

SAMHSA Strategic Priorities

Executive Summary

This document provides a detailed overview of SAMHSA's strategic priorities. Through these priorities, SAMHSA will lead the Department's efforts in changing the trajectory of increasing serious mental illness, addiction, and loss of life. SAMHSA will no longer be sidetracked by misguided policies, investments in unsupported clinical interventions, and any unlawful focus on specific populations. The investments in SAMHSA by the Department and the Trump Administration will be used efficiently and effectively to support all Americans experiencing behavioral health problems and will Make America Healthy Again. SAMHSA will provide interventions and programs that are based on gold-standard science and research, will solve long-standing problems in America's communities. Lasting sobriety and recovery will be tenets of our work to ensure a return to a productive, fulfilling, and healthy life for every citizen. SAMHSA is committed to the mission outlined in the *Make America Healthy Again Commission Report* to deliver better health outcomes. SAMHSA is committed to the mission outlined in the *Make America Healthy Again Commission Report* and the *Make Our Children Healthy Again Strategy* to deliver better health outcomes.

SAMHSA is committed to execution of these strategic priorities by first and foremost being the HHS agency that is responsive and targeted in responding to Departmental and Administration priorities. Using this continual lens, SAMHSA will leverage our data, expertise, resources, training, and technical assistance to advance:

- Preventing substance misuse, abuse, and addiction
- Addressing serious mental illness
- Expanding crisis intervention care and services
- Improving access to evidence-based treatment for mental illness, substance use, and co-occurring disorders
- Helping individuals achieve long-term recovery and sobriety
- Identifying and addressing emerging behavioral health threats

SAMHSA has already put these strategic priorities to work for the Department and Administration and we continue to redefine and repurpose our work in development of programs and interventions such as:

- HEP-C Initiative (addressing chronic disease)
- State Opioid Response Grant supplements for recovery housing
- Expanding Assisted Outpatient Treatment and Civil Commitment
- Dear Colleague Letter ending harm reduction practices
- Convening a Technical Expert Panel on Ending Homelessness

We look forward to working on behalf of the Secretary, Department, and President Trump to advance the critical behavioral health programs and services we provide as the lynchpin in Making America Healthy Again.

Mission

SAMHSA leads public health and service delivery efforts that treat mental illness, especially serious mental illness, prevent substance abuse and addiction, and provide treatments and supports to foster recovery while ensuring access and better outcomes for all.

Vision for a Future SAMHSA

SAMHSA is transforming to be a focused, more efficient, and high-impact agency to align with the Secretary's vision to Make America Healthy Again. SAMHSA will accomplish this by promoting innovative programs and interventions that address the rising rates of mental illness and substance abuse conditions, overdose, and suicide and their connections to chronic diseases, homelessness, and other challenges our Nation's communities face. A key component of this effort is innovations in grant making – developing grants tailored to states and communities that provide services and supports to effect immediate and positive health changes in the people and communities we serve; and to measure our success. As these projects drive effective change, we will replicate or scale these projects to expand the reach of effective behavioral health services.

The Critical Importance of Addressing Serious Mental Illness, Youth Mental Health, and Substance Abuse

Serious mental illness, substance abuse, addiction, and their related health and social impacts such as overdose and suicide are dynamic and evolving. With the ready availability of illicitly made fentanyl and other potent synthetic opioids such as nitazenes, the emergence of substances like xylazine, medetomidine, and illicit benzodiazepines, and increasing polysubstance abuse, Americans face an illicit drug supply that is more toxic, unpredictable, and dangerous than ever. In addition, the proliferation of social media and other technology that is inundating America's young people, coupled with other social stressors in homes and communities across the Nation, have contributed to declining mental health and well-being and rising rates of suicide.

Importantly, we know that mental illness and substance use conditions are part of the chronic disease crisis plaguing our Nation. Research shows that substance misuse and early health risk behaviors that take root during childhood and adolescence are closely linked to risk for chronic disease, addiction, and mental illness later in life and contribute to a significant proportion of the health and social costs associated with chronic disease.

The reality is our Nation is facing unique addiction and challenges regarding serious mental illness and youth mental health. But we have the data, tools, and resolve to get ahead of these challenges. By addressing serious mental illness and addiction head-on we can make real, tangible progress in achieving the administration's MAHA goals and realize a future where individuals, families, and communities are healthy and thriving.

In addition to the agency's Six Strategic Priorities, SAMHSA has infused **three cross-cutting principles** into all aspects of our work. Our work is **data-driven, innovative, and based on gold-standard science**.



To advance the Agency's Mission and Six Strategic Priorities, SAMHSA has identified **five core areas of work**:

- Analyzing and Disseminating Information on the Latest Data, Trends, and What Works in Prevention, Treatment, and Recovery
- Building Capacity and Provision of Services at the National, State, Tribal, Territorial, and Local Levels Through Strategic Resource
- Advancing Behavioral Health Through Strategic Collaborations and Partnerships
- Engaging in Education and Communication Efforts to Catalyzing Action
- Testing and piloting innovative solutions that solve long-standing problems, replicate successes, and eliminate ineffective programs

Preventing Substance Misuse, Abuse and Addiction

Prevention is essential for a healthy, safe, and thriving society, and foundational to achieving the Administration's Make America Healthy Again goals. Substance use and early risk behaviors that take root during childhood and adolescence are intimately linked to risk for chronic disease, addiction, and mental health conditions later in life. Youth substance use is associated with increased behavioral and academic problems; lower graduation rates; teen pregnancy; sexually transmitted infections; involvement in, or experience with, violence; injuries; and mental health symptoms, such as anxiety and depression, and future development of chronic disease and

substance use and mental disorders. Thus, it is critical that we prevent substance use in the first place to prevent the progression of substance use and mental health challenges, and to prevent and reduce the health consequences associated with these conditions.

Expanding Crisis Intervention Services

Historically, mental health crisis services in the U.S. have been inconsistent and inadequate. SAMHSA will prioritize strong partnerships between crisis care systems and law enforcement (and other first responders), which are essential for public safety, including suicide prevention.

Improving Access to Evidence-based Treatment for Mental Health, Substance Use, and Co-occurring Disorders and Helping Individuals Achieve Long-term Recovery and Sobriety

According to the 2024 National Survey on Drug Use and Health (NSDUH), 48.4 million Americans 12 or older—representing 16.8% of the population—met criteria for a substance use disorder (SUD) in the past year. This includes 27.9 million with alcohol use disorder, 28.2 million with drug use disorders, and 7.7 million experiencing both. The prevalence is particularly pronounced among young adults 18-25, with 25.9% (9.1 million) experiencing an SUD.¹ Similarly, the 2024 NSDUH shows that 61.5 million Americans aged 18 or older (23.4% of adults) had a mental illness in the past year, including 14.6 million (5.6%) that had a serious mental illness. Among adolescents aged 12 to 17 in 2023, 15.4% (or 3.8 million people) had a past year major depressive episode (MDE) and 18.8% (or 4.9 million people) had moderate or severe anxiety symptoms in the past two weeks. Co-occurring disorders (i.e., having both substance use and mental disorders) are common.

Treating the specific consequences of drug use also stands to realize significant cost savings to the American economy. For example, with the advent of highly effective, easy to use oral antiviral medications that can cure hepatitis C viral infections in 8 to 12 weeks, the U.S. has the opportunity to eliminate hepatitis C in our Nation.²

Identifying and Addressing Emerging Behavioral Health Threats

The epidemiology of substance abuse and mental health is dynamic and evolving. The emergence of new technologies, a rapidly changing illicit drug market, the hyperlocal nature of substance abuse and mental illness and variation by geographic areas, and changing societal norms mean that having more timely, specific, and geographically based data is critical to informing effective policies, programs, and practices. These data are also critical to tracking progress and impact. SAMHSA has long been a thought leader and source of gold-standard data through national surveys such as the National Survey on Drug Use and Health and the National Substance Use and Mental Health Services Survey. Moving forward, SAMHSA will continue to adopt innovative methods to improve the timeliness and specificity of data as well as produce

¹ SAMHSA 2024 National Survey on Drug Use and Health. <https://www.samhsa.gov/data/report/2024-nsduh-detailed-tables>

² Chatwal J, Aaron A, Zhong H Projected health benefits and health care savings from the United States National Hepatitis C Elimination Initiative. <https://www.nber.org/papers/w31139> National Bureau of Economic Research working paper 31139. April 2023.

reports that focus in on geographic differences in drivers of behavioral health to enable more tailored solutions to local problems in communities.

Key Outcomes to Track SAMHSA's Impact

Consistent with SAMHSA's cross-cutting principles of being data-driven, innovative, and based on gold-standard science, SAMHSA is using data, research, and evaluation to track progress and impact of the agency's work. Below are the key outcome indicators we track to assess progress:

- Decrease overdose deaths and suicide deaths
- Decrease rates of substance misuse and substance use disorders
- Decrease rates of any mental illness (AMI) and serious mental illness (SMI)
- Decrease rates of suicidal ideation
- Increase rates of treatment among individuals with substance use disorders (SUD)
- Improved functionality and work-life responsibilities among people with SUD
- Increase rates of treatment among individuals with AMI/SMI
- Improved functionality and work-life responsibilities among people with SUD
- Decrease rates of homelessness among people with AMI/SMI and SUD
- Decrease rates of infectious disease transmission associated with substance misuse and mental illness (e.g., HCV, HIV, STIs)
- Increase rates of individuals in recovery for SUD
- Increase rates of individuals in recovery for mental illness

Conflicts of Interest

The public must know that unbiased science—evaluated through a transparent process and insulated from conflicts of interest—guides the recommendations of our health agencies, and SAMHSA-funded programs and activities carried out by Federal partners. SAMHSA will deprioritize organizations which present conflicts of interest or otherwise compromise their objectivity or integrity in carrying out SAMHSA-funded programs.

Ending Subsidization of Illegal Immigration

It is a priority of SAMHSA to ensure that Federal public benefits are reserved for American citizens and qualified aliens, in compliance with the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) and other Federal laws. SAMHSA funds should not be used to incentivize or subsidize illegal immigration. SAMHSA will prioritize programs that further the administration's priority to end illegal immigration.

Ending Crime and Disorder on America's Streets

SAMHSA grants will prioritize evidence-based programs and deprioritize programs that fail to achieve adequate outcomes, including so-called "harm reduction" or "safe consumption" efforts that only facilitate illegal drug use and its attendant harm, consistent with SAMHSA guidance issued on July 29, 2025.

SAMHSA will deprioritize support for "housing first" policies that fail to ensure accountability and fail to promote treatment, recovery, and self-sufficiency. SAMHSA will increase competition

among grantees through broadening the applicant pool and hold grantees to higher standards of effectiveness in reducing homelessness and increasing public safety. SAMHSA will ensure that Federal funds for Certified Community Behavioral Health Clinics reduce rather than promote homelessness by supporting, to the maximum extent permitted by law, comprehensive services for individuals with serious mental illness and substance use disorder, including crisis intervention services.

Additionally, SAMHSA will not support drug injection sites for illegal drugs, or so called "safe consumption sites," or the use or distribution of illegal drugs and associated paraphernalia.

To the extent allowable by law, SAMHSA intends to give priority for grantees in States and municipalities that actively meet the below criteria: (i) enforce prohibitions on open illicit drug use; (ii) enforce prohibitions on urban camping and loitering; (iii) enforce prohibitions on urban squatting; (iv) enforce, and where necessary, adopt, standards that address individuals who are a danger to themselves or others and suffer from serious mental illness or substance use disorder, or who are living on the streets and cannot care for themselves, through assisted outpatient treatment or by moving them into treatment centers or other appropriate facilities via civil commitment or other available means, to the maximum extent permitted by law; or (v) substantially implement and comply with, to the extent required, the registration and notification obligations of the Sex Offender Registry and Notification Act, particularly in the case of registered sex offenders with no fixed address, including by adequately mapping and checking the location of homeless sex offenders.

Combatting Gender Ideology and Protecting the Health and Safety of Children

We believe the health and safety of children must be the highest priority. The state of the scientific literature regarding optimal care and support approaches for children and teenagers identifying as transgender and those diagnosed with gender dysphoria is described in the recent [HHS review of treatment for pediatric gender dysphoria](#). This review, informed by an evidence-based medicine approach, found medical interventions, such as puberty blockers, cross-sex hormones, and surgeries, that attempt to "transition" minors away from their sex is unsupported by the evidence and has an unfavorable risk/benefit profile. In accordance with these data, there are clearly more promising avenues of care and support that can be taken to improve the health of these populations other than the use of such interventions for minors. It is a SAMHSA priority to protect children from these harmful practices, and where permissible under law, including applicable court orders, SAMHSA programs will deprioritize applicants that engage in these practices. SAMHSA funds will also not support the costs of such practices where not required by the law.

HHS released [guidance](#) promulgating sex-based definitions rooted in biological truth. It is a SAMHSA priority to recognize that a person's sex as either male or female is unchangeable and determined by objective biology. Where permissible under law, including applicable court orders, SAMHSA will deprioritize programs that do not accurately reflect science, including the biological reality of sex.

Ending DEI

To the extent permitted by law, SAMHSA will deprioritize diversity, equity, and inclusion (DEI) initiatives, which prioritize group identity over individual merit. We believe opportunities should be based on character, effort, and ability, not race or other group identity. SAMHSA is committed to restoring merit-based opportunities and removing unlawful discriminatory practices, (including unlawful proxies for racial discrimination).

SAMHSA has previously invested substantially in ideologically laden concepts like behavior health equity and focused on health disparities---mainly on identifying and documenting worse health outcomes for minority populations. This has not translated into measurable improved health for minority populations, and in many cases has undermined core American values.

SAMHSA will prioritize efforts that go beyond addressing health disparities to focusing on solution-oriented approaches. This includes actively testing, advancing, scaling, and implementing innovative evidence-based interventions and treatments that address poor health outcomes, including the root causes of Americans' chronic disease epidemic.

Protecting Parental Rights

SAMHSA believes parents are the primary decision-makers in their children's education and should have full authority over what their children are taught. School policies should include transparency and choice, and curricula should emphasize knowledge, critical thinking, and civic responsibility, without imposing harmful ideologies. SAMHSA will prioritize funding projects and programs that protect parental rights and provide maximum transparency to parents and the public on the services provided.

SAMHSA will implement these priorities consistent with applicable laws, regulations, court orders, and any required procedures.