transformation of behavioral health systems; intervention, treatment, and recovery support practices; training and support for the professional and nonprofessional workforce focused on the Black/African American community. In July 2023, the CoE participated in the Black Youth Suicide Policy Academy that was hosted by the Center for Mental Health Services. The CoE continues to provide training and TA on African American behavioral health issues. It also works closely with the **Historically Black Colleges and Universities (HBCU) Center for Excellence**.

**Impact:** Supports access to culturally informed, behavioral health care services and better outcomes. Created visibility on this crisis among Black youth, and

developed strategies tailored to the unique needs of Black communities to prevent suicide.

- ✓ **LGBTQ+ Behavioral Health Center of Excellence**. The LGBTQ+ Behavioral CoE was established in October 2020 and is currently situated at the School of Social Work at the University of Connecticut. The Center provides training and TA to providers, organizations, and communities on LGBTQ+ behavioral health issues. The CoE supports the implementation of change strategies within mental health and substance use disorder treatment systems to address disparities impacting the LGBTQ+ community. It provides knowledge and skills about effective strategies to decrease health disparities and stigma including through evidence informed practices and evidence-based practice.

**Impact:** Supports access to culturally responsive and LGBTQI-community-informed behavioral health care services and better outcomes.

- ✓ **White House Summit on AA and NHPI Mental Health**. On July 20, 2023, in collaboration with the White House Initiative on Asian Americans, Native Hawaiians, and Pacific Islanders (WHIAANHPI), and at the request of the President, OBHE convened an in-person, invitational National AA and NHPI Mental Health Summit. Panels and facilitated discussions focused on key topics that impact mental health, including: anti-Asian hate, 988 suicide prevention and crisis line and engagement of AA and NHPI communities, language access, integrated care, and workforce issues.

**Impact:** The Summit highlighted factors that impact the mental health of the AANHPI population and established networks to tackle these issues.

- ✓ **Pathways Forward: Action Plans to Advance AA, NH, and PI Mental Health**. On August 28-29, 2023, OBHE convened a working meeting building upon the issues emerging from the Mental Health Summit. Co-facilitators worked with each of the four work groups and developed an Action Plan for a two-year period. Federal agencies and invited participants shaped these plans and made various levels of commitments to aspects of the action plans. This meeting kept the momentum going from the Summit on July 20, 2023.

**Impact:** Established cross-sector work groups that committed to an action plan designed specifically to advance mental health issues for AANHPI communities.

- ✓ **NNED and NNEDLearn.** The National Network to Eliminate Disparities in Behavioral Health (the NNED) is a virtual network that brings together community-, ethnic-, and faith-based organizations; knowledge institutions; and national behavioral health organizations to share and promote policies, standards, research, and innovative practices to eliminate behavioral health disparities in diverse racial, ethnic, cultural, and sexual/gender minoritized communities. The NNED conducts trainings through Virtual Roundtables, manages a shared site of culturally adapted and culturally based practices, issues the NNED Note E-newsletter, and maintains a pulse on community issues through its Steering Committee. The NNED has grown to nearly 1,500 member CBOs across the country. The 13th annual NNEDLearn training meeting was held in April 2023 with five training tracks and follow-up coaching calls. This is a professional development opportunity for NNED members to receive training in evidence-supported and culturally appropriate mental health and substance use prevention and treatment practices and to support practice implementation.

**Impact:** NNED members have implemented new culturally informed practices and generated positive outcomes in their communities and have networked with other CBOs serving similar populations. Some have been successful in getting federal awards and bringing resources to their communities.

- ✓ **Family Counseling and Support for LGBTQI+ Youth and Their Families Grant Program.** The purpose of this new grant program is to prevent health and behavioral health risks (e.g., suicide, depression, homelessness, drug use, and HIV) and to promote well-being for LGBTQI+ youth in the context of their families/caregivers, cultures, and communities by establishing LGBTQI+ family counseling and support programs and training providers on family counseling and support interventions.

In 2024, SAMHSA announced four awards totaling \$5.1 million for Family Counseling and Support for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex+ Youth and their Families. These grants are in addition to \$1.7 million in grant funding previously awarded in 2023 to four other recipients. All eight awardees will be engaging LGBTQI+ youth and their families to prevent risk of health conditions, including behavioral health conditions and promote well-being for LGBTQI+ youth by establishing family counseling and support programs and training providers on family counseling and support interventions tailored for LGBTQI+ families.

**Impact:** The intended impact is for LGBTQI+ youth to experience less rejection from their families and more acceptance in their communities.

## OFFICE OF COMMUNICATIONS (OC)

### Health Equity Goal

Provide behavioral health resources, including prevention, treatment, and recovery of substance use and mental health disorders, to underserved populations.

#### ACTIONS TO DATE:

- ✓ **Launched [EncuentraApoyo.gov](https://www.encuentraapoyo.gov), the Spanish language version of [FindSupport.gov](https://www.findsupport.gov).** This is a user-friendly website designed to help people identify available resources, explore information about various treatment options, and learn how to reach out to get the support they need for issues related to mental health, drugs, or alcohol. EncuentraApoyo.gov is not a direct translation of the English website. The content has been culturally adapted to the Hispanic audience and includes materials reflecting the Latino experience in the United States.
- ✓ **Used Social Media.** Regularly posts information about behavioral health resources for underserved populations on SAMHSA social media channels.

**Impact:** Created awareness of SAMHSA resources, useful tools, helplines, and materials for Spanish-speaking populations.

## OFFICE OF FINANCIAL RESOURCES (OFR)

### Health Equity Goal

Create a simplified Notice of Funding Opportunity (NOFO) to expand the applicant pool by ensuring equity and simplicity.

#### ACTIONS TO DATE:

- ✓ **The Office of Financial Resources (OFR) coordinated an effort led by the HHS to simplify language in the Notice of Funding Opportunities (NOFOs).** The goal of the Simpler NOFOs initiative was to reduce the burden associated with applying for grant opportunities for qualified applicants, especially those representing and/or providing services to underserved communities. Four agencies across HHS were involved in this initiative, including SAMHSA. The Simpler NOFOs initiative led to the development and posting of a prototype for the SAMHSA Cooperative Agreement for the Refugee and Migrant Behavioral Health Technical Assistance Center.

**Impact:** Developed a template for a more simplified NOFO that may be more feasible and doable for underserved communities with less experience with federal grant applications. SAMHSA's prototype was chosen by the post-admission applicant survey as the easiest to understand and navigate. More than 71 percent of applications received a score of 82 or higher.

## OFFICE OF INTERGOVERNMENTAL AND PUBLIC AFFAIRS (OIPA)

### Health Equity Goal

Increase equity-focused efforts in HHS/SAMHSA's Regions.

#### ACTIONS TO DATE:

- ✓ **Consolidated Behavioral Health Meeting of the U.S. Territories, Jurisdictions and Protectorates, and SAMHSA Leadership.** In March 2023, SAMHSA Regional Directors from HHS Regions Two and Nine hosted a meeting of behavioral health leadership from the Caribbean Basin, the Pacific Jurisdictions and Protectorates, and SAMHSA leadership at the SAMHSA headquarters. This first-ever meeting was a rich networking opportunity and information exchange that enabled SAMHSA leadership and staff to better understand the mental health and substance use challenges in these areas and for the jurisdiction leadership to learn about SAMHSA's operations, expectations, and opportunities for grantees.

**Impact:** Strengthened relationships; promoted mutual benefit of information-sharing for all participants including increased understanding of jurisdictional challenges and federal government operations, requirements, and expectations.

## OFFICE OF RECOVERY (OR)

### Health Equity Goal

Increase equity and opportunities for recovery for underserved and under-resourced populations and communities (including people of color, youth, older adults, women, and girls, LGBTQI+, rural, veterans and people with disabilities).

#### ACTIONS TO DATE:

- ✓ **Convened Tribal Recovery Summit.** In August 2023, the Office of Recovery and the Office of Tribal Affairs and Policy jointly hosted a hybrid meeting, the Tribal Recovery Summit in Dallas, TX in partnership with SAMHSA's Region 6 Office. The purpose of the summit was to share best practices and experiences related to expanding recovery-related programs and opportunities within the American Indian and Alaska Native Communities (AI/AN). It provided nearly 270 attendees with valuable insight and information that can help improve recovery-related outcomes and showcased multiple pathways to recovery to support American Indian/Alaska Native tribes. A SAMHSA blog, [Pathways to Recovery – Highlighting Tribal Recovery Efforts](#), was published in December 2023 to share important outcomes from the summit and increase knowledge about recovery efforts in the tribal communities.

**Impact:** Increased knowledge about recovery efforts and best practices for tribal communities.

- ✓ **Created the SAMHSA Program to Advance Recovery Knowledge (SPARK).** Provides technical assistance and education to people in recovery, family members, caregivers, and others with a focus on equity to increase recovery opportunities to underserved and under resourced populations and taking into consideration culturally based healing practices. The SPARK is accepting new training and technical assistance opportunities to expand recovery supports and services in states, tribes, territories, and communities. Requests for information, resources, training, and consultation can be made on the website.

**Impact:** Increases knowledge about recovery supports and services, including culturally based healing practices, for underserved and under resourced populations.

## OFFICE OF TRIBAL AFFAIRS AND POLICY (OTAP)

### Health Equity Goal

Increase culturally informed and evidence-based behavioral health resources for American Indians and Alaska Natives.

#### ACTIONS TO DATE:

- ✓ **The American Indian and Alaska Native Behavioral Health Center of Excellence** was awarded to the University of Arizona in August 2023. The Center of Excellence is expected to develop and disseminate culturally informed, evidence-based behavioral health information. It also will provide technical assistance and training on issues related to addressing behavioral health disparities in these communities, which have consistently experienced disparities in access to health care services, funding, and resources; quality and quantity of services; treatment outcomes; and health education and prevention services.

**Impact:** Provides technical assistance and education to underserved American Indian and Alaska Native communities, and providers serving those communities, to ensure access to culturally informed, behavioral health care services, and better outcomes.

## 988 & BEHAVIORAL HEALTH CRISIS COORDINATING OFFICE (BHCCO)

### Health Equity Goal

Expand access to the [988 Suicide & Crisis Lifeline](#) for underserved and high-risk populations.

#### ACTIONS TO DATE:

- ✓ **Population-Specific Access and Response.** Expanded 988 with Spanish text and chat services to allow Spanish speakers in crisis to reach trained and culturally competent crisis counselors. Created specialized call, chat, and text supports for LGBTQI+ youth and young adults. Developed American Sign Language (ASL) and videophone services for people who are deaf or hard of hearing and for whom videophone and chat is a preferred method of communication.
- ✓ **Population-Specific Outreach and Technical Assistance.** Funded and provided technical assistance to 38 tribal organizations through the 988 Tribal Response Program. Conducted targeted 988 outreach and awareness efforts focused on African American young adults, especially in Historically Black Colleges and Universities (HBCUs), faith-based organizations, people with disabilities, and rural populations, specifically farmers.  
  
From August through December 2023, SAMHSA and the 988 Lifeline administrator ran a Spanish Text and Chat Campaign to build awareness of Spanish-language 988 services within the Hispanic/Latino community. The Hispanic/Latino community saw 988 Spanish Text and Chat information on social media and in their local supermarkets, pharmacies, outside of bodegas, hair and nail salons, barber shops, and laundromats.
- ✓ **Embedding Equity Webinar Series.** The 988 and BHCCO launched a quarterly webinar series, Embedding Equity in 988 and the Crisis Response System, in January 2024 for 988 state, territory, and tribal grantees, crisis centers, and behavioral health organizations and providers exploring the importance of embedding equity in 988 and crisis response systems. The series will also share innovative models, strategies, tools, and examples of equity-focused efforts in 988 and the crisis response system.
- ✓ **Embedding Equity Learning Collaborative.** The 988 and BHCCO initiated the Embedding Equity Learning Collaborative in February 2024 to bring together 988 states, territories, and tribal grantees to learn from each other's experiences and subject matter experts in equity and crisis response. The goals are to provide support, facilitated peer to peer learning, and provide tailored support to teams based on their unique communities' needs.

**Impact:** Through these actions, there has been increased support for underserved populations with a focus on improving access and quality and reducing disparities.

## NATIONAL MENTAL HEALTH AND SUBSTANCE USE POLICY LABORATORY (NMHSUPL)

### Health Equity Goal

Improve behavioral health outcomes of individuals experiencing homelessness or criminal justice involvement or re-entering the community from incarceration.

#### ACTIONS TO DATE:

- ✓ Published [Advisory on Behavioral Health Services for People Who Are Homeless](#).
- ✓ Published [Evidence-Based Guide on Best Practices for Successful Reentry from Criminal Justice Settings for People Living with Mental Health Conditions and/or Substance Use Disorders](#).

**Impact:** Publicly disseminate evidence-based information focused on at-risk populations. All the above referenced Resource Guides are free, evidence-based, and available via the [SAMHSA website](#).

### Health Equity Goal

Improve community capacity to meet behavioral health needs among under-resourced populations.

#### ACTIONS TO DATE:

- ✓ Published [Advisory on Using Technology-Based Therapeutic Tools in Behavioral Health Services and on Digital Therapeutics for Management and Treatment in Behavioral Health](#).
- ✓ Published [Evidence-Based Guide on Community Engagement: An Essential Component of an Effective and Equitable Substance Use Prevention System](#) and began development of advisory on preventing substance misuse among persons with disabilities.

**Impact:** Publicly disseminate evidence-based information focused on at-risk populations. All the above referenced Resource Guides are free, evidence-based, and available via the [SAMHSA website](#).

## Health Equity Goal

Improve access to overdose prevention efforts in rural communities.

### ACTIONS TO DATE:

- ✓ **Since 2020, SAMHSA has funded the Rural Emergency Medical Services (EMS) Training grant program.** SAMHSA recognizes the significant need for emergency services in rural areas and the critical role EMS personnel serve across the country. Recipients use the grant funds to train EMS personnel on substance use disorders and co-occurring disorders; trauma-informed, recovery-based care for people with such disorders in emergency situations; and, as appropriate, to maintain licenses and certifications relevant to serve in an EMS agency. With this program, SAMHSA aims to develop the capacity of EMS staff to support residents in rural communities.
- ✓ **The Rural Opioid Technical Assistance Regional Centers (ROTA-R)** disseminate training and technical assistance addressing opioid and stimulant misuse affecting rural communities. The 10 regional centers facilitate the identification of model programs, develop and update materials related to the prevention, harm reduction, treatment, and recovery activities for opioid use disorder (OUD) and/or stimulant use disorder, and ensure that high-quality training is provided.

**Impact:** Expands rural access to behavioral health services, enabling EMS organizations to recruit and train new staff and provide advanced training for existing staff. This program has also helped to build community engagement across different towns, build interdepartmental relationships in hopes of future collaboration, and strengthen partnerships and awareness of resources they can share.

## CENTER FOR BEHAVIORAL HEALTH STATISTICS AND QUALITY (CBHSQ)

### Health Equity Goal

Provide nationally representative data to highlight behavioral health disparities impacting underserved communities.

### ACTIONS TO DATE:

- ✓ **Released the report on [Lesbian, Gay, and Bisexual Behavioral Health: Results from the 2021 and 2022 National Surveys on Drug Use and Health](#).** This report describes key substance use and mental health indicators by sexual identity (gay/lesbian, bisexual, and straight) and gender among adults aged 18 or older in the United States. Estimates were based on combined data from the 2021 and 2022 National Surveys on Drug Use and Health (NSDUH) and were age-adjusted to facilitate comparisons between groups.

**Impact:** Visually present data about substance misuse, substance use disorder, mental health conditions, and suicidality among LGB adults. This information can be further used by policymakers, researchers, and health professionals to eliminate inequities experienced by this community.

- ✓ **Published the [NSDUH 2022 Highlighted Population Slides](#),** a series of slide decks presenting the latest substance use and mental NSDUH data among nine highlighted populations: American Indian and Alaska Native Population (AIAN); Asian Population; Black or African American Population; Female Population; Hispanic or Latino Population; Lesbian, Gay, or Bisexual (LGB) Adult Population; Multiracial Population; Native Hawaiian and Other Pacific Islander Population (NHOPI); Veteran Population.

**Impact:** These slides provide the latest national substance use and mental health data for multiple underserved communities in a convenient, easy-to-understand format. This data will be most useful to state and local policymakers and leaders from underserved communities.

- ✓ **Released the report [Key Substance Use and Mental Health Indicators in the United States: Results from the 2022 National Survey on Drug Use and Health](#),** which presents and compares numerous mental health and substance use measures by age and race/ethnicity.

**Impact:** This report provides the latest national substance use and mental health data by race/ethnicity for numerous measures and will be useful for state and local policymakers and leaders from underserved communities.

- ✓ **NSDUH questions were changed to capture more comprehensive gender identity and sexual identity data.** In 2022, NSDUH collected population data on gender with a binary measure (male or female). It also asked adult respondents about their sexual identity (response options: lesbian or gay, bisexual, or heterosexual/straight). Beginning with the 2023 NSDUH, the survey asks respondents their sex at birth and their gender identity, including whether they identify as male, female, transgender, or another identity. The 2023 NSDUH also asks all respondents about their sexual identity, regardless of age. In addition to choices for heterosexual/straight, gay or lesbian, and bisexual, NSDUH respondents in 2023 can report that they use a different term (and specify the other term), they are not sure about their sexual identity, or they do not know what the sexual identity question is asking.

**Impact:** These added major revisions to the NSDUH survey to capture more comprehensive national data on gender identity and sexual identity.

## Health Equity Goal

To support data driven policies and programs toward advancing behavioral health equity.

### ACTIONS TO DATE:

- ✓ **The Advancing SAMHSA Programs in Reaching Equity (ASPIRE) Dashboard was approved by SAMHSA leadership in fall of 2023.** ASPIRE encapsulates SAMHSA's core principles of equity and commitment to data/evidence and supports the Executive Order on Advancing Racial Equity and Support for Underserved Communities (EO 13985). The goal of ASPIRE is to advance SAMHSA's understanding and use of client-level demographic data. ASPIRE is an interactive, performance dashboard designed for SAMHSA leadership and staff to support data driven policies and programs toward advancing behavioral health equity. The ASPIRE dashboard includes over four years of client-level, discretionary grant, performance measurement data. The ASPIRE dashboard supports SAMHSA's guiding principles of equity and commitment to data and evidence. ASPIRE focuses on answering the following questions pertaining to reach, retention, and resources: (1) Who is SAMHSA reaching with its discretionary grant programs? Available data include race, ethnicity, gender, sexual orientation, age, housing status and veteran status.; (2) Who is SAMHSA retaining in its discretionary grant programs? This includes demographic data as well as reason for discharge; and (3) Where is SAMHSA funding going? Are resources awarded to underserved areas?

**Impact:** With this dashboard, SAMHSA leadership and staff can use the drop-down features to quickly access over 4 years of data (FY19-FY23 (Q1)) that include demographic information for over 2 million individuals from over 3000 grants awarded to 58 states and territories. ASPIRE is a dashboard that enables programmatic and policy staff to disaggregate more than four years of grant data by priority group, allowing for rapid evaluation and performance monitoring. For example, recruitment and retention in specific grant programs by race/ethnicity can be viewed.

## CENTER FOR SUBSTANCE ABUSE PREVENTION (CSAP)

### Health Equity Goal

Elevate Community-Based Organizations.

### ACTIONS TO DATE:

- ✓ **In 2023, the Division of Primary Prevention modified the Partnerships for Success funding opportunity (Notice of Funding Opportunity (NOFO))** to include the development of two NOFOs: One NOFO focused on communities and the other focused on states.

**Impact:** This implemented change helped to support behavioral health equity through parity in the grant process and ensuring that both communities and states benefit from substance use prevention dollars.

- ✓ **As part of SAMHSA's evidence-based resource guide series, the Center for Substance Abuse Prevention (CSAP) led the development of the guide, Community Engagement: An Essential Component of an Effective and Equitable Substance Use Prevention System.**

**Impact:** This resource guide highlights research on community engagement in substance use prevention and provides practical guidance for the implementation and evaluation of engagement strategies. Throughout the guide, engagement examples represent the diversity of ethnic/racial populations, settings, and systems. The Prevention Technology Transfer Center (PTTC) providers have incorporated this content into their TA services.

- ✓ **The Communities Talk initiative** was created to prevent alcohol and other drug misuse among individuals aged 12-25 years old in communities nationwide. Since 2006, the initiative has provided prevention resources and stipends to thousands of community-based organizations, colleges, and universities.

**Impact:** More parents talk to their children and adolescents about alcohol and drug misuse, including families from underserved communities. More colleges and universities hold conversations about alcohol and drug misuse.

- ✓ **In 2023, the Substance Use Disorder Prevention Engagement Initiatives (SUDPEI)** provided prevention resources and stipends to 500 organizations, including community-based organizations, high schools, and institutes of higher education.

Through this initiative, underserved communities hosted a number of prevention activities that educate and inform and inspire action regarding the consequences of alcohol and other substance use and misuse. This included rural communities, particularly in Guam and Puerto Rico, Historically Black Colleges and Universities, Hispanic Serving Institutions and Tribal Colleges and Universities.

**Impact:** These activities help to empower communities to use evidence-based approaches (including environmental prevention), reduce alcohol and other substance use and misuse, and mobilize communities around alcohol and other substance use and misuse prevention initiatives at the local, state, and national levels.



## Health Equity Goal

Decrease language as a barrier to participation in SAMHSA-funded activities.

### ACTIONS TO DATE:

- ✓ **CSAP adapted and translated existing materials into Spanish.**

*Impact:* Spanish language resources, including factsheets, guides, and data visualizations, are available on the Communities Talk website and in the SAMHSA Store.

## CENTER FOR MENTAL HEALTH SERVICES (CMHS)

### Health Equity Goal

Build capacity of the workforce to serve underserved racial and ethnic populations.

### ACTIONS TO DATE:

- ✓ **The Minority Fellowship Program** reduces health disparities and improves behavioral health outcomes for underserved racial and ethnic populations by awarding fellowships to students pursuing degrees in behavioral health professions, including psychiatry, psychology, social work, marriage and family therapy, nursing, mental health, addiction medicine, and substance and addictions counseling. Jointly funded by CMHS, CSAP, and CSAT, about 200 fellows are awarded the MFP fellowships each year, which are provided through eight national behavioral health organizations. Since 1973, there have been over 5,000 MFP fellows. In June 2023, the 50th Anniversary of the Minority Fellowship Program was celebrated, providing an opportunity for grantees, fellows, alumni, and supporters to recognize the MFP's contributions towards strengthening the behavioral health workforce.

*Impact:* Increased capacity of behavioral health professionals to serve racial and ethnic populations in a culturally appropriate manner.

### Health Equity Goal

Decrease suicidality and deaths by suicide, including those occurring in underserved communities.

### ACTIONS TO DATE:

- ✓ In June 2022, CMHS established the **Black Youth Suicide Prevention Initiative (BYSPI)** to develop and implement strategies to address the Black youth suicide crisis. BYSPI aims to reduce the rates of suicidal ideation, behaviors, attempts, and suicide deaths among Black youth and young adults between the ages of 5 and 24. The BYSPI team includes representatives across CMHS and collaborates with other Offices within SAMHSA. To inform their work, the BYSPI team conducted a literature review

and assembled and convened a national subject matter expert panel comprised of clinicians, community-based organizations, representatives from federal agencies, and young people with lived experience of surviving a suicide attempt. Following these initial events, the BYSPI team developed a strategic plan to guide the initiative and serve as a foundation for future work.

- BYSPI's first major activity was a **State Policy Academy**, held in July 2023, convening eight state teams. The team comprised of the state suicide prevention coordinator, crisis center staff, a local clinician, individual(s) with lived experience and affected family member(s), and representatives from the state department of education, colleges and universities (preferably Historically Black Colleges and Universities [HBCUs]), and community- or faith-based organizations. SAMHSA and external subject matter experts delivered didactic presentations and provided technical assistance to help each team develop a state-specific action plan to implement policy, systems, and environmental change strategies to reduce suicidal ideation, attempts, and deaths among Black youth and young adults. BYSPI is currently planning a 2024 Policy Academy with eight new state teams.
- **The Mental Health Services Block Grant Transformation Transfer Initiative (TTI)** program provides \$250,000 to community-based programs based on topics including enhancing equitable access to suicide prevention and crisis care for underserved communities. Some of the states that participated in the Policy Academy are using these funds to support implementation of the plans that were developed at the State Policy Academy.
- SAMHSA CMHS BYSPI also initiated a **learning collaborative** for the initial Policy Academy cohort, in which all eight state teams are participating.
- ✓ In 2023, SAMHSA funded two new resource guides for improving equity in suicide prevention. [Hope: A Guide for Faith Leaders to Help Prevent Youth Suicide](#) was published by SAMHSA-funded National Action Alliance for Suicide Prevention, SAMHSA-funded Suicide Prevention Resource Center, and the HHS Center for Faith-based and Neighborhood Partnerships (Partnership Center), designed to provide faith leaders with guidance for identifying and helping youth who may be at risk for suicide. The Suicide Prevention Resource Center also published [Mental Health Promotion and Suicide Prevention for LGBTQIA2S+ Youth: A Resource Guide for Professionals, Families and Communities](#), a series of guides to help professionals, families, and communities support the mental well-being of LGBTQIA2S+ youth.

*Impact:* Improve the ability of providers, communities, and public health entities to prevent suicide for populations who are disproportionately affected by suicide.

## Health Equity Goal

Decrease health disparities within behavioral health services.

### ACTIONS TO DATE:

- ✓ **Community Behavioral Health Clinics (CCBHCs)** are designed to ensure access to coordinated comprehensive behavioral health care. CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age. There are over 500 CCBHCs across the country that are supported through the CCBHC Medicaid Demonstration, the SAMHA administered CCBHC Expansion grant program, or through independent state programs. In March 2023, SAMHSA released the updated [Certification Criteria](#) for certifying CCBHCs. The criteria includes requirements for outreach to underserved populations, an equity-driven community health needs assessment, training on the National Standards for Culturally and Linguistically Appropriate Services (CLAS) standards, and an equity analysis of program outcomes, including the disaggregation of data collected as a part of quality improvement processes in order to assess for disparate outcomes among minorities within the clinic.

Integrated care is a critical strategy for advancing health equity among underserved and historically marginalized communities. In November 2023, the SAMHSA-supported [Center of Excellence for Integrated Health Solutions](#) (CIHS) began a seven-session of learning opportunities, [Advancing Health Equity through Integrated Care](#), to support health care operations teams make integrated and equitable changes within their organizations.

- ✓ **SAMHSA worked with CMS and ASPE to update the certification criteria that set requirements for Certified Community Behavioral Health Clinics (CCBHCs) in 2023.** Starting in 2024, more than 500 CCBHCs across the country will have to engage in quality improvement activities to address disparities disaggregating data to track and improve outcomes for populations facing health disparities.

**Impact:** Improving access to culturally responsive comprehensive healthcare services.

## Health Equity Goal

Improve behavioral health outcomes of refugee and migrant populations.

### ACTIONS TO DATE:

- ✓ In November 2023, SAMHSA awarded the new **Refugee and Migrant Behavioral Health Technical Assistance Center**. The TA Center will provide learning opportunities, training, and technical assistance, including consultation; interactive online learning modules; learning

communities; targeted technical assistance and coaching; and online educational materials and resources that are culturally relevant, language-relevant, resiliency focused, and trauma-informed.

**Impact:** Increased a focus on health disparities by safety-net providers, improved infrastructure and training for behavioral healthcare of refugees and migrants.

## Health Equity Goal

Improve access to a comprehensive array of behavioral health services for American Indian and Alaska Native youth.

### ACTIONS TO DATE:

- ✓ CMHS supports two grant programs for supporting American Indian and Alaska Native (AI/AN) youth. The **Native Connections grant program** supports AI/AN communities 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 supporting youth as they transition into adulthood. Grantees receive technical assistance on Community System Analysis, Community Readiness Model, strategic action plans, implementing strategic action plans, crisis response, youth at-risk procedures, postvention, and other grant activities. **Circles of Care** provides Tribes and Tribal organizations with tools and resources to plan and design a family-driven, community-based, and culturally and linguistically competent system of care for children.

**Impact:** Improved infrastructure and service delivery for behavioral healthcare of Native youth.

## Health Equity Goal

Decrease the impact of the Social Determinants of Health on behavioral health outcomes.

### ACTIONS TO DATE:

- ✓ **SSI/SSDI Outreach, Access, and Recovery (SOAR)** helps states and communities end homelessness and decrease the impacts of the social determinants of health through increased access to Social Security disability benefits. The SOAR Center published a [SOAR Diversity, Equity, and Inclusion \(DEI\) Implementation Toolkit](#) for SOAR staff to understand how implicit biases may contribute to disparities in SOAR services. For example, this includes how SOAR services are accessed by and delivered to diverse groups, hiring and supporting staff, identifying eligible SOAR applicants, and writing a Medical Summary Report (MSR).

**Impact:** Health-related social needs are addressed.

## Health Equity Goal

Improve access to quality behavioral healthcare for rural and remote communities.

### ACTIONS TO DATE:

- ✓ The first **Local Behavioral Health Crisis System Policy Academy** focused on the development of a crisis continuum for rural and remote communities was held by CMHS in 2023. The goals of the policy academy were for teams to develop person-centered action plans that focused on increasing access to crisis care, identifying and closing gaps within crisis systems, building system capacity, increasing interagency communication and collaboration, and incorporating evidence-based and best practices. The plans focused on identifying and addressing relevant policy, systems, and environmental changes to strengthen the local crisis continuum. Six teams participated, which included counties, regional collaboratives, and a territory. A second policy academy will be hosted in 2024.

**Impact:** Six local rural and remote communities (counties and one territory) developed a customized crisis continuum for rural and remote communities.

### ACTIONS TO DATE:

- ✓ In August 2023, SAMHSA released the guide **Rural Disaster Behavioral Health: A Guide for Outreach Workers and Crisis Counselors**, which was designed to provide staff with knowledge and strategies to best support diverse rural communities. The guide considers risk factors, strengths, and common disaster reactions unique to rural communities to support best practices for ensuring disaster resilience and recovery.

**Impact:** Dissemination of improved knowledge about disaster response in rural communities.

## Health Equity Goal

Provide disaster response supports to underserved communities.

### ACTIONS TO DATE:

- ✓ **The SAMHSA Disaster Distress Helpline (DDH)**, the first national hotline dedicated to providing year-round disaster crisis counseling. This toll-free, multilingual, crisis support service is available 24/7 to through call, text, and American Sign Language (ASL) videophone to all residents in the U.S. and its territories who are experiencing emotional distress related to natural or human-caused disasters through call, text, videophone. DDH expanded the DDH Online Peer Support Communities for those impacted by natural or human-caused disasters, gained over 2,980 members in FY 2023. DDH counselors are equipped and trained to: assess the immediate level of behavioral health distress that callers/texters may

convey or report in relation to extreme heat; encourage the callers/texters to follow up with their healthcare provider; and access local emergency services if it is determined that an imminent health threat related to extreme heat may be present for the DDH callers/texters.

**Impact:** Underserved communities experiencing disasters receive culturally responsive supports and services.

## CENTER FOR SUBSTANCE ABUSE TREATMENT (CSAT)

### Health Equity Goal

Build capacity of the workforce to serve racial and ethnic minoritized populations.

### ACTIONS TO DATE:

- ✓ **The Minority Fellowship Program (MFP)** aims to reduce health disparities and improve behavioral health outcomes for underserved racial and ethnic populations by: Increasing the knowledge of mental and substance use disorder practitioners on issues related to prevention, treatment, and recovery support for individuals who are from racial and ethnic minority populations and who have a mental or substance use disorder; improving the quality of mental and substance use disorder prevention and treatment services delivered to racial and ethnicity minority populations; and increasing the number of culturally competent mental and substance use disorder professionals who teach, administer services, conduct research, and provide direct mental or substance use disorder services to racial and ethnic minority populations. This program is jointly supported by CMHS, CSAP and CSAT.

**Impact:** Increased capacity of behavioral health professionals to serve racial and ethnic populations in a culturally appropriate manner.

### Health Equity Goal

Increase CSAT's reach to serve diverse unserved and underserved populations across its grant programs.

### ACTIONS TO DATE:

- ✓ Completed first of four phases of a project that analyzes pre- and post-award data in seven CSAT grant programs to: 1) assess diverse populations that are engaged and retained into SUD treatment and recovery support services; and 2) recommend new approaches that CSAT can adopt and/or existing approaches that CSAT can modify to advance equity through the grant-making processes and grant implementation.

**Impact:** Improved access and reduced barriers through CSAT's grant programs for diverse unserved and underserved populations, who need SUD treatment and recovery support services.

- ✓ **Updated 42 CFR Part 8** that set the standard for opioid treatment program (OTP) accreditation, certification and treatment to expand access to care by reducing barriers to entry, allowing for the use of telehealth among OTPs, and by codifying mobile treatment units. This helps to overcome geographic disparities in access to care, particularly among rural populations.

**Impact:** Expanded access to care in opioid treatment programs, improving access to OTP services in other settings and reduced overdose deaths.

- ✓ **Expanded access to Medications for Opioid Use Disorder (MOUD) within the Federal Bureau of Prisons (BOP), in state prisons and in jails across the country.** These settings often have an over-representation of individuals from underserved minority communities. All BOP sites are now certified as OTPs. Increasing numbers of carceral settings are offering all MOUD either directly or through collaboration with OTPs.

**Impact:** Expanded access to care in state prisons to reduce Opioid Use Disorder (OUD) and overdose deaths.

- ✓ **In 2023, CSAT awarded Clark Atlanta University the Historically Black Colleges and Universities Center for Excellence (HBCU-CFE) designed to recruit students to careers in the behavioral health field to address mental and substance use disorders, provide training that can lead to careers in the behavioral health field, and/or prepare students for obtaining advanced degrees in the behavioral health field. This program aligns with Executive Order 14041 (White House Initiative on Addressing Educational Equity, Excellence, and Economic Opportunity Through Historically Black Colleges and Universities).**

**Impact:** Aims to increase the number of students prepared to enter the behavioral health field and provide culturally competent services.

- ✓ **Required the integration of diversity, equity, and inclusion in the provision of services and activities throughout the Targeted Capacity Expansion – Special Population (TCE-SP) projects.**

**Impact:** Identifies under resourced populations or unmet needs identified by the community.

- ✓ **Funded the Minority HIV/AIDS Fund: Integrated Behavioral Health and HIV Care for Unsheltered Populations Pilot Project (MHAF).** The purpose of this program is to pilot an approach to comprehensive health care for racial and ethnic medically underserved people experiencing unsheltered homelessness through the provision of portable clinical care delivered outside that is focused on the integration of behavioral health and HIV treatment and prevention services.

**Impact:** Improved the health care for people experiencing unsheltered homelessness while learning, through the experience of funded grant recipients, best practices for HIV/HCV, SUD, and mental health service delivery by providing portable clinical care.

- ✓ **Minority AIDS Initiative: Substance Use Disorder Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS program** funded 44 grants in FY23. The purpose of this program is to increase engagement in care for racial and ethnic medically underserved individuals with substance use disorders (SUDs) and/or co-occurring SUDs and mental health conditions (COD) who are at risk for or living with HIV. Award recipients are expected to take a syndemic approach to SUD, HIV, and viral hepatitis by providing SUD treatment to medically underserved racial and ethnic individuals at risk for or living with HIV.

**Impact:** Increase engagement in care for underserved individuals with SUD, COD and mental health conditions at risk for or living with HIV.

- ✓ **Updated Notice of Funding Opportunities to allow activities that address behavioral health disparities and the social determinants of health** using data to understand who is served and disproportionately served (e.g., overserved or underserved).

**Impact:** Aims to address health-related social needs for individuals impacted by substance use disorder (SUD) and to strengthen statewide recovery networks toward creating equitable and sustainable approaches.

- ✓ **Require Recovery Communities Services Program (RCSP) projects to conduct culturally appropriate and relevant outreach** to individuals and community organizations to raise awareness of the availability of recovery support services and foster engagement in RSS.

**Impact:** Brings the recovery concept and programs to underserved communities.