

# 1992–2012

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## Two Decades of Progress for Behavioral Health Care and SAMHSA



Behavioral Health is Essential to Health • Prevention Works • Treatment is Effective • People Recover



Substance Abuse and Mental Health Services Administration

# SAMHSA

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# 20

1992-2012

YEARS STRONG





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**S**AMHSA's origins began more than six decades ago with the founding of the National Institute of Mental Health (NIMH) in 1949. In 1968, NIMH and a new National Institute on Alcohol Abuse and Alcoholism (NIAAA) became part of a newly formed Health Services and Mental Health Administration. In 1974, NIMH, NIAAA, and a new National Institute on Drug Abuse (NIDA) became the three entities that comprised the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA), SAMHSA's predecessor organization.

In 1992, ADAMHA became SAMHSA. In the 20 years since then, the behavioral health field has seen dramatic change. When SAMHSA was established, the field was still struggling to develop community-based services, foster the peer/consumer movement, and prove that mental health and substance abuse treatment worked and that recovery was possible. Today, consumer self-determination and shared decision-making inform community service systems. The concept of recovery empowers consumers. And health promotion, disease prevention, and early intervention have become essential elements of the behavioral health system.

There is still much to do. The Affordable Care Act offers the field unmatched opportunities. Thanks to the law, for example, all adults earning up to 138 percent of the federal poverty level will gain Medicaid coverage. State health insurance exchanges will cover uninsured adults with incomes above that level. As a result of these two changes, 32 million adults—about 12.4 million with

pre-existing mental or substance use conditions—will enjoy insurance coverage. The Affordable Care Act also requires parity, meaning that the financial and treatment limitations placed on mental health and substance use services can't be more restrictive than those for medical and surgical benefits.

To fulfill these and other opportunities, SAMHSA and the behavioral health field must engage the broader health field and communities themselves to support behavioral health for all. They must promote community-based prevention, treatment, and recovery services. They must also support individuals as they seek their own paths to recovery.

Offering a view from the field and reflecting the authors' views and not official SAMHSA policy, this report offers a look at the past successes of SAMHSA and the behavioral health community, as well as future directions.

## Major External Developments, 1992-2012

1992	Founding of SAMHSA
1993-94	President Clinton's national health reform initiative
1994	Recommendations for reporting on suicide
1997	Drug Free Communities Act
1999	White House Conference on Mental Health
1999	Supreme Court's Olmstead decision
1999	Extension of mental health parity to federal employees' health benefit program
1999	<i>Mental Health: A Report of the Surgeon General</i>
1999	U.S. Health and Human Services Minority AIDS Initiative
2000	Drug Addiction Treatment Act, which authorized SAMHSA and the Drug Enforcement Administration to permit qualified physicians to prescribe buprenorphine
2000	Children's Health Act, which reauthorized SAMHSA and established Federal standards for seclusion and restraint use
2002-03	Report of the President's New Freedom Commission on Mental Health
2004	Interagency Coordinating Committee on Prevention of Underage Drinking (ICCPUD)
2004	Institute of Medicine report <i>Reducing Underage Drinking: A Collective Responsibility</i>
2005	National All Schedules Prescription Electronic Reporting Act, which led to the state prescription drug reporting program
2006	Institute of Medicine report <i>Improving the Quality of Health Care for Mental and Substance Use Conditions</i>
2006	Report on premature mortality of public mental health clients, published in Preventing Chronic Disease
2006	Sober Truth on Preventing Underage Drinking (STOP) Act
2007	<i>Surgeon General's Call to Action to Prevent and Reduce Underage Drinking</i>
2007	Centers for Medicare and Medicaid Services approval of peer support as a Medicaid service
2008	Wellstone-Domenici Mental Health Parity and Addiction Equity Act
2009	Institute of Medicine report <i>Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities</i>
2010	Affordable Care Act
2010	President's National HIV/AIDS Strategy for the United States
2010	Creation of National Action Alliance for Suicide Prevention
2012	SAMHSA's 20th anniversary

## Chronology: Defining a Direction and Building Momentum

Since 1992, the behavioral health field has achieved many major milestones. The Supreme Court's *Olmstead* decision affirmed individuals' right to community-based care, for example. The President's New Freedom Commission on Mental Health produced an influential report on transforming the Nation's mental health system, while the U.S. Surgeon General released the first-ever Surgeon General's report on behavioral health. The passage of Congress' landmark Sober Truth on Preventing Underage Drinking Act coincided with the release of the *Surgeon General's Call to Action to Prevent and Reduce Underage Drinking* to focus on the Nation's number-one substance use issue. The last two decades have also seen far-reaching legislative changes, including the Wellstone-Domenici Mental Health Parity and Addiction Equity Act of 2008 and the Patient Protection and Affordable Care Act of 2010.

Taken together, these accomplishments suggest clear trends:

- The field is moving toward high-quality, community-based, specialty care and prevention services and the integration of behavioral health care with primary care.
- An empowered peer/consumer community is creating new hope and a driving vision of community-based prevention and recovery for the mental health and substance abuse fields.
- A new emphasis on shared decision-making, peer support, and self-direction is making true prevention and recovery possible.

The confluence of these trends today gives them even more power to foster further change in the future. The dreams of generations of individuals with mental health and substance use disorders are beginning to be fulfilled—a remarkable transformation in which SAMHSA has played and will continue to play a major role.



## **SAMHSA's Role: Supporting Change and Building Possibilities**

Two important milestones helped give rise to SAMHSA: the passage of the Americans with Disabilities Act in 1990 and the flowering of the recovery and consumer movements in behavioral health. SAMHSA brought together society's concerns about people with behavioral health problems and those with disability more generally.

In its first two decades, SAMHSA played a key role in creating momentous changes in behavioral health. SAMHSA has promoted prevention, resiliency, and recovery. It has improved care. And it has responded quickly to disasters.

But SAMHSA hasn't done it alone.

Throughout its history, SAMHSA has consulted national organizations and stakeholder groups when it develops major new initiatives. These groups have also played a translational role between SAMHSA and the field, both in implementing SAMHSA's initiatives and alerting SAMHSA to new developments, concerns, and opportunities.

Whether peers and consumers, family members, providers, or city, county, or state government officials, different stakeholders have traditionally represented the mental health and substance use prevention and treatment fields. Early on, these different constituencies didn't share a coordinated mission. SAMHSA has helped bring them together into one voice. SAMHSA has sometimes served as an arbitrator, frequently as a convener and consensus builder, and almost always as the focal point for all stakeholder groups. Looking forward to 2014 and beyond, the role of national organizations and stakeholder groups will likely expand to include outreach and joint activities with other national organizations representing primary care services and consumers.

The concepts of prevention and recovery have also helped unite these different points of view.

Prevention science has advanced dramatically since SAMHSA's founding. In the very early years, SAMHSA created a National Prevention Database

from field sources, which showed that prevention actually worked. In the early 1990s, seminal research on the risk and protective factors associated with drug use among adolescents—documented by the Institute of Medicine—provided a framework for developing, implementing, and evaluating prevention programs that states and communities continue to follow two decades later. SAMHSA has also funded epidemiological work groups in each state, which use data to determine the most appropriate evidence-based program to address risk and protective factors identified through a state's or community's needs assessment. These beginnings led to subsequent efforts to identify evidence-based practices that the field still uses today, such as those listed in SAMHSA's National Registry of Evidence-based Programs and Practices.

The concept of recovery is another major development. Two decades ago, the field was struggling to develop and coordinate community services. It lacked a vision that could bring together different endeavors—a gap that has now been filled by the concept of recovery.

The concept of recovery has done more than just unite the field, however.

In fact, the idea of recovery—along with the idea of resiliency achieved through health promotion and disease prevention—is the most important concept to emerge since SAMHSA's founding and the creation of the behavioral health field itself. Just 20 years ago, recovery was not part of behavioral health's lexicon. Even within the behavioral health field, many didn't believe that recovery was actually possible.

The idea of recovery grew out of the self-help movement, including Alcoholics Anonymous, Recovery Incorporated, Narcotics Anonymous, On Our Own, and the family movement including Al-Anon. Peers and consumers brought the concept to the substance use and mental health fields, demonstrating that their knowledge and insights can not only improve their own care but help shape an entire field.

Since then, recovery has become a ubiquitous goal within behavioral health and a national call to action. SAMHSA adopted the concept and has played a vital role in promoting it.

## Major SAMHSA Developments, 1992-2012

1992	Founding of <b>SAMHSA</b>
1993	Founding of <b>Addiction Technology Transfer Network (ATTN)</b>
1994	Launched the “ <b>Caring for Every Child’s Mental Health</b> ” initiative, the first national program of its kind
1994	Supported the release of <b>recommendations for reporting on suicide</b> to promote responsible and accurate media coverage of suicide and helped to revise the recommendations in 2011
1995	Founded the department’s first <b>Office of Managed Care</b>
1995	Hired the first <b>Consumer Affairs staff</b>
1996	Initiated the <b>Synar Program</b> , a Federal/state partnership to eliminate illegal tobacco sales to minors—a program that has reduced sales from 40 percent in 1997 to a little more than 9 percent in 2010
1997	Partnered with the Office of National Drug Control Policy (ONDCP) on the <b>Drug-Free Communities Support Program</b> to support community coalitions working to prevent and reduce youth substance use
1998	Replaced Treatment Works! with <b>National Alcohol and Drug Addiction Recovery Month</b>
1999	Launched <b>Safe Schools-Healthy Students</b> initiative
1999	Participated in the <b>White House Conference on Mental Health</b> , which addressed public misconceptions about mental illness
1999	Contributed to the landmark <i><b>Mental Health: A Report of the Surgeon General</b></i>
1999–2011	Received regulatory authority for oversight of the Nation’s <b>opioid addiction treatment system</b>
2000	Established the <b>Consumer/Survivor Subcommittee</b> of the Center for Mental Health Services’ National Advisory Committee
2001	Oversaw funding for crisis counseling and public education after the <b>September 11 terrorist attacks</b>
2001	Established <b>Faces and Voices of Recovery</b> at the Recovery Summit in St. Paul, MN
2002	Played a key role in the development of the <b>New Freedom Commission on Mental Health</b>
2002	Released <b>report to Congress</b> on co-occurring mental and substance use disorders
2002	Launched <b>State Incentive Grants</b> to promote drug use prevention
2003	Convened the first <b>national consensus conference to define mental health recovery</b>
2003	Released first Treatment Improvement Protocol on state <b>methadone treatment guidelines</b>
2004	Produced first-ever report on <b>methadone mortality</b>
2004	Launched <b>Access to Recovery</b> treatment voucher program emphasizing consumer choice
2004	Issued a <b>National Call to Action to Reduce and Ultimately Eliminate Seclusion and Restraint</b>

## Major SAMHSA Developments, 1992-2012, *continued*

2004	Helped launch the <b>President’s Emergency Plan for AIDS Relief</b>
2004	Began leading the <b>Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD)</b> , established to organize Federal efforts to prevent and reduce underage drinking
2004	Launched <b>Screening, Brief Intervention, and Referral to Treatment (SBIRT)</b> grant program
2005	Formed <b>National Center for Trauma-Informed Care</b>
2005	Celebrated 20th anniversary of the <b>Alternatives Conference</b>
2005	<b>Provided crisis counseling</b> to affected states within days of <b>Hurricanes Katrina and Rita</b>
2005	Convened the first <b>National Summit on Recovery</b> to set guiding principles of recovery for people with a substance use disorder
2006	Supported passage of the <b>Sober Truth on Preventing Underage Drinking (STOP) Act</b> to collect data about alcohol use and abuse among adolescents and to create comprehensive community-based programs and state-wide systems to prevent underage drinking
2006	Established the <b>National Suicide Prevention Lifeline</b> , 1-800-273-TALK (8255), a free, 24-hour resource
2006	Convened the <b>first Voice Awards</b> to recognize behavioral health TV and film portrayals
2007	Contributed significantly to the <b>Surgeon General’s Call to Action to Prevent and Reduce Underage Drinking</b>
2007	Launched <b>Wellness Initiative to combat premature mortality</b>
2008	Helped implement the <b>Wellstone-Domenici Mental Health Parity and Addiction Equity Act</b> , which improves access to mental and substance use disorder treatment services through more equitable coverage 2009 Responded to needs of <b>veterans from Iraq and Afghanistan</b>
2009	Celebrated 20th anniversary of <b>Recovery Month</b>
2010	Supported the formation of the <b>National Action Alliance for Suicide Prevention</b> to advance the National Strategy for Suicide Prevention
2010	Supported the <b>Tribal Law and Order Act</b> , passed to help the Federal government address public safety challenges in Tribal communities, such as high rates of violence against women
2010	<b>Provided behavioral health services</b> in response to the needs of Gulf Coast citizens affected by the BP oil spill
2010–Present	Is playing a vital role in <b>Patient Protection and Affordable Care Act</b> implementation and advancing the integration of primary care and behavioral health prevention, treatment, and recovery services
2011	Released working <b>definition of recovery</b> from mental and substance use disorders
2012	Celebrated <b>SAMHSA’s 20th anniversary</b>



For example, SAMHSA recently has formulated a working definition that describes recovery from behavioral health conditions as “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.” SAMHSA also articulated key principles that promote recovery: recovery emerges from hope; occurs via many pathways; involves individual, family, and community strengths and responsibility; is person-driven, holistic, and culturally based and influenced, and based on respect; and is supported by peers and allies through relationships and social networks and by addressing trauma.

As the field works to implement the Affordable Care Act, it can share the concepts of prevention, resiliency, and recovery with colleagues in other health fields. When it comes to individuals with chronic physical conditions, most health care providers focus on maintenance instead of recovery.

Over the last two decades, SAMHSA has done much more than help unite the behavioral health field and promote the idea of recovery. Other highlights include:

- **Transforming services.** Twenty years ago, seclusion and restraint were still common in inpatient settings. Since then, seclusion and restraint use has been reduced. SAMHSA has promoted community-based prevention, care, and recovery, with ongoing housing, job, and peer support. Prevention efforts are now routine, and providers can offer the hope of recovery—a remarkable transformation. Throughout these developments, SAMHSA has emphasized the development and use of evidence-based practices known to be effective. What was mainly theory in 1992 has become effective community practice in 2012, guided by frequent data collection and performance assessment.
- **Integrating behavioral health and primary care.** Many people with behavioral health conditions also have debilitating physical ailments. These chronic conditions, such as diabetes, HIV/AIDS, coronary heart disease, and end-stage liver disease, can cause early death. To help prevent those deaths,

SAMHSA and the Health Resources and Services Administration (HRSA) have launched a formal initiative on integrating behavioral and primary care. Coupled with SAMHSA’s Wellness Initiative, this effort has led to a broad range of peer- and consumer-led wellness activities and a focus on whole health and person-centered care. SAMHSA’s efforts presage the Affordable Care Act’s focus on integration.

- **Fostering the peer, consumer, and family movements.** The peer, consumer, and family movements’ development dates back more than a half-century. SAMHSA has fostered these movements as critical adjuncts to behavioral health care. These efforts have led to the funding of peer support as an essential recognized service, research on the effectiveness of peer-operated services, the implementation of shared decision-making in care delivery, and family-centered training for those who have family members with behavioral health conditions. SAMHSA’s efforts to incorporate consumers and family members into Federal advisory groups predate similar efforts in other Department of Health and Human Services agencies, including the National Institutes of Health.
- **Creating key partnerships.** Throughout its history, SAMHSA has built partnerships with other governmental entities. SAMHSA has worked with the Office of National Drug Control Policy on substance use initiatives, the Health Resources and Services Administration on integrated care, the Centers for Medicare and Medicaid Services on payment systems, the Agency for Healthcare Research and Quality on evidence-based practices and quality measures, the Food and Drug Administration on wellness, and the Centers for Disease Control and Prevention on HIV/AIDS and other infectious diseases, chronic disease, and health promotion. SAMHSA has also collaborated with the Department of Education on safe schools, the Department of Housing and Urban Development on homelessness, and the Department of Justice on jail diversion, as well as with many state, county, and city governments.

- **Emphasizing community-based health promotion and disease prevention.** SAMHSA recognized early on how important it is to pay more attention to promoting health and preventing disease. The result has been increased recognition of trauma's critical role in mental illness and substance use and the importance of early intervention efforts, such as Screening, Brief Intervention, and Referral to Treatment. The need to contain costs also points in this direction. Guided by its Center for Substance Abuse Prevention, SAMHSA has provided essential leadership at the federal, state, and community levels with major prevention initiatives. This work will influence how the Affordable Care Act approaches prevention of chronic disease.
- **Promoting data-based planning and quality assessment.** Throughout its history, SAMHSA has led the way in collecting and disseminating national epidemiological and service delivery data for the mental health and substance use fields. The National Household Survey on Drug Use and Health is a key example of SAMHSA's data collection systems. SAMHSA also has pioneered the development of quality assessment and performance monitoring tools for both fields, notably the National Outcome Measurement System. In 2011, SAMHSA integrated the efforts of both fields into a single Center for Behavioral Health Statistics and Quality.
- **Transforming disparity into equity.** SAMHSA has made major strides in reducing the disparities in health status and care that people with behavioral health conditions often experience. One direct consequence is the Wellstone-Domenici Mental Health Parity and Addiction Equity Act of 2008. That law reduces treatment disparities between behavioral health and medical care in large, private insurance plans. The Affordable Care Act now extends those protections to people newly insured through Medicaid and state health insurance exchanges. Universal coverage will promote equity in health status and treatment for those with behavioral health conditions. SAMHSA also is addressing another type of disparity: the lack of culturally competent behavioral health care. In all



its programs, SAMHSA has made major progress in developing and implementing culturally competent care. To underscore its commitment to reducing disparities and fostering equity, SAMHSA recently created an Office of Behavioral Health Equity.

## The Future: Making SAMHSA's Priorities Real-World Possibilities

To promote future developments in the behavioral health field, SAMHSA has identified eight strategic priorities that guide its work:

- **Prevention of substance abuse and mental illness.** SAMHSA's vision is to create communities where individuals, families, schools, faith-based organizations, and workplaces act to promote emotional health and reduce the likelihood of mental illness, substance use (including tobacco use), and suicide. The initiative focuses on high-risk youth, youth in tribal communities, and military families.
- **Trauma and justice.** SAMHSA works to reduce the pervasive, harmful, and costly health impact of violence and trauma by integrating trauma-informed approaches throughout health, behavioral health, and related systems and addressing the behavioral health needs of people involved in or at risk of involvement in the criminal and juvenile justice systems.

- **Military families.** SAMHSA supports America's service men and women—whether active duty, National Guard, reserve, or veterans—along with their families and communities by leading efforts to ensure that behavioral health services are accessible and outcomes are positive.
- **Recovery support.** SAMHSA partners with people in recovery from mental and substance use disorders. Together they guide the behavioral health system and promote individual-, program-, and system-level approaches that foster health and resilience; increase permanent housing, employment, education, and other necessary supports; and reduce barriers to social inclusion.
- **Health reform.** SAMHSA supports the Affordable Care Act, which makes insurance coverage more affordable for individuals, families, and small business owners. The Affordable Care Act is one part of a broader movement toward reforming the behavioral health system.
- **Health information technology.** SAMHSA works to ensure that the behavioral health system, including states, counties, community providers, and peer and prevention specialists, fully participates with the general health care delivery system in adopting health information technology and interoperable electronic health records.
- **Data, outcomes, and quality.** SAMHSA is realizing an integrated data strategy that informs policy and measures programs' impact, leading to improved program quality and better outcomes for individuals, families, and communities.
- **Public awareness and support.** SAMHSA works to increase understanding of mental and substance use disorders and the many pathways to recovery to achieve prevention's full potential, help people recognize mental and substance use disorders and seek assistance with the same urgency as they would for any other health condition, and make recovery the expectation.

Within this dramatically changing context, the field should work to achieve several important goals:

- **Preparing for the unprecedented, rapid expansion of insurance coverage for people with behavioral health conditions.** The field needs to think about training of current specialty and primary care providers and the rapid introduction of peer support specialists into health homes.
- **Introducing the concepts of health promotion, disease prevention, resilience, recovery, whole health, and person-centered care to other health fields.** The behavioral health field has much to offer in these areas.
- **Undertaking additional work on health promotion.** The field must promote positive health at the personal, community, and population levels. Part of this work should address social and physical determinants in communities that improve or harm health.
- **Maintaining reasonable expectations.** Funding constraints at the state, county, and local levels mean that current funding for specialty mental health and substance use prevention and treatment services is very limited. The field must identify mental health and substance use conditions earlier and, whenever possible, prevent the onset of disease. By addressing problems before they become acute, care will cost less. The field must also continue the quest for higher quality services that produce better prevention and recovery outcomes at reduced cost. By achieving that goal, these services can be made available through health homes.

The behavioral health field is on the cusp of a very exciting period. SAMHSA and the field will build on the progress made during the last two decades and work together to ensure that the next 20 years bring even more exciting developments to help all people with mental health and substance use problems experience their full potential.



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