

AGENCY-SPECIFIC PLAN FOR THE NATIONAL QUALITY STRATEGY

Substance Abuse and Mental Health Services Administration (SAMHSA)

Program	Description	NQS Priorities*						Current-Year Activities	Metrics	Future-Year Plans**	Vision/End Goals
		1	2	3	4	5	6				
Center for Integrated Health Solutions Initiative	The SAMHSA component of this national training and technical assistance center serves SAMHSA Primary & Behavioral Health Care Integration (PBHCI) grantees, and seeks to address the lack of coordination between primary and behavioral health care services.		✓	★	✓	✓		<ul style="list-style-type: none"> Award grants to community mental health providers and substance abuse service programs to build partnerships and infrastructure to integrate primary care services with behavioral health care for patients with serious mental health illnesses or substance use disorders. Provide training and technical assistance to 94 PBHCI grantees, all of which are community behavioral health providers. 	Currently, quarterly patient health indicators, such as BMI and blood pressure, are submitted to PBHCI by grantees. In the coming years, a national evaluation of bidirectional integration within community health organizations will be conducted in conjunction with RAND.	<ul style="list-style-type: none"> Increase the number of community health organizations and trained professionals using integrated health delivery approaches (P3, Goal 3). Increase the number of consumers credentialed to provide behavioral health related practices (P2, Goal 3). Increase the number of health providers trained in the concept of wellness and behavioral health recovery (P5, Goal 3). 	<ul style="list-style-type: none"> Prepare providers to incorporate their integrated approach of behavioral health and primary care into systems of care. Increase availability of integrated, holistic care for physical and behavioral disorders to serve both primary and behavioral health care needs.
National Behavioral Health Quality Framework (NBHQF)	The NBHQF is a practical, strategic, and evolving guide for the nation (modeled after the NQS) that will recommend key behavioral health quality measures to enhance consistent measurement and data collection of quality behavioral health treatment and prevention activities. This framework is expected to be completed in 2013.	✓	✓	★	✓	✓	✓	<ul style="list-style-type: none"> Vet NBHQF with a small group of HHS-wide quality experts. Incorporate nominated measures (at the payer, provider, and population levels) and suggested prioritizations of measures from an external review panel composed of a range of stakeholders (researchers, clinicians, consumers, State leaders, etc.). Prepare to hold a public comment period in early 2013 to finalize the framework. 	Given the growth and rapid changes in behavioral health quality measures, regular reviews of measures will take place within SAMHSA to determine measures that should be retired and new areas that should be addressed. This will take place on an annual basis at a minimum.	<ul style="list-style-type: none"> Increase use of NBHQF by SAMHSA and other HHS agencies to identify and track key behavioral health indicators (P3, Goal 1). Develop a broader HHS behavioral health collaboration across Federal partners with the aim of tracking consistent core measures and reducing respondent burden (P3, Goal 3). 	<ul style="list-style-type: none"> Identify quality treatment/prevention indicators and enhance the field's adoption of such practices. Improve the tracking of quality behavioral health treatment and prevention activities across the nation.

* ✓ = Priorities to which the program aligns

★ = Primary priority

** Please see Appendix A on the last page, which includes a table of the six NQS Priorities and Long-Term Goals.

Appendix A. National Quality Strategy Priorities and Long-Term Goals

#	Priority	Long-Term Goals (Recommended by the National Priorities Partnership)
1	Making care safer by reducing harm caused in the delivery of care.	<ol style="list-style-type: none"> 1. Reduce preventable hospital admissions and readmissions. 2. Reduce the incidence of adverse health care-associated conditions. 3. Reduce harm from inappropriate or unnecessary care.
2	Ensuring that each person and family are engaged as partners in their care.	<ol style="list-style-type: none"> 1. Improve patient, family, and caregiver experience of care related to quality, safety, and access across settings. 2. In partnership with patients, families, and caregivers—and using a shared decisionmaking process—develop culturally sensitive and understandable care plans. 3. Enable patients and their families and caregivers to navigate, coordinate, and manage their care appropriately and effectively.
3	Promoting effective communication and coordination of care.	<ol style="list-style-type: none"> 1. Improve the quality of care transitions and communications across care settings. 2. Improve the quality of life for patients with chronic illness and disability by following a current care plan that anticipates and addresses pain and symptom management, psychosocial needs, and functional status. 3. Establish shared accountability and integration of communities and health care systems to improve quality of care and reduce health disparities.
4	Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.	<ol style="list-style-type: none"> 1. Promote cardiovascular health through community interventions that result in improvement of social, economic, and environmental factors. 2. Promote cardiovascular health through interventions that result in adoption of the most important healthy lifestyle behaviors across the lifespan. 3. Promote cardiovascular health through receipt of effective clinical preventive services across the lifespan in clinical and community settings.
5	Working with communities to promote wide use of best practices to enable healthy living.	<ol style="list-style-type: none"> 1. Promote healthy living and well-being through community interventions that result in improvement of social, economic, and environmental factors. 2. Promote healthy living and well-being through interventions that result in adoption of the most important healthy lifestyle behaviors across the lifespan. 3. Promote healthy living and well-being through receipt of effective clinical preventive services across the lifespan in clinical and community settings.
6	Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models.	<ol style="list-style-type: none"> 1. Ensure affordable and accessible high-quality health care for people, families, employers, and governments. 2. Support and enable communities to ensure accessible, high-quality care while reducing waste and fraud.