



# Substance Abuse and Mental Health Services Administration **Interim Strategic Plan**

November 2022

# Substance Abuse and Mental Health Services Administration Interim Strategic Plan

November 2022

Our country faces unprecedented mental health and substance use crises among people of all ages and backgrounds. Two out of five adults report symptoms of anxiety or depression, and under-resourced communities are disproportionately impacted. Even before the pandemic, rates of depression and anxiety were inching higher. But the grief, trauma, and physical and social isolation related to COVID-19 have exacerbated these issues for many. In addition, drug overdose deaths have reached a historic high, devastating individuals, families, and communities. More than 107,600 Americans died due to a drug overdose in 2021. For these reasons, the Administration prioritizes mental health and the overdose epidemic as two of the four pillars of the President’s [Unity Agenda](#).

The Substance Abuse and Mental Health Services Administration (SAMHSA) is actively working to advance this Agenda, which includes strengthening

system capacity, connecting more Americans to care, and creating a continuum of support that aims to transform our health and social services infrastructure to address behavioral health holistically and equitably. With that in mind, SAMHSA has taken the opportunity to revisit its mission and vision and refine its priorities and guiding principles.

This Interim Strategic Plan presents SAMHSA’s new mission and vision that emphasize a more person-centered approach, and briefly describes the agency’s priorities and principles. Concurrent to the release of this Interim Strategic Plan, SAMHSA is developing a new four-year Strategic Plan for 2023-2026 which will identify specific goals, objectives, and performance measures to support each of the priority areas. As part of the development process, SAMHSA will solicit public feedback to ensure the plan is as responsive and inclusive as possible.

**MISSION** SAMHSA’s mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

**VISION** SAMHSA envisions that people with, affected by, or at risk for mental health and substance use conditions receive care, thrive, and achieve wellbeing.

As we think about this new mission and vision, it is essential to acknowledge that the individuals who comprise SAMHSA’s workforce are critical to achieving our goals and objectives. As an agency, we are aware that addressing some of our nation’s toughest challenges requires a dedicated, diverse, and highly skilled staff, talented and engaged leadership, and a culture that fosters innovation, collaboration, and data-driven solutions. To ensure that these values are fulfilled, SAMHSA will undertake a companion effort to the strategic planning process that advances agency management practices to ensure programmatic goals are met equitably and transparently while sustaining prudent financial stewardship of resources that foster accountability, customer service and public trust.

## PRIORITIES AND GUIDING PRINCIPLES

This Interim Strategic Plan keeps the promotion, prevention, and treatment continuum at its core; and prioritizes equity, trauma-informed approaches, recovery, and a commitment to data and evidence. The priorities focus on five key areas:

1. Preventing Overdose
2. Enhancing Access to Suicide Prevention and Crisis Care
3. Promoting Resilience and Emotional Health for Children, Youth, and Families
4. Integrating Behavioral and Physical Health Care
5. Strengthening the Behavioral Health Workforce

## PRIORITIES

This is an unprecedented time in history. The federal government, state and local governments, communities, providers, families, and people with lived experience are coming together to help address the mental health and substance use crises. SAMHSA's updated mission, vision, and priorities are informed by the events of the past several years and the innovative ideas and suggestions communicated by our many stakeholders.

SAMHSA's new interim strategic plan is also meant to support the numerous initiatives and goals of the Administration. For example, the President's [Unity Agenda](#) prioritizes mental health as essential to overall health, and multiple executive orders (EO) such as [EO 13985](#) highlight the importance of advancing racial equity and support for under-resourced communities. The [2022 National Drug Control Strategy](#) also underscores the tragic consequences of the drug overdose epidemic and the urgent need for substance use prevention and early intervention, harm reduction, and treatment for all who need it. In concert, the U.S. Department of Health and Human Services (HHS) recently released its [2022-2026 Strategic Plan](#), which calls for protecting and strengthening equitable access to high quality and affordable health care as well as improving social well-being, equity, and economic resilience. HHS also published a [Health Workforce Strategic Plan](#) which highlights enhancing care quality through professional development, collaboration, and evidence-informed practices and encourages the use of data to strengthen the health workforce. The Surgeon General developed an [Advisory on Protecting Youth Mental Health](#) which emphasizes the role family, communities, policy makers, media, young people, and others play in increasing resiliency and supporting the mental health of children and youth.

As further evidence that behavioral health is a top priority for the nation, Congress passed the [Bipartisan Safer Communities Act](#) which, among other things, includes meaningful investments in school-based mental health services and additional support for the 988 Suicide and Crisis Lifeline. SAMHSA has also received extensive and thoughtful feedback from stakeholders calling for action to improve well-being by heightening the importance of behavioral health integration and focusing on person-centered care.

The above-mentioned efforts share many similar themes and objectives. It is SAMHSA's intent that the 2023-2026 Strategic Plan unite these efforts by facilitating actions to help fully integrate behavioral health services and supports with all health care programs and systems; develop a well-trained, diverse, and culturally competent workforce; reduce incidence, prevalence, and mortality related to overdose and suicide; and provide the resources needed to develop, support, promote, and sustain resilience in children, youth, and families.

In order to weave these fundamental threads together, SAMHSA recognizes that recovery is an essential component of a whole-health approach, and trauma and inequity play key roles in harming individuals and communities. Furthermore, harnessing the power of data and evidence is critical to ensuring policies and programs have the greatest opportunity to achieve positive outcomes.

Below are short descriptions of each of the five priority areas and guiding principles that will drive the development of the goals, objectives, and performance measures that will in turn serve as the foundation of the forthcoming 2023-2026 SAMHSA Strategic Plan.

## Preventing Overdose

The isolation, anxiety, and reduced access to resources experienced by so many during the COVID-19 pandemic have exacerbated the overdose epidemic and contributed to a sharp rise in related deaths. In response, HHS released a new [Overdose Prevention Strategy](#) in October 2021 which outlines four pillars: Primary Prevention, Harm Reduction, Evidence-Based Treatment, and Recovery Support. The Strategy is built on the principles of maximizing health equity by using the best available data and evidence to inform policy and actions, integrating substance use disorder (SUD) treatment services into other types of health care and social services, and reducing stigma. It recognizes the full continuum of integrated care and services needed to help prevent substance use, reduce harm, expand quality treatment, and sustain recovery from SUD, all while emphasizing HHS' commitment to helping historically under-resourced populations.

SAMHSA's contributions to these efforts begin upstream with primary prevention programs which are supported through both technical assistance and funding, such as the Substance Abuse Prevention and Treatment Block Grant and the Partnerships for Success grant programs. Recognizing that some individuals may have a SUD or need more intensive services, SAMHSA supports a range of more targeted mitigation services, including evidence-based harm reduction approaches such as distribution of naloxone and fentanyl test strips to those at high risk for overdose.

SAMHSA's treatment and recovery support programs include a range of evidence-based services such as the State Opioid Response, Harm Reduction and Building Communities of Recovery grants. These types of services specifically aim to link people with SUDs and those who have experienced an overdose to low-threshold medication, non-pharmacologic treatment options, and peer support services to reduce repeat overdoses. Together, these efforts help address mental health and substance use conditions by meeting people wherever they are on the behavioral health continuum, through targeted services and supports that are evidence-based, culturally responsive, and driven by public health data.

## Enhancing Access to Suicide Prevention and Crisis Care

Enhancing access to suicide prevention and crisis care is a key priority for SAMHSA, and by improving the nation's efforts in this area, individuals experiencing suicidal ideation and other behavioral health crises can thrive and achieve well-being.

Suicide is a preventable cause of premature mortality and a leading cause of death for adults and youth,<sup>1</sup> with significant increases in suicidal behaviors among young people during the COVID-19 pandemic.<sup>1</sup> In 2020, death by suicide was the second leading cause of death for youth ages 10-14 and the third leading cause of death among individuals between the ages of 15-24 in the United States.<sup>2</sup> The 2020 [National Survey on Drug Use and Health \(NSDUH\)](#) data estimate that the number of adults with serious thoughts of suicide was 12.2 million, those with plans for suicide was 3.2 million, and those who attempted suicide was about 1.2 million. Comprehensively addressing suicide involves preventive public health interventions as well as clinical

workforce improvements so that all providers can consistently identify and provide basic management of those at risk for suicidal ideation and suicidal behaviors. Individuals at risk include those who have indicated plans to complete suicide and those considering attempting suicide as well as individuals who have attempted suicide.

As SAMHSA's [2020 National Guidelines for Behavioral Health Crisis Care](#) indicate, comprehensive crisis care systems include several core services, such as crisis contact centers, mobile crisis teams, and crisis receiving and stabilizing facilities. More robust, culturally relevant, and responsive systems will be essential to meeting crisis care needs effectively and equitably across the nation. SAMHSA envisions a day when everyone across our country has someone to call, someone to respond, and a safe place to receive help. To help achieve this goal, on July 16, 2022, the National Suicide Prevention Lifeline transitioned to the [988 Suicide and Crisis Lifeline](#).

Services provided through this number include direct contact with a trained counselor and referral to services. For situations in which risk is imminent or the crisis is ongoing, a responder such as a mobile crisis response unit can go where the caller is and/or identify a place the caller can go for help. SAMHSA also continues to invest in key suicide prevention efforts such as the Garrett Lee Smith youth suicide prevention and Zero Suicide programs, as well as provide needed technical assistance to the field.

## Promoting Resilience and Emotional Health for Children, Youth, and Families

Most people with mental health and substance use conditions first manifest signs in childhood, adolescence, and young adulthood. In fact, half of all mental illnesses emerge by the time a child turns 14, and nearly 75% by the time a person is 24 years old.<sup>3</sup> There is also a significant correlation between adverse childhood experiences (ACEs), which are potentially traumatic events that occur in childhood, as well as aspects of the child's environment that can undermine their sense of safety, stability, and bonding, and negative physical and behavioral health outcomes in adulthood.

Even before the COVID-19 pandemic, the nation's youth were experiencing significant mental health and substance use challenges. Nearly 1 in 5 young people had a diagnosable mental health condition, and 1 in 10 had a serious emotional disturbance that negatively impacted their ability to function at home, in school, or in the community.<sup>4,5</sup> Unfortunately, many young people do not receive the treatment supports they need. Over half of children/youth with mental health needs did not receive services, and over 96% of young adults with a SUD did not receive appropriate treatment.<sup>6,7</sup> The pandemic has made this situation even worse with depression and anxiety doubling in youth compared to pre-pandemic levels,<sup>8</sup> and more than 215,000 U.S. children have experienced the death of a primary or secondary caregiver due to COVID-19, with children of black, indigenous, and people of color disproportionately impacted.<sup>9-11</sup> The Centers for Disease Control and Prevention also released data indicating that 1 in 3 high school students experienced poor mental health during the pandemic and nearly half of students felt persistently sad or hopeless.<sup>12,13</sup>

To address these growing concerns, the Administration has proposed bold actions, including significant increases in funding for youth behavioral health. SAMHSA's vision is that all children, youth, young adults, and their families thrive in their homes and communities. SAMHSA will achieve this through a tiered public health approach that expands access to effective interventions and matches each child with the right service at the right time through a comprehensive and integrated system of care. SAMHSA will use implementation science, and evidence- and measurement-based approaches to promote wellness and prevention, focus on early identification, and implement quality services and supports to improve the health and well-being of children, youth, young adults, and families.

## Integrating Behavioral and Physical Health Care

According to the 2020 NSDUH, 41 million people ages 12 and older in the United States needed substance use treatment in the past year; however, only 6.5% reported receiving any. Close to 53 million adults ages 18 or older reported having any mental illness in the past year; while 30.5% of them perceived having an unmet treatment need.<sup>14</sup> People with serious mental illness and SUDs have shorter life expectancies compared to their peers without these conditions.<sup>15,16</sup> Mortality from mental illness and SUD often stems from the conditions themselves but is regularly compounded by co-occurring physical health conditions.<sup>15</sup>

A key to achieving SAMHSA's vision is advancing the bi-directional integration of behavioral health with all other health care services and systems. SAMHSA's integration efforts provide support in areas integral to its mission, including grant programs, technical assistance, training resources, and policy activities. These efforts also include the education and training of primary care providers to better promote prevention, screening, and early behavioral health interventions as well as investing in models that connect individuals with behavioral health issues to needed physical health screening and associated care. SAMHSA is working hard to eliminate the barriers that providers encounter when trying to deliver holistic health care and supports. These barriers are especially profound when serving communities disproportionately affected with co-morbid infectious disease conditions.

## Strengthening the Behavioral Health Workforce

The nation's workforce of mental health and SUD providers is critical to providing Americans with access to essential health care services. Prior to the pandemic, there was already a projected shortage of behavioral health care providers, with acute shortages predicted for psychiatrists and addiction counselors through 2030.<sup>17</sup> The supply of these providers is likely to be further reduced due to the negative impact of COVID-19 and burnout. At the same time, a higher demand for services is predicted due to increased prevalence of depressive and anxiety disorders<sup>18</sup> and substance use related to COVID-19.<sup>19</sup>

Recognizing that a strong behavioral health workforce is critical to providing services to best meet people's needs where they are, the 20<sup>th</sup> Century Cures Act directed SAMHSA to work with states and other stakeholders to develop and support recruitment and retention efforts specific to addressing mental health and substance use disorders. To accomplish this, SAMHSA provides numerous pathways such as training and technical assistance, expanding the use of paraprofessionals, and focusing on increased diversity and cultural competency. Additionally, peer counselors and paraprofessionals have been shown to play a crucial role in extending care to communities.<sup>20</sup> This is particularly important considering lack of diversity in the workforce is a systemic issue that contributes to poor health outcomes for racial, ethnic, sexual and gender minorities. The use of telehealth among behavioral health providers is also a promising strategy that can help increase access to mental health and SUD treatment by addressing workforce shortages which are often more pervasive in certain geographic areas.

## GUIDING PRINCIPLES ACROSS SAMHSA'S EFFORTS

Prioritizing equity, trauma-informed approaches, recovery, and a commitment to data and evidence across all policies and programs will aid SAMHSA in achieving its mission and vision. The 2023-2026 Strategic Plan will incorporate these four principles throughout each priority area.

### Equity

Behavioral health equity is the right to access high-quality and affordable health care services and supports for all populations, including Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; veterans and military service members; older adults; lesbian, gay, bisexual, transgender, queer/questioning and intersex (LGBTQI+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

As population demographics continue to evolve, behavioral health care systems will need to expand their ability to fluidly meet the growing needs of a diverse population. By improving access to care, promoting quality programs and practice, and reducing persistent disparities in mental health and substance use services for under-resourced populations and communities, SAMHSA will ensure that everyone has a fair and just opportunity to be as healthy as possible. In conjunction with promoting access to high-quality services, behavioral health disparities can be further mitigated by addressing social determinants of health, such as social exclusion, unemployment, ACEs, and food and housing insecurity, and increasing the usage of culturally and linguistically appropriate services.

### Trauma-Informed Approaches

Trauma is a widespread and costly public health problem that occurs as a result of violence, abuse, neglect, loss, disaster, war, pandemic, and other emotionally harmful events. For those with mental health and substance use conditions, trauma is an almost universal experience.

Research has documented the relationships among exposure to traumatic situations, impaired neurodevelopmental and immune systems responses and subsequent health risk behaviors resulting in chronic physical and/or behavioral health disorders.<sup>21-25</sup> Many people who experience trauma may overcome it, with some becoming stronger and more resilient; but for others, trauma can be overwhelming and disruptive. It is also important to recognize that whole communities can share trauma and can be profoundly shaped by traumatic experiences and history.

Trauma-informed approaches recognize and intentionally respond to the lasting adverse effects of experiencing traumatic events. A trauma-informed approach is defined through six key principles: 1) safety: participants and staff feel physically and psychologically safe; 2) peer support: peer support and mutual self-help as vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their lived experience; 3) trustworthiness and transparency: decisions are conducted with the goal of building and maintaining trust; 4) collaboration and mutuality: importance is placed on partnering and leveling power differences; 5) cultural, historical, and gender issues: culture and gender-responsive services are offered while moving beyond stereotypes/biases; and 6) empowerment, voice and choice: organizations foster a belief in the primacy of the people who are served to heal and promote recovery from trauma.<sup>26</sup> It is critical that linkages to recovery and resilience for those individuals and families impacted by trauma are promoted.

## Recovery

SAMHSA's working definition of recovery is described as *a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential*. This definition is operationalized through the four major dimensions of recovery: 1) health: overcoming or managing one's disease(s) or symptoms, and making informed, healthy choices that support physical and emotional well-being; 2) home: having a stable and safe place to live; 3) purpose: conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society; and 4) community: having relationships and social networks that provide support, friendship, love, and hope.

The concept of recovery signals a dramatic shift in the expectation for individuals who experience mental and/or substance use conditions to one in which we expect them to thrive. SAMHSA envisions not only individuals achieving recovery, but also supports developing and sustaining recovery-oriented systems of care and creating recovery facilitating environments. Today, when people with mental health and/or SUD seek help, they are met with the knowledge and belief that anyone can recover and/or manage their conditions successfully.

SAMHSA has been instrumental in advancing recovery support systems to promote partnering with people in recovery and their family members to guide the behavioral health system and promote individual, program, and system-level approaches that foster health and resilience; increase housing to support recovery; reduce barriers to employment, education and other life goals; and secure necessary social supports in their chosen community.

To support the many efforts in the field, SAMHSA established an Office of Recovery charged with evaluating and initiating policy, programs and services and ensuring the voices of individuals in recovery are represented.

## Commitment to Data and Evidence

Leveraging data and evidence strengthens SAMHSA's activities around the five priority areas. As the country continues to recover and heal from the collective traumas of COVID-19 and other impactful events such as natural disasters and the overdose epidemic, it is vital that data and evaluation inform policies and determine the impact of programs on mental health and substance use conditions. SAMHSA is steadfast in its efforts to advance the health of the nation while also promoting equity for under-resourced and historically marginalized communities. The new vision will be accomplished by better leveraging data to inform the public health response and restore the public's trust.

Timely, high-quality, ongoing, and specific data help public health officials, policymakers, community practitioners, and the public to understand mental health and substance use trends and how they are evolving; inform the development and implementation of targeted evidence-based interventions; focus resources where they are needed most; and evaluate the success of response efforts. SAMHSA is streamlining and modernizing data collection efforts, while also coordinating evaluation across the agency to ensure funding and policies are data driven. A key objective is to decrease the burden on stakeholders while expanding and improving data collection, analysis, evaluation, and dissemination.

## Conclusion

SAMHSA's mission and vision recognize the role our programs and grants play in providing opportunities to promote good mental health and support SUD prevention, treatment, and recovery support at all points along the continuum of care and lifespan. In a rapidly changing physical and social landscape, it is more important than ever that evidence-based practices and data-driven decision making inform our work to the greatest degrees possible. As we consider our great responsibility to improve the behavioral health of the nation, we must also keep at the forefront the essential tasks of building a robust and diverse workforce and supporting policies and programs that are equitable, accessible, adaptable, and sustainable.

---

## References

1. Yard E RL, Ballesteros MF, Sheppard M , et al. Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12-25 Years Before and During the COVID-19 Pandemic - United States, January 2019-May 2021. *Morb Mortal Wkly Rep*. 2021;70(24):888-894.
2. National Institute of Mental Health. Suicide. *National Insitute of Mental Health*. Available at: [https://www.nimh.nih.gov/health/statistics/suicide#part\\_2585](https://www.nimh.nih.gov/health/statistics/suicide#part_2585). Accessed August 15, 2022.
3. Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. Jun 2005;62(6):593-602.
4. Bitsko RH, Claussen AH, Lichstein J, et al. Mental Health Surveillance Among Children - United States, 2013-2019. *MMWR Suppl*. Feb 25 2022;71(2):1-42.
5. Williams NJ, Scott L, Aarons GA. Prevalence of Serious Emotional Disturbance Among U.S. Children: A Meta-Analysis. *Psychiatr Serv*. Jan 1 2018;69(1):32-40.
6. Center for Behavioral Health Statistics and Quality. <https://www.samhsa.gov/data/report/2020-nsduh-detailed-tables>. Available at: <https://www.samhsa.gov/data/report/2020-nsduh-detailed-tables>. Accessed August 15, 2022.
7. American Academy of Child and Adolescent Psychiatry Committee on Health Care Access and Economics Task Force on Mental Health. Improving mental health services in primary care: reducing administrative and financial barriers to access and collaboration. *Pediatrics*. Apr 2009;123(4):1248-1251.
8. Racine N, McArthur BA, Cooke JE, Eirich R, Zhu J, Madigan S. Global Prevalence of Depressive and Anxiety Symptoms in Children and Adolescents During COVID-19: A Meta-analysis. *JAMA Pediatr*. Nov 1 2021;175(11):1142-1150.
9. Hillis SD, Blenkinsop A, Villaveces A, et al. COVID-19-Associated Orphanhood and Caregiver Death in the United States. *Pediatrics*. Oct 7 2021.
10. Imperial College London. COVID-19 orphanhood United States of America,. *Imperial College London*. Available at: [https://imperialcollegelondon.github.io/orphanhood\\_calculator/#/country/United%20States%20of%20America](https://imperialcollegelondon.github.io/orphanhood_calculator/#/country/United%20States%20of%20America). Accessed August 15, 2022.
11. Kidman R, Margolis R, Smith-Greenaway E, Verdery AM. Estimates and Projections of COVID-19 and Parental Death in the US. *JAMA Pediatr*. Jul 1 2021;175(7):745-746.
12. Centers for Disease Control and Prevention. Adolescent Behaviors and Experiences Survey (ABES). *Centers for Disease Control and Prevention*. Available at: <https://www.cdc.gov/healthyyouth/data/abes.htm>. Accessed August 15, 2022.
13. Jones SE, Ethier KA, Hertz M, et al. Mental Health, Suicidality, and Connectedness Among High School Students During the COVID-19 Pandemic - Adolescent Behaviors and Experiences Survey, United States, January-June 2021. *MMWR Suppl*. Apr 1 2022;71(3):16-21.
14. Substance Abuse and Mental Health Services Administration. Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health. *Substance Abuse and Mental Health Services Administration*. Accessed August 15, 2022.
15. Momen NC, Plana-Ripoll O, Agerbo E, et al. Mortality Associated With Mental Disorders and Comorbid General Medical Conditions. *JAMA Psychiatry*. May 1 2022;79(5):444-453.
16. Plana-Ripoll O, Pedersen CB, Agerbo E, et al. A comprehensive analysis of mortality-related health metrics associated with mental disorders: a nationwide, register-based cohort study. *Lancet*. Nov 16 2019;394(10211):1827-1835.
17. HRSA Healthworkforce. Behavioral Health Workforce Projections, 2017-2030. *U.S. Department of Health and Human Services, Health Resources and Services Administration*. Available at: <https://bhworkforce.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/bh-workforce-projections-fact-sheet.pdf>. Accessed August 15, 2022.
18. COVID-19 Mental Disorders Collaborators. Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic. *Lancet*. Nov 6 2021;398(10312):1700-1712.
19. National Institute on Drug Abuse. COVID-19 & Substance Use. Available at: <https://nida.nih.gov/research-topics/comorbidity/covid-19-substance-use>. Accessed September 15, 2022.
20. Substance Abuse and Mental Health Services Administration. Peer Support. *Substance Abuse and Mental Health Services Administration*. Available at: [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/brss\\_tac/peer-support-2017.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tac/peer-support-2017.pdf). Accessed August 15, 2022.
21. Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med*. May 1998;14(4):245-258.
22. Anda RF, Brown DW, Dube SR, Bremner JD, Felitti VJ, Giles WH. Adverse childhood experiences and chronic obstructive pulmonary disease in adults. *Am J Prev Med*. May 2008;34(5):396-403.

23. Perry B. Understanding traumatized and maltreated children: The core concepts. Video 6: Living and working with traumatized children. *The Child Trauma Academy*. Available at: [www.ChildTrauma.org](http://www.ChildTrauma.org). Accessed August 15, 2022.
24. Shonkoff JP, Garner AS, Committee on Psychosocial Aspects of C, et al. The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*. Jan 2012;129(1):e232-246.
25. McLaughlin KA, Green JG, Gruber MJ, Sampson NA, Zaslavsky AM, Kessler RC. Childhood adversities and adult psychopathology in the National Comorbidity Survey Replication (NCS-R) III: associations with functional impairment related to DSM-IV disorders. *Psychol Med*. May 2010;40(5):847-859.
26. Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. Rockville, MD. 2014. HHS Publication No. (SMA) 4-4884.

***SAMHSA***  
Substance Abuse and Mental Health  
Services Administration