



Building a Communications Strategy at a Federal Health Agency

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“By 2020, mental and substance use disorders will surpass all physical diseases as a major cause of disability worldwide”

(World Health Organization, 2004).



BUILDING A COMMUNICATIONS STRATEGY AT A FEDERAL HEALTH AGENCY

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How does a Federal health agency engage the general public, health care providers, and service recipients, to implement change driven by both internal and external forces? How can critical stakeholders be involved in creating the change? How can strategic planning provide direction for managing change? These three questions frame an exploration of actions taken by the Substance Abuse and Mental Health Services Administration (SAMHSA) and its Office of Communications over a six-year period. The questions have been addressed in the larger frame of diffusion of innovations theory and dissemination science, as discussed in a companion piece to this background paper (Weber & Backer, submitted for publication).

About the Agency

Created in 1992, SAMHSA is part of the U.S. Department of Health and Human Services (HHS). In support of the HHS mission to protect the health of all Americans and provide essential human services, SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) and the Affordable Care Act of 2010 (ACA) both make clear the growing understanding that behavioral health is essential to overall health and wellbeing.

SAMHSA is in a unique position to support American families who need information or behavioral health services, service providers who need capacity development, and policy makers and payers who need to develop service systems and implement best practices. As part of its \$3.4 billion annual expenditures, SAMHSA (1) provides leadership and a voice for behavioral health; (2) funds State and local service agencies through competitive grants and formulas; (3) promotes efforts to build the capacity of these agencies or individual practitioners; (4) sets standards, regulates, and provides oversight for certain aspects of these services; (5) leads efforts to improve practice in the mental health and substance abuse fields; and (6) collects data and provides surveillance reports about the impact of behavioral health on American life.

SAMHSA also serves as an information source about behavioral health through extensive communications and public education efforts coordinated by its Office of Communications. These efforts include exchanging information via interpersonal and technological channels (ranging from conferences to social media), creating strategic alliances with mission-related organizations, responding to public and Congressional inquiries about behavioral health, and supporting creation of a wide range of educational information and knowledge products designed to advance the behavioral health field.

Overview

The work of the Office of Communications is guided by a Strategic Communications Framework created by SAMHSA in 2008 (Appendix A, and described further below). The Framework—based on communications research and principles—provides a common approach and language for program and communications staff to use in working together to identify audiences for engagement, and to move

towards accomplishing overall program goals. The evolution of this complex, yet flexible strategy is managed by the Office of Communications and informed by SAMHSA leadership, Federal health policy, and performance management practices. These drivers along with advances in online engagement, social and mobile media, interaction platforms, and community building, all help to shape SAMHSA's communications strategy in the larger context of diffusion of innovations theory and dissemination science.

SAMHSA's overall approach for advancing communications and public education activities is described here, preceded by an overview of two "big picture" aspects of the environment in which these activities are conducted. Then the implications of this approach are discussed for SAMHSA, for other Federal agencies that might be contemplating a similar process, and for the health communications field. The authors are respectively the long-time SAMHSA Office of Communications Director and a health communications researcher whose nonprofit organization has been supporting this effort since 2006.

The Big Picture I: Changes in American Health Care and in Communications

ACA's passage in 2010 changed the American health care landscape. Among the many dimensions of health care reform that ACA promotes is a set of changes related to behavioral health policy and funding decisions. For instance, more people than ever before will soon be covered by their insurance for behavioral health services. These advances, along with implementation of MHPAEA and budget constraints at Federal, State, and local levels, provide both opportunities and significant challenges.

There is increasing recognition that both quality and cost-savings goals of health

reform can be significantly addressed by bringing together historically-separated behavioral health services and the general healthcare system. To give just a few examples:

- By 2020, mental and substance use disorders will surpass all physical diseases as a major cause of disability worldwide (World Health Organization, 2004).
- Almost one fourth of all adult stays in U.S. community hospitals involve mental or substance use disorders (Owens et al., 2007).
- People with serious mental illness have shortened life spans compared to the general population, on average dying at age 53 (Parks, et al, 2006).
- Up to 83 percent of people with serious mental illness are overweight or obese (Hoffman et al., 2005).
- 44 percent of the U.S. tobacco market is comprised of individuals with a mental or substance use disorder (Lasser et al., 2000).
- Recent research with more than 20,000 Medicaid recipients in six states found that 53 percent of them experience severe co-occurring mental and substance use disorder symptoms and end up in emergency departments, hospitals, shelters, and prisons (McGovern, Clark, and Samnaliev, 2007).
- Nearly 70 percent of antidepressants are prescribed by primary care offices, hospitals, outpatient programs, or surgical offices (Shappert and Burt, 2006).
- According to the Agency for Healthcare Research and Quality, a study of 2002 healthcare expenditures showed that five percent of the population accounted for almost 50 percent of total costs. Chronic

conditions and multiple co-morbidities, severe mental illness, and services that are fragmented among multiple providers are key drivers of this high utilization (APS Healthcare, 2009).

- People with mental and substance use disorders also are likely to have additional health conditions, including cardiovascular disease, diabetes, obesity, asthma, epilepsy, and cancer. This increased morbidity is a result of lower use of medical care and treatment adherence for concurrent chronic diseases and higher risk for adverse health outcomes (Owens et al., 2007; Parks et al., 2006)
- Rates for injuries, both intentional (e.g., homicide and suicide) and unintentional (e.g., motor vehicle), are 2 to 6 times higher among persons with a mental illness than in the overall population. Mental illness also is associated with use of tobacco products and alcohol abuse (Centers for Disease Control and Prevention, 2011a).

Changes also are occurring in healthcare financing, with States playing an increasing role in policy and funding decisions regarding behavioral health. In addition, the rapid adoption of health information technology, including electronic medical records systems that open new vistas for gathering and use of data for decision-making and patient care is changing America's health care environment. These changes are occurring in parallel with scientific advances in prevention and treatment services for mental and substance use disorders, and a growing understanding of recovery along with the importance of personal responsibility and self-direction in the prevention and treatment of health, including behavioral health conditions.

At the same time, worldwide and national advances in communications technologies are affecting every aspect of American life. Websites now deliver

information electronically in multiple formats, greatly reducing the need for distribution of “hard copies.” And these same electronic platforms gather data automatically about customer preferences and system functioning, as well as affording opportunities for active two-way communication (online user reviews, dissemination through blogs, etc.). Technology platforms like smartphones and social media like Facebook open broad horizons for two-way interactions that can tailor information to user needs in real time.

The Big Picture II: Changes in the Behavioral Health Field

Behavioral health conditions are among the leading causes of disability in America, and the unmet need for prevention, treatment and recovery support services is great. Over 60 percent of people who experience mental health problems and 90 percent of people who need substance abuse treatment do not receive care, often because they do not recognize the need for care, do not have insurance or cannot afford the cost of care, do not know how to access care, and fear of prejudice and stereotyping (SAMHSA, 2011).

Just like many health conditions, mental and substance use disorders can be prevented and treated effectively, and people do recover and lead productive lives. Due to passage of ACA, 32 million more Americans will be covered by health insurance by 2014. Between 20 to 30 percent of these people (4 to 6 million) will have a mental or substance use disorder (Congressional Budget Office, 2010; Hyde, 2010).

Substance abuse and mental illness prevention and treatment services are clearly a critical component of health care, and of community-based strategies that advance and protect the Nation’s health.

Expenditures for these services ultimately result in lower costs for families, businesses, and governments. For example, studies have shown that the cost-benefit ratios for programs for early treatment and prevention for addictions and mental illnesses range from 1:2 to 1:10, which means that every \$1.00 invested could yield \$2.00 to \$10.00 savings in health costs, criminal and juvenile justice costs, educational costs, costs from lost productivity, etc. (National Mental Health Association, 2001).

Opportunities for preventing or intervening early to mitigate the morbidity and mortality associated with these disorders are often missed. Current research indicates that half of all mental illnesses begin by age 14 and three-fourths begin by age 24 (Kessler et al., 2005). Initial symptoms typically precede a disorder by two to four years (National Research Council and Institute of Medicine, 2009). Preventing and/or delaying initiation of substance abuse can reduce the potential need for treatment later in life. For example, among the 14 million adults aged 21 or older who were classified as having past-year alcohol dependence or abuse, more than 13 million (95%) had started drinking alcohol before age 21 (SAMHSA, 2011; Hingson, Heeren, and Winter, 2006). In one study, 94 percent of primary care physicians failed to diagnose substance use disorders properly (Survey Research Laboratory, 2000).

Over 34,000 people die by suicide in the U.S. every year (Centers for Disease Control and Prevention, 2011b). Approximately 90 percent of older adolescents and adults who die by suicide had a mental disorder (Conwell et al., 1996; Fleischmann, Bertolote, Belfer, and Beautrais, 2005), and 40 percent had visited their primary care doctor within the past month—yet the question of suicide was seldom raised (Luoma, Martin, and Pearson, 2002).

Adding to the complexity is the historical evolution of behavioral health services as separate from the rest of health care and all

too often behavioral health problems are met with criminal justice solutions. This separate system paradigm and criminal justice approach to behavioral health is no longer tenable. Integration moves all health, including behavioral health practitioners and systems, towards care driven by patient and family needs, and this in turn, requires changes in attitudes and practices at a rather fundamental level.

Overview of Changes at SAMHSA

Changes in healthcare delivery structures, rapid adoption of health information technology, scientific advances in prevention and treatment services, growing understanding of recovery, and implementation of MHPAEA and ACA will greatly enhance access to prevention, treatment, and recovery support services nationwide. Over the past few years, the evolution of the nation's health system has stimulated changes at SAMHSA.

SAMHSA is based in Rockville, Maryland. Approximately 87 percent (\$2.9 billion) of its \$3.4 billion annual budget is distributed to States and local service provider organizations through block, formula, and competitive grants. Approximately, 11 percent (\$355 million) of the budget is invested in contracts that support the Agency's mission. SAMHSA has about 544 staff, divided among four Program Centers (Center for Substance Abuse Prevention, Center for Mental Health Services, Center for Substance Abuse Treatment, and the Center for Behavioral Health Statistics, Data and Quality) and several administrative support Offices. The Office of Communications, with 14 staff, has both program and administrative support

functions.

Since the arrival of Pamela S. Hyde, J.D., two years ago as SAMHSA Administrator, the agency has emphasized what in the business sector would be called "disintermediation." Disintermediation at SAMHSA has resulted in a substantial shift

of resources and activities, to emphasize the overall agency as opposed to the internal bureaucratic components, and to focus on behavioral health as a broader understanding of people and their families, as well as the communities in which they live versus specific conditions that bring people into contact with service delivery systems. In terms of communications, there is a major new focus on unified messaging and branding, guided by the Strategic Communications Framework described below, and by SAMHSA's Public Awareness and Support Strategic Initiative.

“SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities”

SAMHSA's Public Awareness and Support Strategic Initiative

In 2010, the SAMHSA Administrator initiated a strategic planning process that has resulted in enacting eight Strategic Initiatives for the agency. The Initiatives, including one on Public Awareness and Support, are designed to focus SAMHSA's limited resources on areas of urgency and opportunity. Each Initiative has an overarching purpose, specific goals, objectives, action steps, and measures for determining success.

The Initiatives were developed in consultation with SAMHSA staff, the behavioral health field including the recovery community and family members,

Congress, Administration officials, and advisory council members. The process included a public engagement strategy managed by the Office of Communications with a number of public meetings as well as an online forum that resulted in nearly 3,000 participants who submitted almost 2,500 ideas and comments and cast more than 23,000 votes.

The public input resulted in significant change to the Initiatives. For example, a number of comments addressed the importance of recovery and the imperative of involving people with behavioral health issues in SAMHSA's efforts. Based on the feedback, the Recovery Support Initiative became one of the eight Strategic Initiatives. Through a voting process, participants in an online forum expressed their support for ideas ranging from self-directed care for consumers and people in recovery to the use of assisted outpatient treatment. Some of these ideas since have been incorporated into the Strategic Initiatives. In areas of opposing opinions, SAMHSA is committed to continuing to convene dialogues to understand the differences and chart a path forward.

The overarching purpose of the Public Awareness and Support Strategic Initiative is to achieve the full potential of prevention, help people recognize signs and symptoms of mental and substance use disorders and seek assistance with the same urgency as any other health condition, and make recovery the expectation. The Initiative has five goals:

1. Increase public understanding about mental and substance use disorders and how to access treatment and recovery supports.
2. Create a cohesive SAMHSA identity and media presence.
3. Advance SAMHSA's Strategic Initiatives and HHS priorities through strategic communications efforts.

4. Provide information for the behavioral health workforce.
5. Increase social inclusion and reduce discrimination.

This Initiative now drives communications activities at SAMHSA and the work of the Office of Communications, as set forth in the eight areas of change outlined below.

Changes in the SAMHSA Office of Communications

While the Public Awareness and Support Strategic Initiative now is the principal focus of communications activities at SAMHSA, many of the changes supporting its implementation are not new. Several of the most important changes are summarized below, including a notation about the science-based principles underlying each (these principles are discussed in more detail by Weber & Backer, submitted for publication).

Change #1—Consolidation of Information Services.

In 2006, a program review study was conducted of SAMHSA's National Clearinghouse on Alcohol and Drug Information and National Mental Health Information Clearinghouse (Backer & Kunz, 2006), leading to an influential report which helped shape the subsequent merger of these two long-standing agency clearinghouses into the current Public Engagement Platform (PEP; described further below), headed by a comprehensive, interactive website. Through this study, SAMHSA found that consolidating its customer service functions into a single point of access would allow the Agency to serve customers better, and more efficiently, and would create powerful integrated mechanisms for collecting data that provide insights into the needs of the American public to inform future programming and services.

The launch of the SAMHSA's new online store (<http://store.samhsa.gov>) in September 2010 marked the culmination of the clearinghouse consolidation process, creating a single, seamlessly integrated online source of behavioral health information. The store is SAMHSA's most highly-visible customer interface, but the Agency's multidimensional communications machine also serves customers through a contact center, warehouse, email updates, newsletter, exhibit program, media relations, and public education programs. These multiple communications channels generate 28 million customer interactions a year and the knowledge management (KM) system supported by PEP gathers data on these interactions that illuminate the "voice" of SAMHSA customers and how well they are being served by the Agency.

The KM system has enhanced SAMHSA's ability to organize and strategically use its behavioral health content, conserve fiscal resources, learn more about its customers, and identify new opportunities for marketing and partnerships. For example, the consolidation of the two clearinghouse operations through the KM system, and related business improvements, enabled SAMHSA to save nearly \$2.4 million in reduced inquiry response and shipping costs over the life of the contract supporting this system. Operational efficiencies yielded an 85% reduction in the order backlog inherited from the prior contractor. SAMHSA is also reducing physical warehouse space and labor to deliver hardcopy behavioral health content, while increasing the Agency's reach by driving electronic content across new channels, including partner sites and social media.

This integrated approach provides the flexibility to take advantage of new communications technologies as they emerge, to respond quickly to shifting priorities and to link with data and information external to SAMHSA. This makes it an inherently transferable, scalable, and dynamic model for collaboration,

transparency and open government.

This consolidation of resources along with the alignment of communications efforts of the seven other Strategic Initiatives is building a single PEP for communication products, services and messages related to behavioral health. Elements of this new communications approach and public engagement strategy includes Web, social media (e.g. Twitter, Facebook, YouTube, etc.), analytics and metrics, media monitoring, graphic design, mapping/geospatial, data/API development, video/multimedia, mobile messaging, and ongoing assessments of new and emerging technologies.

All these efforts apply the communications and marketing principles of customer research and audience segmentation, message development, and evaluation outlined in the Strategic Communications Framework described next. And, because of the dynamic nature of the Framework, it continues to evolve based on the shifting landscape including communications technologies, SAMHSA priorities, and government engagement with the public.

Dissemination science and marketing principles underlying Change #1 include User Friendly Communication, User-Oriented Transformation of information, Sustainable Distribution Channels, Access to Products and Sustainable Distribution Systems.

Change #2—Strategic Communications Framework.

While the actions outlined above were being developed and implemented, the Office of Communications created a Strategic Communications Framework (already briefly described in the Overview), based in part on a 2007 planning study which gathered information from key SAMHSA and field leaders about how their

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information and communications needs could best be met by the Agency. The Framework was not intended to be static, but rather has been re-shaped a number of times based on further input from the field through a “dialogue” process (Backer, Howard, and Koone, 2007).

The Strategic Communications Framework is the platform for aligning public health practice with science-based communications and marketing approaches at SAMHSA. At its core is a Template (Appendix A) for creating communications/marketing plans that advance program goals. The Template can be used by SAMHSA staff, contractors providing support to the Agency, and field collaborators to create a plan for developing and disseminating a knowledge product or some other kind of information, or for organizing communications/marketing activities of a program or an entire organization.

The process followed under the Strategic Communications Framework starts with an informal discussion around the elements in the Template, and culminates in a written communications plan. This Framework is aligned (to minimize effort and redundancy) with Federal Government public product planning and review/clearance requirements.

All involved are encouraged to be creative, but the strategies used are well-grounded in science and practice (from advertising campaigns for Coke or Nike, to health

communication campaigns like the Stanford Heart Disease Prevention Program). The Template defines the purpose of the communications activity and how it relates to SAMHSA’s mission, and sets forth the specific steps that will be taken over time by SAMHSA staff or contractors, and by field collaborators. The Template’s summary format includes the following key elements in communications planning and execution:

- *Field Analysis*—identifying what the field needs, what’s already available to meet these needs, and potential collaborators
- *Goal*—how meeting these needs will support SAMHSA’s mission
- *Objectives*—ways in which particular communications and marketing activities will achieve this goal
- *Target Audiences*—specific target audiences that need to be reached to achieve these objectives
- *Program, Product or Service*—what will be delivered to these target audiences in order to reach the identified objectives
- *Formatting*—how messages about these deliverables will be formatted to reach the identified objectives
- *Creative Mix of Tactics and Message Products*—these include advertising, promotion, events, public relations and

personal communications approaches that are combined with electronic or print message products to help achieve the identified objectives, timed against a projected product life expectancy.

- *Dissemination*—implementation of this creative mix to reach identified objectives
- *Evaluation and Quality Improvement*—data gathering needed to improve task performance, and justify public investment in activities supporting SAMHSA’s mission

Critically important to the full adoption of the Framework is a requirement in all agency contracts, approximately 11 percent (\$355 million) of the Agency’s budget, to use the Template as part of strategic planning for fulfillment of all product-oriented contract goals.

Agency contracts also require the use of services provided by SAMHSA’s PEP and adherence to SAMHSA’s Internet/Web policy (e.g., on minimizing the number of separate websites), resulting in reduced duplication and more consistency in SAMHSA’s public engagement efforts.

Dissemination science and marketing principles underlying Change #2 include Planning and Conceptual Foresight, Resource Adequacy, User-Oriented Transformation of Information, Outside Consultation on the Change Process, and the Four Ps—Product, Price, Place, and Promotion.

Change #3—Product Lifecycle.

To employ best-in-class communication practices and technologies that focus on creating and sustaining behavior change, SAMHSA has adopted a new science-based Product Lifecycle approach for public communication efforts (see Appendix

B). The Lifecycle depicts in graphical form a process for planning, creating, disseminating, promoting and evaluating both electronic and print products/content published by SAMHSA (usually the products/content are created by SAMHSA grantees or contractors). The hybrid approach with an emphasis on electronic products is now the main focus for SAMHSA.

The Lifecycle shifts the goal from “getting the product done” to “getting the product used to produce desired outcomes” and establishes the Web as the primary means for content dissemination. Having clearly defined policies, procedures, standards, roles and responsibilities in each of these five phases will help ensure communications needs are fulfilled in a timely basis.

All involved in the process can use the Product Lifecycle graphic to ensure alignment and common understanding of the outcome desired. To help with adoption of the Product Lifecycle, the Template and SAMHSA’s overall Strategic Communications Framework, training is provided to SAMHSA staff in how these planning tools work together, as well as in more general principles derived from the science presented here.

Dissemination science and marketing principles underlying Change #3 include User-Oriented Transformation of Information; User-Friendly Communication, and User-Friendly Evaluation.

Change #4—Communications Governance Council.

The Communications Governance Council (CGC) is charged with setting the strategic direction and policy for SAMHSA’s public communication activities. Created in 2011, this internal administrative body pushes

out decisionmaking so that it is shared by program staff from throughout the agency, not just concentrated in the Office of Communications. The Council provides an integrated way to make agency decisions about products, the budget supporting them, and the mechanisms for disseminating them—putting program staff with expertise in the various content arenas of the agency into the decision-making position (the Council’s charter is presented in Appendix C).

Dissemination science and marketing principles underlying Change #4 include Planning and Conceptual Foresight and Individual and Organizational Championship.

Change #5—Action Driven by Data and Public Engagement.

SAMHSA’s various communications efforts are increasingly data driven. Through its KM System, SAMHSA currently integrates content, operations, and data collection and analytics on 450,000 inquiries to the contact center per year, 165,000 publication orders per year, 145,000 SAMHSA Store visitors per month, email updates read by 2.9 million readers each year, more than 40,000 print subscribers and more than 561,000 online visits per year of the bimonthly newsletter *SAMHSA News*, and 59,000 exhibit booth visitors per year. Analysis of the data provides a deep understanding of the people and organizations that open an email, call the contact center to order publications or receive a treatment referral, or download products from the SAMHSA Store.

The KM system is also driving a considerable amount of disintermediation. SAMHSA currently is consolidating 88 websites into one through the launch of project Evolve, eliminating out-of-date publications and prioritizing the development of new information, combining multiple 800 numbers into a single point of entry, creating and promoting a single user-friendly facility locator service, and building a public engagement strategy using social media to create a consistent message and purpose across multiple disparate platforms. Public education campaigns such as those conducted by the Ad Council on SAMHSA’s behalf, Recovery Month, Children’s Mental Health Day, etc., are based more than before on outcomes achieved and real-time data documenting them. SAMHSA is also implementing an annual survey of opinions and attitudes on mental illness and addictions with a section on awareness about ongoing SAMHSA public education efforts.

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To engage the public in the development of programs, products and policies, SAMHSA has launched an aggressive strategy. The strategy brings the public into policy, product, and program development through online interaction. For example, SAMHSA requested input on its strategic plan—*Leading Change: A Plan for SAMHSA’s Roles and Actions 2011 – 2014*. Nearly 3,000 people participated in the Web-based forum, submitting almost 2,500 ideas and comments and casting more than 23,000 votes,

resulting in significant changes in the direction of the plan. The KM and public engagement strategy makes it possible to

look at what SAMHSA is doing, how the field is reacting, and make adjustments. Data for supporting budget requests also can be gathered and presented to decisionmakers both within HHS and in Congress.

Backer, Howard and Koone's (2007) study was particularly important as a driver for changes initiated by the Office of Communications and by the SAMHSA leadership, because it provided reliable data about what the field wanted and saw as SAMHSA's future. A wide range of thought leaders—State and local government, providers, academics, consumers and family members—essentially told SAMHSA both what they didn't like about the current system and how they felt it could best be reshaped. This input was useful to agency leadership both in designing the PEP system and in responding to resistance to change from some who didn't understand why making change was valuable, and had a vested interest in the status quo.

A subsequent study (Backer, 2009) examined ways in which SAMHSA could better integrate its activities with the upcoming waves of health care reform—and in particular, how the agency could best communicate about emerging strategies for financing substance abuse and mental health services. Many of the recommendations, including an aggressive public engagement strategy to inform the development of Administration policy made in the report from this study have helped to guide development of the approach suggested for communications support of the current SAMHSA Strategic Initiatives.

Dissemination science and marketing principles underlying Change #5 include User-Friendly Evaluation, Planning and Conceptual Foresight, and Audience Research.

Change #6—Partnerships.

In 2010, the Office of Communications also began exploring the development of

partnerships with national organizations concerned with health service delivery and with health professionals, such as the American Medical Association and Kaiser Permanente. The Kaiser Permanente partnership now includes a multi-part pilot effort to implement in Kaiser's Colorado unit a SAMHSA-sponsored innovation for rapid, low-cost screening by primary care providers of substance abuse problems, "Screening, Brief Intervention, and Referral to Treatment" (SBIRT).

The first pilot study in this effort, conducted by Kaiser Colorado's Institute for Health Research and funded by SAMHSA, gathered data from a range of Kaiser physicians, allied health personnel and patients about the feasibility and desirability of using a screening tool like SBIRT. Favorable results from this pilot study, which are now being prepared for professional journal publication and were presented to a recent convening of SAMHSA SBIRT grantees, led to initiation of a second pilot study. In this study, Kaiser is identifying one of its primary care clinics in Colorado and will implement SBIRT there, with careful monitoring of both process and outcomes. The study is being done with advice from SBIRT Colorado, a SAMHSA-funded project of the Colorado Department of Public Health and Environment; and also from Kaiser Permanente Northern California, which is conducting a randomized controlled trial of SBIRT. A planned third study will involve Kaiser Colorado testing methods for promoting the implementation of SBIRT in other integrated health service systems.

With the American Medical Association, a series of meetings (both in-person and electronic) have been conducted over the last year to identify places of natural alignment between the goals and activities of SAMHSA and AMA. Areas identified for joint activities included promoting the wider implementation of SBIRT in both primary and specialty care, SAMHSA support for inclusion of behavioral health in

AMA-developed educational materials for physicians, and opportunities for ongoing dialogue between senior officials of both organizations.

Preliminary dialogues also have been conducted between SAMHSA and the American Public Health Association, the American Academy of Family Physicians and the National Business Group on Health. Again, the purpose is to identify areas of natural alignment that can be shaped into future partnerships. Other partnerships specific to SAMHSA's plans for a National Dialogue on behavioral health are also being identified.

Also, over the last three years, SAMHSA has started to develop a higher profile in the health communications field by co-sponsoring with the Centers for Disease Control and Prevention and others the annual National Health Communication, Marketing and the Media Conference (most recently convened in August 2011). This sponsorship included development of a major session for the 2010 Conference, "Behavioral Health is Essential to Health: A New National Communications Opportunity," featuring as speakers the national director of continuing medical education for Kaiser Permanente and the vice president for science of the American Medical Association. Two 2011 conference sessions focused on how changes have been made in SAMHSA's communications activities, and the impact of these changes on the wider adoption of SAMHSA-sponsored behavioral health innovations, such as the SBIRT program.

The National Health Communication, Marketing and the Media conference sponsorship has emphasized inclusion of

behavioral health topics in the conference. State officials and community coalition leaders have received scholarships from SAMHSA to participate in the conference, so that they can learn about the latest science and practice related to communications. SAMHSA continues to use this opportunity to create a network of individuals working to infuse the concepts of the Strategic Communications Framework into everyday practice in states and communities nationwide.

As another example, SAMHSA and researchers from the National Institute of Alcohol Abuse and Alcoholism joined forces with the U.S. Surgeon General, spouses of State Governors, the Ad Council, and numerous private sector partners to raise public awareness about the dangers of underage drinking. From the beginning communications was part of the strategy that

included policy and program development based on the best science available. The entire effort included a National Call to Action on Underage Drinking Prevention by the Surgeon General; Town Hall meetings across the country, often led in each state by the governor's spouse; a national public service advertising campaign including fulfillment products; and educational material mailings to all 5th and 6th grade classroom teachers. These actions were supported by the Strategic Prevention Framework and other grants to States with resources allocated to prevent underage drinking. All of these activities correspond with a decline in the rates of underage drinking in the U.S. (SAMHSA, 2011).

A similar national approach is being used for suicide prevention with the centerpiece

““ SAMHSA's various communications efforts are increasingly data driven ””

of the effort being the SAMHSA supported national lifeline for suicide prevention. Efforts to raise awareness about the effectiveness of treatment for mental and substance use disorders and to celebrate people in recovery and those that support people in recovery, include the “What a Difference a Friend Makes,” “Recovery Month,” and “Children’s Mental Health Day.”

Dissemination science and marketing principles underlying Change #6 include Addressing the Complex Human Dynamics of Change, Interpersonal Contact, Outside Consultation on the Change Process, Individual and Organizational Championship, and Potential User Involvement.

Change # 7—Identifying Key Audiences.

All of these changes started with identifying key audiences. A particularly important decision was made in the current evolution of SAMHSA’s communications activities to put an emphasis on market segmentation and target audiences.

SAMHSA kept its customers at the center of the design of its new online store through the use of customer personas. These personas are prototypical but reality-based profiles that describe the mindsets, needs, and online behaviors of specific types of customers who look to the SAMHSA for information. To inform the development of the online store personas of mental health and substance abuse service providers/administrators, researchers, teachers, consumers and family members were created. Personas were created for another group of users that is smaller numerically but constitutes an important audience. These customers order SAMHSA products frequently and in large quantities, often for distribution to a wider audience. These users include criminal justice agency staff, librarians, community

leaders, consumer advocates, and SAMHSA staff.

With the help of the personas, designers had information needed to create an online experience for each customer that is as fruitful and personal as if that user had spoken directly with an information specialist at the SAMHSA contact center. The new KM infrastructure and improved user interfaces have focused on giving SAMHSA online store customers more rapid access to information when, where and how they need it. For example the new site contains 76 percent fewer pages (going from almost 12,000 to 2,780 pages) with a 78 percent increase in average number of page views per customer visit.

Dissemination science and marketing principles underlying Change #7 include User-Oriented Transformation of Information, Addressing the Complex Human Dynamics of Change and Audience Research.

Change # 8—Internal Shifts.

As the public face of SAMHSA has evolved, a number of internal changes have taken place in the Office of Communications and correspondingly in SAMHSA as a whole:

1. The agency consolidated media relations activities to reduce layers and gain efficiency—four press offices, seven exhibit programs, and multiple publications review/clearance efforts were merged into one, now under the direction of the Office of Communications. These re-alignments were undertaken to make such routine communications services as press releases and an exhibit program easier to use with a resulting increase in demand for services.
2. SAMHSA has created a consistent “look and feel” for its letterhead, website, print and electronic products, business cards, etc.

3. The agency identified areas of duplication in its external communications and public education support contracts, and brought materials development and marketing support, public awards and recognition programs, national public education campaigns under the leadership of the Office of Communications, in order to increase efficiency and to brand all products and all technical assistance services as coming from SAMHSA.
4. Over the past five years, the Office of Communications also has had major turnover among its senior and junior personnel, moving from what was largely a compliance and public relations model, to one of strategic communications that embraces innovative technology and use of external partnerships.

Dissemination science and marketing principles underlying Change #8 include Planning and Conceptual Foresight, Individual and Organizational Championship and Resource Adequacy and Branding.

SAMHSA's Theory of Change

All of the above activities have been guided by diffusion of innovations theory and dissemination science, as outlined in a companion paper (Weber & Backer, submitted for publication). SAMHSA's general theory of change guiding these activities is that the behavioral health field is advanced both by providing knowledge and capacity-building support to behavioral health personnel and facilities, and by offering information and assistance (such as referrals to treatment) to the public. The former includes a major focus on training and educating the workforce so they can implement best practices, using scientifically-established methods of information dissemination and adult

learning. The latter starts from the assumption that many Americans don't yet understand fully the nature of substance abuse and mental illnesses—and those in need of services often don't know how or where to access these services.

Responding to the needs of both of these major audiences involves the careful alignment of very limited resources. Good planning helps make better use of resources, drawing on natural synergy and partnerships with other organizations (e.g., the integration of behavioral health with primary care). Use of new technology helps deliver needed information in cost-effective ways (e.g., content syndication through the Internet, rather than printing, storing, and mailing hard copies of publications). And, every customer interaction provides an opportunity for SAMHSA to better understand the customer's needs while simultaneously identifying ways to improve Agency business processes.

The strategies developed by SAMHSA's Office of Communications to meet its own priorities now are being adapted through its assistance in development of communications strategies for each of the other seven SAMHSA Strategic Initiatives. These plans clearly identify each Strategic Initiative's mission, audiences, messages, and communications tactics. They also provide a platform for cross-Initiative coordination to further insure efficient utilization of very scarce resources.

Challenges to Implementing These Changes

Admittedly, there are challenges to getting all these changes implemented. A good deal of the communications strategies shaped by SAMHSA in the last five years have used "dirty market research" (informal, small, and opportunistically-selected samples, etc.) as opposed to rigorous science—which might yield better results but can't be paid for.

There is understandable resistance to change both within SAMHSA and in the field, since the approaches now being implemented run counter to long-standing practice (and may involve intrusions on turf and territory as well). The SAMHSA Administrator has made a strong case for the importance of making these changes, and is providing leadership for implementing them.

But like all major changes, not everyone gets on board initially, and resource limits intensify “turf” battles. Even with these challenges, changing the way America behaves when it comes to substance abuse and mental illnesses remains the imperative.

Next Steps for SAMHSA

Communications activities at SAMHSA look very different than they did in 2006, when the work described here started. Several important steps need to be taken over the next two to three years to fulfill the overarching purpose of the Public Awareness and Support Strategic Initiative:

1. The eight SAMHSA Strategic Initiatives, and the communications plans supporting them, need to be fully implemented in the context of behavioral health and in alignment with changes happening throughout the healthcare field.
2. SAMHSA needs to identify, develop, implement and sustain more organizational partnerships as part of this implementation. Significant progress has already been made by the Office of Communications in creating partnerships with the American Medical Association and Kaiser Permanente, two of the Nation’s most active and innovative organizations focused on health service delivery. Both partnerships are likely to include a focus on SAMHSA’s SBIRT innovation, as already mentioned, but both are exploring several other areas of collaboration. Partnerships are also being explored with other national organizations, such as the American Public Health Association, the American Academy of Family Physicians and the National Business Group on Health.
3. Since more activities are being brought into the administrative purview of the SAMHSA Office of Communications, realignment of the organizational structure and additional staff are required, and this expansion needs to be carried out very carefully so that the needed resources are available to fulfill the ambitious plans that have been proposed.

“ SAMHSA’s general theory of change guiding these activities is that the behavioral health field is advanced both by providing knowledge and capacity-building support to behavioral health personnel and facilities, and by offering information and assistance (such as referrals to treatment) to the public. ”

4. The KM system requires increased attention on using the data to identify possibilities for new or expanded partnerships, content development, and market penetration for key audiences, such as behavioral health and primary care professionals, policymakers, and grantees, in order to reveal new and emerging trends and markets for SAMHSA to consider.
5. Benchmarking activities derived from government, private sector and philanthropic organizations are needed to assess and improve SAMHSA communications activities, including identification of specific innovations.
6. While the SAMHSA Store is driving innovation in public engagement and customer services, the rest of SAMHSA's Web presence is lagging. An integrated IT budget and Web program is needed for SAMHSA, which would help to place communications activities in a more precise fiscal frame. In addition, the exploration of how Office of Communications and Information Technology functions in SAMHSA can be integrated more creatively including ongoing dialogue with the Chief Information Officer at the HHS is urgently needed.
7. SAMHSA's Strategic Communications Framework needs to be revisited again, in order to further refine it in the context of major changes that have occurred since the last revision.

Implications for Other Federal Agencies

These experiences have been documented by SAMHSA both to provide a learning platform for its future efforts (e.g., revision of the Strategic Communications Framework) and to offer lessons that might be useful to other Federal agencies considering the expansion of their communications activities.

For example:

1. SAMHSA's 2007 planning study provided a useful platform for open discussion of major changes in the agency's communications activities, because it provided a broad set of inputs from important stakeholders about what SAMHSA was doing and should be doing in this arena. This helped persuade SAMHSA leaders to take the risk of making these changes, since they were endorsed or actually suggested by people who know the substance abuse and mental health fields very well.
2. The "dialogue" approach to critiquing and revising the Strategic Communications Framework not only helped improve the plan as circumstances changed and new options emerged; it also won support for the Framework because stakeholders inside and outside felt ownership of what they had contributed to. This was particularly important in responding to resistances to change that occurred when the Framework's new initiatives were implemented.
3. SAMHSA's KM approach maintains a constant focus on customer needs, revises operations based on business intelligence, and provides the foresight to evolve the system in response to future change. This approach also fosters transparency and open government, making SAMHSA data readily available to those who need it.
4. SAMHSA is not the only Federal agency whose communications activities are worth examining, in the larger quest to refine and expand a coordinated effort like the one described here. While much larger than SAMHSA, the Centers for Disease Control and Prevention has been a pioneer in this regard, having greatly reinvented its own communications activities over the last several years.

The Federal Bureau of Investigation and the U.S. Department of Energy are among other Federal agencies that have created strategic communications plans.

Implications for the Health Communication Field

Finally, SAMHSA's work over the last five years represents a useful example of how strategic planning can positively impact communications activities both at the organizational and field levels.

Among the implications:

1. In developing a Strategic Communications Framework, attention to human elements such as resistance to change is imperative.
2. Attention must be paid to the larger environment. For instance, SAMHSA's efforts would have far less potential if it had been confined to the substance abuse and mental health service fields. By tying them to the larger changes happening in health care, SAMHSA's activities were made more relevant and could have a greater impact.
3. Leading edge technology plays an important role in the shaping of strategic communications frameworks, both for reaching target audiences and for introducing cost efficiencies.
4. The field of communications planning can contribute to this work at the organizational level. For instance, Potter (2008) in *The Communication Plan: The Heart of Strategic Planning*, provides an eight-step process and four elements that can apply to any organization, big or small. Patterson & Radtke (2009), in *Strategic Communications for Nonprofit Organizations: Seven Steps to Creating a Successful Plan*, emphasize the importance of strategic communications planning to creating a positive perception about an organization among the general public. While neither book is focused on Federal government agencies, most of their approaches can be applied to such agencies, as well as to nonprofits or corporations.

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Appendix A Strategic Communications Framework

SAMHSA Project Officers and contractors must use the Strategic Communications Framework as a guide to draft overall plans for proposed products. The following elements are part of a good communications product plan and will help you stay on track as your plan moves forward.

ANALYSIS

What does the field need?

GOAL

How will your product meet this need as part of SAMHSA's Strategic Initiatives?

OBJECTIVES

How will your product achieve this goal?

AUDIENCES

What target audiences must be reached to achieve your objectives?

INFORMATION

What will be delivered to these audiences to reach the goal?

FORMATS

What print or electronic formats will you use to structure the information or products?

LIFE CYCLE

What's the expected life of the product and how long before the product will need to be updated?

DISSEMINATION

How will you deliver the product to the target audience?

MARKETING

What channels and activities will you use to promote the product as part of an overall marketing strategy?

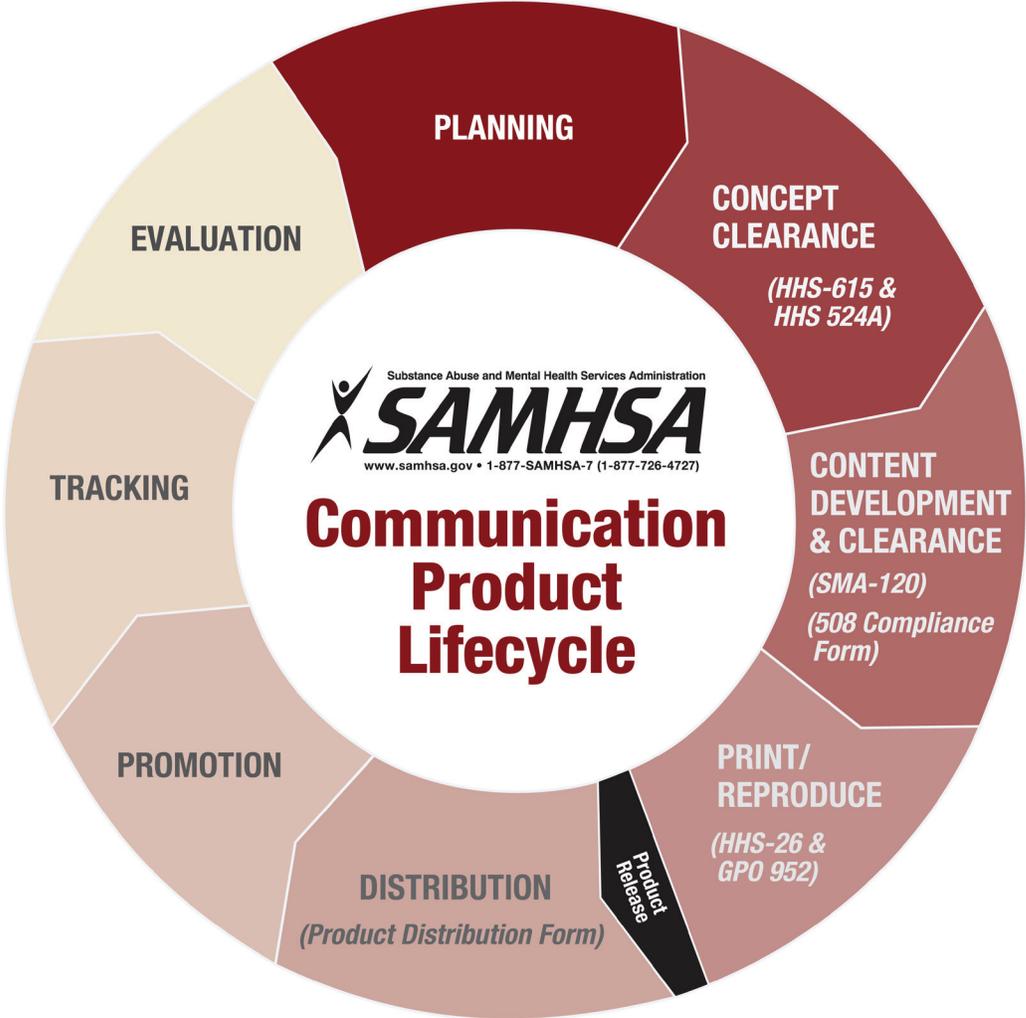
EVALUATION

How will you track and evaluate the product's success?

BUDGET

What's your funding source and budget for the effort?

Appendix B
Communication Product Lifecycle



Appendix C

SAMHSA Communications Governance Council

SAMHSA Strategic Initiative on Public Awareness and Support

Public Communications—Vision and Plan

Vision

The American public will look to SAMHSA as the principal source for accurate and timely information about behavioral health prevention, treatment and recovery supports. SAMHSA's Strategic Initiative on Public Awareness and Support calls for the articulation of a clear strategy for delivering meaningful behavioral health information using multiple communications channels to satisfy customer needs at the moment information is desired.

Drivers

- HHS priorities and SAMHSA's Strategic Initiatives drive the development of behavioral health information and the dissemination of the content.
- Content is delivered to targeted audiences through print and audio-visual products including publications, video, web, news media, new media or other digital means.
- Products are developed, delivered and promoted in a unified, coordinated, timely and consistent way.
- Products and promotion activities result in engagement with targeted audiences and brand SAMHSA as the leading source for behavioral health expertise and innovation in the Nation.
- Evaluation informs future content development, dissemination channels, and promotional activities.
- A cross-agency communications governance council, representing a variety of perspectives and expertise within SAMHSA, guides decisions about electronic and written communication formats and materials, based on direction from SAMHSA leadership.

Communications Governance Council Charge

The Communications Governance Council (CGC) replaces all other related workgroups within SAMHSA and is charged with setting the strategic direction and policy for SAMHSA's public communication activities. The Council will provide guidance on the development and implementation of the communications plan for each Strategic Initiative and make decisions on concept and content clearances for SAMHSA's public communications activities including web, new media, and electronic and written publications based on the plans. The Council will make recommendations to the Administrator about exemptions from direction regarding consolidation of websites and new media accounts and decisions regarding communication products.

Operating Principles for Communications Governance Council

1. Stay focused on the audience, not the organization.
2. Eliminate old or out-of-date content. Preserve most valuable content or ensure adequate substitute exists on SAMHSA.gov or elsewhere.

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3. Employ best-in-class communication practices and technologies, within available resources.
 4. Seek efficiency. More is not always better.
 5. Transparency is the best policy. Make and communicate decisions promptly and share rationale.
 6. Consistent terminology and a behavioral health approach (including information about both substance abuse and mental health) are the expectation for all communications, except in those circumstances where real differences require unique content.

CGC Initial Tasks

1. Develop a charter to govern CGC operations, for Executive Leadership Team approval.
2. Implement decision to remove identified websites from public view.
3. Prioritize migration of content (taking into account priority, cost, time, and current contract/grant requirements) from existing websites to www.samhsa.gov.
4. Identify publications in development for priority action and in need of termination.
5. Review all SAMHSA social media accounts/platforms and prioritize integration of content (taking into account priority, cost, time, and current contract/grant requirements) from existing social media accounts to SAMHSA's main accounts.
6. Develop or review and comment on Request for Application (grant) and Request for Proposal (contract) language to align and incorporate communication activities.
7. Develop rules and process for setting the strategic direction and policy for SAMHSA's external communications activities (Governance).
8. Approve content or guidelines for content of websites, electronic media, and written publications.
9. Make recommendations to the Administrator regarding exemptions and appeals.

Vision for Website

SAMHSA is the first source sought by persons seeking accurate and timely information about behavioral health from an official or knowledgeable source. Users experience one easy-to-use website with content on or linked in a functional way with a single point of entry (through samhsa.gov), with no launch and leave practice, and delivers the latest behavioral health content owned and supported by SAMHSA.

NOTE: The timeline and process for migration of content and elimination of existing websites may depend on existing grant or contract terms. No new websites or website content intended for general public use will be funded, supported, developed or launched using SAMHSA resources except through www.samhsa.gov, with the exception of geographically limited, project-specific websites utilized by a SAMHSA grantee for a limited time during the life of the funded project, and with the approval of or in accordance with guidelines adopted by CGC.

Moving Toward the Vision

Criteria for Immediate Elimination of Website from Public Web Space (Content Preserved):

1. Website is inconsistent with or does not directly align with a goal/objective in SAMHSA's Strategic Initiatives or HHS Secretary's Priorities and Strategic Plan; OR
2. Content is out of date and cannot be revitalized or adequate resources (staff and financial) are not available to support revitalization and updated content generation; OR
3. Website or content is duplicative of other SAMHSA websites or content. (NOTE: If website or content is duplicative of other HHS websites or content, recommendations will be made about how to coordinate with other HHS operating divisions.); OR
4. Website is non-compliant with HHS standards and/or SAMHSA policy and resources are not reasonably available to bring it into compliance.

Criteria for Elimination of Website and Migration of Content to SAMHSA Website:

1. Website aligns with a goal/objective in Strategic Initiatives; AND
2. Website content is maintained or content is still relevant with updates to existing program(s); AND
3. Resources (staff and financial) are available to support continued content updates and/or generation.

Criteria for Exemption to Maintain Freestanding Website (Must Be Approved by Administrator):

1. Elimination of website or migration of content would divert substantial resources from critical Strategic Initiative efforts or undermine non-SAMHSA efforts already committed to by SAMHSA Administrator; OR
2. Extenuating circumstances exist, caused by authorizing directive, other agreements with partnering entities, or maintenance of website agreement as part of a larger initiative, determined on a case-by-case basis by Administrator; OR
3. Single purpose time-limited use authorized by Administrator, (e.g., conference registration).

Vision for New Media

SAMHSA's public information is available quickly and easily in a variety of electronic formats for a variety of devices accessible collectively to most of the American public. Users experience a choice of multiple communications channels and formats to learn about behavioral health, interact with others having similar interests and participate in the work of SAMHSA. Media utilized will be accessed through SAMHSA-wide main accounts for each medium.

NOTE: The timeline and process for migration of content and elimination of existing social media accounts may depend on existing grant or contract terms. No new social or new media accounts intended for general public use will be funded, supported, developed or launched using SAMHSA resources except through SAMHSA's Office of Communications and Office of Management, Technology and Operations with the exception of geographically limited, project-specific media accounts utilized by a SAMHSA grantee for a limited time during the life of the funded project, and with the approval of or in accordance with guidelines adopted by CGC.

Moving Toward the Vision

Consistent with initial work plan the CGC will identify and inventory SAMHSA social media accounts and electronic platforms including listserves, email lists & electronic information delivery systems and create criteria for integration or termination.

Vision for Publications

SAMHSA offers high quality written publications, easily available, for those individuals for whom access to electronic formats is unavailable or difficult. Users experience information (print/audio-visual) products that are targeted, timely, unique, well-written, based on the best knowledge, user friendly and represent all appropriate aspects of behavioral health.

Moving Toward the Vision

Criteria for Immediate Elimination of (Print/Audio-Visual) Product in Development:

1. Product is inconsistent with or does not directly align with a goal/objective in SAMHSA's Strategic Initiatives, or HHS Secretary's Priorities and Strategic Plan; OR
2. Product content is out of date and cannot be revitalized or adequate resources (staff and financial) are not available to support revitalization and updated content generation; OR
3. Product content received concept clearance prior to December 31, 2008 and product has not been delivered for approval; OR
4. Product content is duplicative of other SAMSHA products or contains only information about substance abuse or about mental illness without justification for single focus. (NOTE: If product is duplicative of other HHS products, recommendations will be made to coordinate with other HHS operating divisions before finalization.)

Criteria for Prioritization for Concept and Content Clearance:

1. Product directly supports Strategic Initiative Goal(s) or Objective(s); AND
2. Product is still relevant and up-to-date; AND
3. Resources (staff and financial) are available to support development, dissemination, and promotion of product; OR
4. Product remediation is underway and resources are available to support development, dissemination, and promotion.

Criteria for Exemption from Product Elimination include:

1. Product is mandated in legislation or in regulation not controlled by SAMHSA; OR
2. Administrator determines that product should be produced and/or disseminated, after consideration of recommendation by CGC, upon consideration of appeal.

Appeal Process

SAMHSA individuals wishing to appeal a CGC decision about a product must prepare a one-page request to CGC, including the following:

- Name of requester
- Name of product with PCMS identification number
- Target audience and how audience will use the product
- Resources dedicated to development, dissemination, and promotion
- The extenuating circumstance for requesting exemption.

Initial CGC Workplan

12/14/10 – Finalize list of Websites for immediate removal from public web space/termination.

12/27-31/10 – Remove Websites identified for termination from public view; identify and resolve any contract changes needed as a result

12/15/10 – 1/31/11

- Communicate with staff about changes regarding Websites, products, and new media governance.
- Convene first meeting of CGC (scheduled 1/7/11)/Draft Charter for ELT review and approval.
- Award contract for governance structure development (DONE).
- Develop or review RFA/grant and RFP/contract language.
- Finalize criteria for prioritizing publications for review and termination.
- Kickoff governance structure development.
- Prioritize interim improvements to www.samhsa.gov (new content, new sections, integration of existing websites).
- Identify SAMHSA social media accounts and platforms for integration or termination.
- Terminate and integrate content from social media accounts/platforms.
- Plan and implement supporting technology, including web content management system.

2/1/11 – Status update on website termination and integration plan to ELT.

2/1/11 – 2/28/11 – Develop high level requirements (e.g., content owners, content reviews, functionality, capacity, service levels, etc.).

3/1/11 – Review draft SAMHSA communications governance guide with ELT.

5/1/11 – Deliver procurement plan for advancing SAMHSA Web Program.

Notes

Notes



This paper was prepared by Mark A. Weber, M.B.A., and Thomas E. Backer, Ph.D. Mr. Weber formerly served as the Director, Office of Communications, Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS), and now serves as the Deputy Assistant Secretary for Public Affairs/Human Services, HHS. Dr. Backer is President of the Human Interaction Research Institute and performed work for SAMHSA under Contract No. HHSS28320070008I/HHSS28342002T. The views, opinions, and content of this publication are those of the authors and do not necessarily reflect the views, opinions, or policies of SAMHSA or HHS.

