Substance Abuse and Mental Health Services Administration

SAMHSA News

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Care for Military Members and Their Families

Close-Up on Military Behavioral Health

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

US DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
Center for Substance Abuse Prevention
Center for Substance Abuse Treatment
http://www.samhsa.gov

Pamela S. Hyde, J.D.

View
From the Administrator
A Call to Civilian Health Care Providers

In the 10 years since the September 11 attacks, more than 2 million United States troops have been deployed to Iraq and Afghanistan. Although most of our returning service men and women successfully reintegrate into civilian life, many are unable to transition easily as a result of frequent deployments, separations from family, exposure to combat, and sustained injuries. These military members may struggle with a traumatic brain injury (TBI), post-traumatic stress disorder (PTSD), depression, and/or substance use. And far too many, unable to cope, take their lives.

To respond to the behavioral health needs of military members and their families, SAMHSA has been leading efforts to fulfill the goals of the Military Families Initiative, one of eight strategic initiatives introduced in *Leading Change: A Plan for SAMHSA's Roles and Actions 2011 – 2014*. Key to this initiative is improving military families' access to high quality, trauma-informed care by service providers familiar with the culture of the military.

Members of the military generally receive behavioral health care services through the Department of Defense (DoD) or the Department of Veterans Affairs (VA), but many also receive services from civilian health care providers. Because we know that private-sector providers can be more effective in treating military consumers if they understand the military culture, combat experience, and challenges of deployment, SAMHSA encourages civilian mental health practitioners to become certified TRICARE providers. Credentialing information and details on participating in the TRICARE network are available through the *SAMHSA Technical Assistance Packet for Becoming a TRICARE Provider*.

The well-being and psychological health of military families is an Administration priority and is the goal of the Presidential Initiative outlined in the report, *Strengthening Our Military Families: Meeting America's Commitment*. We are pleased that the initiative is committed to working with the National Action Alliance for Suicide Prevention (NAASP), of which SAMHSA is a member, and to the Veterans Crisis Line, a product of our partnership with the VA and the National Suicide Prevention Lifeline. The report also stresses the need to reduce misleading, inaccurate depictions of veterans and military families with behavioral health problems in the media and recognizes SAMHSA's 2010 Voice Awards program for excelling in this effort.

> Nearly 600,000 veterans aged 18 or older experienced a co-occurring substance use disorder and mental illness in the past 12 months.
>
> *2009 and 2010 National Survey on Drug Use and Health, SAMHSA.*

The Veterans Crisis Line—available in the U.S. since 2007 and responsible for more than 17,000 emergency rescues of veterans at imminent risk of taking their lives—can now be accessed in Germany, Belgium, United Kingdom, Italy, and the Netherlands by active-duty military, family members, and civilians. The Lifeline will soon be available in other European countries and parts of Asia. Military members anywhere with Internet access can chat online with qualified counselors.

Because social connectedness is vital to an individual's mental and emotional well-being, SAMHSA is pleased to be a part of the expansion of Partners in Care, a program to engage members of faith-based communities in creating a sense of community for National Guard members and their families. The program, originated by Chaplain (Colonel) Sean Lee of the Maryland National Guard, will be adopted by five other states under the auspices of the Military/Veterans Task Force of the NAASP. SAMHSA will distribute the Partners in Care materials that we develop to the National Guard to help other states as well.

I urge you to read the other articles in this issue of *SAMHSA News* for valuable information and resources for military patients and their service providers. Together, we can serve members of our military as they have so steadfastly served us. ■

SAMHSA...Working For You

For Military Members

Voucher System to Broaden Provider Choice – A voucher system through SAMHSA's Access to Recovery (ATR) discretionary grants program that expands military members' access to substance abuse treatment and recovery services and increases diversity of network providers. Currently, 14 states and 1 tribal organization participate in this system. **http://www.atr.samhsa.gov/faq.aspx**

Team Readiness – A substance abuse prevention program for National Guard members that teaches effective communication skills. Through the program, participants learn how to recognize and address behavioral health issues in themselves and in their battle buddies and how to encourage their peers to get professional help. The National Guard found a model program through SAMHSA's National Registry of Evidence-Based Programs and Practices and then worked to make the training relevant for military culture. **http://www.samhsa.gov/SAMHSA_News/VolumeXVI_4/article8.htm**

For States and Territories Focused on Helping Service Members

Returning Service Members, Veterans, and Families' Policy Academies – The program assists states in creating comprehensive statewide plans to address the culturally distinct behavioral needs of military servicemembers, veterans and their families. To date, 16 states and 2 territories have participated, and other states plan to follow suit by the end of 2011. (See *SAMHSA News*, July/August 2010 **http://www.samhsa.gov/samhsanewsletter/Volume_18_Number_4/behavioralHealthServiceMembers.aspx.**)

For Providers

Building Bridges to Support Military and Veteran Families: Healthcare Providers Resource Guide – A quick reference of relevant resources for the provider working with servicemembers, veterans, and families to maintain their health and positive family functioning. The guide was developed by SAMHSA, the Department of Defense, VA, the Vet Centers, and the Health Resources and Services Administration. **http://www.mdva.state.md.us/**

Operation Immersion (OI) – A two-day experiential training where participants are immersed in the military lifestyle. Since its launch in 2010, 500 private sector mental health professionals (recipients of SAMHSA ATR discretionary grants) have graduated from the training. (See *SAMHSA News*, September/October 2010 **http://www.samhsa.gov/SAMHSAnewsLetter/Volume_18_Number_5/MilitaryImmersionTraining.aspx**).

Online Resources From the Administrator's View

Partners in Care
http://actionallianceforsuicideprevention.org/wp-content/themes/twentyten/images/pdfs/taskforces/MilitaryVeterans.pdf

SAMHSA Technical Assistance Packet for Becoming a TRICARE Provider
http://www.thenationalcouncil.org/cs/resources_services/becoming_a_tricare_provider#ta_packet

For a list of online and in-person trainings and courses, visit:
http://www.thenationalcouncil.org/cs/curriculum_and_courses

Strengthening Our Military Families: Meeting America's Commitment
http://www.whitehouse.gov/sites/default/files/rss_viewer/strengthening_our_military_families_meeting_americas_commitment_january_2011.pdf

TRICARE Provider
http://www.tricare.mil/providers

The Veterans' Crisis Line
http://veteranscrisisline.net/ChatTermsOfService.aspx?account=Veterans%20Chat

Captain Ross Maher speaking to a group of health care providers with Operation Immersion.

Photo courtesy of Army Sergeant Peter Ramaglia

What Military Patients

Want Civilian Providers to Know

By Sandy D. Cogan

"My memories are full of jargon," Senior Master Sgt Leonard Macari says. "If I finally open up to a counselor, I don't want to have to stop and explain acronyms like MRE or terms like 'I did a 5 and 25.' I want my therapist to know what I'm talking about. Otherwise, there's a disconnect that's hard to get past," the Rhode Island National Guardsman explains.

Other servicemembers agree that civilian providers, while professionally competent, often lack an understanding of the warrior's way of life as well as their experiences, challenges and language. That lack of knowledge and appreciation is often the reason military patients discontinue treatment with a community-based behavioral health service provider after only one visit, say experts.

Fear of Repercussions

"Some of our military personnel who are suffering from post-traumatic stress disorder, major depression, a traumatic brain injury, and/or substance abuse are choosing private-sector providers over military therapists for fear of discrimination or jeopardizing their career or their spouse's career," says A. Kathryn Power, M.Ed., Director of the Center for Mental Health Services (CMHS) at SAMHSA and lead for the Agency's Military Families Strategic Initiative. "Finding a community-based provider who understands the military culture and language is hit or miss; and that understanding can be the difference between receiving ongoing, effective treatment and not returning for a second appointment."

An active duty service member, who asked to remain anonymous, concurs. After months of heavy drinking and misuse of prescription drugs, he turned to a community-based provider for help because he didn't want to risk being "kicked out of the Army after 20 years of service." He recounts that while sharing his combat experiences about how he lost both legs and came home to find his wife and kids gone, "the therapist started crying. On top of that, he kept interrupting me, asking what I mean by this term and that." The sergeant shakes his head. "I never went back to him, and I never went to another civilian provider, and yes, I'm still using."

SAMHSA's Role

Ms. Power emphasizes that "most servicemembers have strong resiliency that enables them to deal successfully with isolation, multiple relocations, and new environments, in addition to combat-related stressors and trauma. For those who do not, it is our responsibility and our duty to help them heal and re-integrate into society." SAMHSA works in partnership with the Department of Veterans Affairs and the Department of Defense in providing information and assistance, and by enhancing the understanding of behavioral health service providers in the civilian community. In support of this effort, SAMHSA has introduced the Military Families' Strategic Initiative as part of *Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014* (**http://store.samhsa.gov/product/SMA11-4629**). In addition, the National Action Alliance for Suicide Prevention, of which SAMHSA is a member, established the Military/Veterans Task Force (**http://www.actionallianceforsuicideprevention.org**) to strengthen suicide prevention efforts among this high-risk population.

More than 1.6 million U.S. veterans meet the criteria for a substance use disorder.

More than 1 million veterans had experienced a major depressive episode within the past 12 months during 2009 and 2010.

2009 and 2010 National Survey on Drug Use and Health, SAMHSA.

Lessons in the Warrior Culture

Insight into the military culture is often just a click away. (See Resources, p. 6.) For example, civilian providers can learn about the warrior culture, the issues around deployment and the stress and trauma of combat through online webinars, speaker series, and online interactive courses–both for credit and non-credit. Private-sector therapists can also participate in in-person trainings held year round across the country.

Lisa Peterson, LMHC, LCDP, a civilian treatment provider, recently participated in one such training—Operation Immersion (OI), a two-day experiential program in which civilian therapists were plunged into the military way of life. The experience, she says, has won her "credibility" among her military clients. It also created a noticeable shift in the client-therapist dynamics in the psycho-educational classes she manages for veterans suffering trauma, addictions, and mental health issues at a community behavioral health care center in Warwick, RI.

"Before I went through OI—where we slept in bunk beds in open bays, shared showers, ate MREs (Meals, Ready-to-Eat), and pushed through a high cardio workout—some of my military clients were guarded and unsure if I would understand their issues or experiences," Ms. Peterson says. "When they saw a MRE on my desk, they began sharing their personal stories more spontaneously

with me and expressed appreciation for my efforts to learn their culture."

Jill Legault, LCDP, a community-based substance abuse counselor, says that her military patients are more "forthcoming" now that she has participated in OI. "Before learning about the military culture, I couldn't fully appreciate my military clients' problems. I didn't understand words like 'convoy' or acronyms like 'IED.'" Now Ms. Legault says she has a new appreciation of their experiences and is changing the goals of treatment to be more family-centric.

Another civilian therapist, who asked not to be named, said she used to be "intimidated by servicemembers who would ask her how she could help if she had never been where they had been." After having taken several online courses about the military culture and experience, she feels more confident asking her military patients questions about their experiences, questions that helped build rapport, such as "How many times have you been deployed?" or "Where and when were you deployed?" This, she says, shows she understands that different places at different times have different stressors.

Military & Family Online Resources

Substance Abuse and Mental Health Services Administration (SAMHSA)
http://www.samhsa.gov

SAMHSA Military Families Strategic Initiative
http://www.samhsa.gov/militaryfamilies

Veterans Crisis Line in U.S. and Europe
Offers a confidential toll-free crisis line and online chat for veterans and their loved ones: **http://www.veteranscrisisline.net** or 1-800-273-8255, press 1 to chat online. In Germany, Belgium, United Kingdom, Italy, and the Netherlands call: 001-800-273-8225. Individuals on military bases can access the Lifeline with a 3-digit access code (118) through their DSN system.

Center for Deployment Psychology
Provides military culture and other behavioral health training and offers online courses:
http://deploymentpsych.org

afterdeployment.org
Features videos of servicemembers who have found value in seeking mental health support and treatment:
http://afterdeployment.org

RealWarriors.net
Provides an interactive site focused on reducing stigma associated with seeking help; includes video profiles of servicemembers and their families and resources:
http://www.realwarriors.net

National Child Traumatic Stress Network
Offers a Masters' Speakers series and other podcasts for providers on physical, psychological, and moral stressors of combat and how trauma-related stresses affect spouses and children:
http://learn.nctsn.org

The National Council for Community and Behavior Health
Promotes Mental Health First Aid for Veterans and Serving Our Veterans Behavioral Health Certificate:
http://www.thenationalcouncil.org/cs/veterans; and continuing education hours: **http://www.thenationalcouncil.org**

Resource Center to Promote Acceptance, Dignity and Social Inclusion Associated with Mental Health
Contains archived teleconference trainings to support mental health for military families:
http://promoteacceptance.samhsa.gov

Campaign for Social Inclusion
Promotes acceptance and social inclusion:
http://www.stopstigma.samhsa.gov/CSI/default.aspx

inTransition
Offers mental health coaching and support program for active duty, guard and reserve servicemembers who are receiving mental health care and experiencing a transition:
http://www.health.mil/intransition

Sesame Street – Talk, Listen, Connect
Includes information, resources, activities and support for families coping with deployment, homecomings, changes, and grief:
http://www.sesameworkshop.org/initiatives/emotion/tlc

Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury
Includes information on best practices and quality standards for promoting the resilience, recovery and reintegration of warriors and their families:
http://www.dcoe.health.mil

Military OneSource
Offers resources for servicemembers and their families; information and materials for providers:
http://www.militaryonesource.com/MOS.aspx

Supportive Services for Veteran Families (SSVF) Program
Offers VA grants to organizations to provide housing stability support to eligible, low income veteran families:
http://www.va.gov/homeless/ssvf.asp

Military Members Access to Care

Master Sergeant (MSG) Stephanie Weaver, liaison to SAMHSA from the National Guard Bureau, emphasizes that military culture and treatment implications vary among the various branches of the service as well as the National Guard and the Reserves.

"Most members of the military and their families are covered by TRICARE," she says, "which covers behavioral health care provided on military bases and also sometimes among private providers who get TRICARE certification. But the status of National Guard and Reservists as 'citizen soldiers' means that their health care benefits differ from those of other soldiers. Many of those deployed to Iraq or Afghanistan find their benefits for substance abuse and mental health services are very limited upon their return. Most of them receive these services from community providers.

"It's important that needs of the National Guard and Reservists be understood and addressed," says MSG Weaver. (For more information on SAMHSA's work with the National Guard, see *SAMHSA News*, September/October 2010, **http://www.samhsa.gov/SAMHSAnewsLetter/Volume_18_Number_5/default.aspx**.)

How Community-Based Providers Can Serve

Ms. Power encourages private-sector providers to become TRICARE-authorized (certified) practitioners (**http://www.tricare.mil/providers**) to ensure they are eligible for reimbursement for their services to military members and their families.

She adds, "We encourage private-sector mental health professionals to serve our men and women in uniform. Their help can ensure our military consumers continue treatment and therapy and have a greater opportunity to recover. Supporting and strengthening our military families is not only critical to our national security, it is a national moral obligation."■

For more information on SAMHSA's Military Families' Strategic Initiative, visit **http://www.samhsa.gov/MilitaryFamilies**.

Staff Sergeant David Hollinrake (left) instructs trainee Leland Wilcox about the military way of life during Operation Immersion in Warwick, RI.

Block Grants

Respond to State Needs

By 2014, 32 million more people will be eligible for health coverage through the Affordable Care Act, spelling big changes for the behavioral health field. Qualified providers will be in greater demand, while state budgets remain tight and decisionmakers will be pressed to allocate resources toward the most successful substance abuse and mental health services.

In this environment, SAMHSA's block grant program is providing a lifeline to states that are already planning ahead for this new reality. Recent changes to the applications for SAMHSA's Substance Abuse Prevention and Treatment Block Grant (SABG) and Community Mental Health Services Block Grant (MHBG) were rolled out earlier this year to address emerging needs.

SAMHSA will provide nearly $1.9 billion in FY2012 to help states address behavioral health problems through its block grants.

These changes reflect the need to expand the block grants' reach to focus more heavily on low-income populations and the uninsured, including people and services not covered by health reform. They also streamline the application process so that states whose mental health and substance abuse offices overlap do not have to complete separate application forms. The new application process focuses on ensuring the sustainability of these successful behavioral health care programs, while ensuring that the needs of states are met by providing a flexible, biannual application system.

The block grants are designed to provide a safety net for people who do not have health insurance—even for short periods of time—by funding priority prevention, treatment, and recovery support services specifically for those in need. They focus on services that will not be covered by Medicaid, Medicare, or private insurance through health exchanges. Future funds can be used for broader prevention and recovery support services as needs evolve. The new block grants are also designed to provide a reliable source of funding for primary substance abuse prevention activities.

"Changes in health care delivery structures, rapid adoption of health information technology, scientific advances in prevention and treatment services, growing understanding of recovery, and implementation of the Mental Health Parity and Addiction Equity Act and the Affordable Care Act will greatly enhance access to prevention, treatment, and recovery support services nationwide," said SAMHSA Administrator Pamela S. Hyde, J.D. "These changes also present opportunities to establish the role of the block grants as critical underpinnings of the public substance abuse and mental health service systems, drivers of quality and innovation, and essential resources for transforming health care in America, especially in difficult economic times."

Community Assistance

In all, SAMHSA will provide nearly $1.9 billion in FY2012 to help states address behavioral health problems through its block grants. These significant resources are designed to give states the flexibility to design and implement behavioral health programs and fund targeted prevention activities that meet the needs of their communities. In alignment with the National Prevention Strategy, the new block grants are designed to foster healthier, safer community environments; ensure the availability of community preventive services; empower individuals to make healthy choices; and eliminate health disparities.

The grants support best practices by going toward proven services that have demonstrated success in improving outcomes or supporting recovery. In addition to funding treatment and support services, they support a range of prevention efforts and help states collect outcomes and performance data to determine which prevention, treatment, and recovery support services are most effective.

Implementing smart strategies for making the most of such vital behavioral health services is more important than ever, according to Administrator Hyde, particularly in this time of budget cutbacks. Reforming the block grants now to better empower states positions these resources as a critical component of our future health system.

President Barack Obama, next to then 11-year-old Marcelas Owens (left), signs the Affordable HealthCare Act, helping millions of Americans afford health care.

Streamlined Application

Until this year, states have had different structures for applying, accepting, planning, and accounting for the two block grants in their budgets. With SAMHSA's new streamlined application, which was issued in July following a public comment period, states and territories had the option to submit one coordinated plan for both block grants—covering both mental health and substance abuse services—by September 1, 2011. Alternatively, applicants could submit separate applications if preferred, with the final application for the SABG due by October 1, 2011, and the final application for the MHBG due by September 1, 2011. A total of 22 states and 2 territories took advantage of the opportunity to submit a combined application.

For the first time, this year's application enabled states and territories to apply for two-year grants (FY2012 and FY2013), eliminating the need to submit a new application each year.

The new application process was largely well received during the public comment period, with more than 770 comments from 522 individuals and organizations.

Increased Planning and Performance Evaluation

The redesigned block grant application helped states explore how to adapt their behavioral health systems to best meet their needs over the next few years. The types and levels of behavioral health problems that states confront vary widely, according to SAMHSA's report, *State Estimates of Substance Use and Mental Disorders from the 2008-2009 National Survey on Drug Use and Health*. These differences mean it's critical for states to prioritize their needs to ensure that block grant funds are used where they are most needed.

To assist states in their planning, the block grant application included guidance on conducting a needs assessment and developing a plan to identify and analyze the strengths, needs, and priorities of their behavioral health systems. It also encouraged states to form strategic partnerships, develop collaborative plans for health information systems, increase their focus on recovery services, describe their work in consulting with tribal communities, and focus their block grant programs on improving accountability for the quality and performance of services they provide.

"No state is free from the unique impact of mental and substance use disorders," Administrator Hyde pointed out. For this reason, she noted that "data like these give states the information they can use to target their prevention and treatment activities for the greatest benefit to their residents."

Just as important as the planning phase is determining the results of federally funded programs and their outcomes in reducing the impact of substance abuse and mental illness on America's communities. SAMHSA's new grant process places a heavier emphasis on performance evaluation and monitoring, setting dashboard measures for grantees to show the effects of their programs. This focus on evaluation aligns with SAMHSA's Strategic Initiative 7—Data, Outcomes, and Quality—which strives to realize an integrated data strategy and national framework for quality improvement in behavioral health care. This framework will inform policy, measure program impact, and lead to improved quality of services and outcomes for individuals, families, and communities. ■ *By Kristin Engdahl*

Applications for FY2014-FY2015 block grants will be due April 1, 2013. For more information, visit **http://samhsa.gov/grants/blockgrant**.

National Survey Shows Rise in

Illicit Drug Use

Rates of Marijuana Use Drive Increase

The use of illicit drugs among Americans increased between 2008 and 2010 according to SAMHSA's National Survey on Drug Use and Health (NSDUH). According to the annual survey, 22.6 million Americans 12 and older (8.9 percent of the population) were current illicit drug users. The rate of use in 2010 was similar to the rate in 2009 (8.7 percent), but remained above the 2008 rate (8 percent).

An increased rate in the current use of marijuana seems to be one of the prime factors in the overall rise in illicit drug use. In 2010, 17.4 million Americans were current users of marijuana, compared to 14.4 million in 2007. This represents an increase in the rate of current marijuana use in the population 12 and older from 5.8 percent in 2007 to 6.9 percent in 2010.

Another disturbing trend is the continuing rise in the rate of current illicit drug use among young adults aged 18 to 25—from 19.6 percent in 2008 to 21.2 percent in 2009 and 21.5 percent in 2010. This increase was also driven in large part by a rise in the rate of current marijuana use among this population.

The survey, released by SAMHSA at the kickoff of the 22nd annual National Recovery Month observance, also shows that use rates for nonmedical use of prescription drugs, hallucinogens and inhalants have remained at approximately the same levels as 2009, and are also similar to rates in 2002.

"We stand at a crossroads in our Nation's efforts to prevent substance abuse and addiction," said SAMHSA Administrator Pamela S. Hyde, J.D. "These statistics represent real lives that are at risk from the harmful and sometimes devastating effects of illicit drug use. This Nation cannot afford to risk losing more individuals, families, and communities to illicit drugs or from other types of substance abuse—instead, we must do everything we can to effectively promote prevention, treatment, and recovery programs across our country."

Among the survey's other noteworthy findings is that the majority (55 percent) of persons aged 12 and older who had used prescription pain relievers nonmedically in the past 12 months received them from a friend or relative for free. Only 4.4 percent of those misusing pain relievers in the past year reported getting their supply from a drug dealer and 0.4 percent bought it on the Internet.

Despite some troubling trends, the 2010 NSDUH showed areas of improvement in terms of lower use levels for certain substances. The number of current methamphetamine users decreased by roughly half from 2006 to 2010—from 731,000 people age 12 and older (0.3 percent) to 353,000 (0.1 percent). Cocaine use has also declined, from 2.4 million

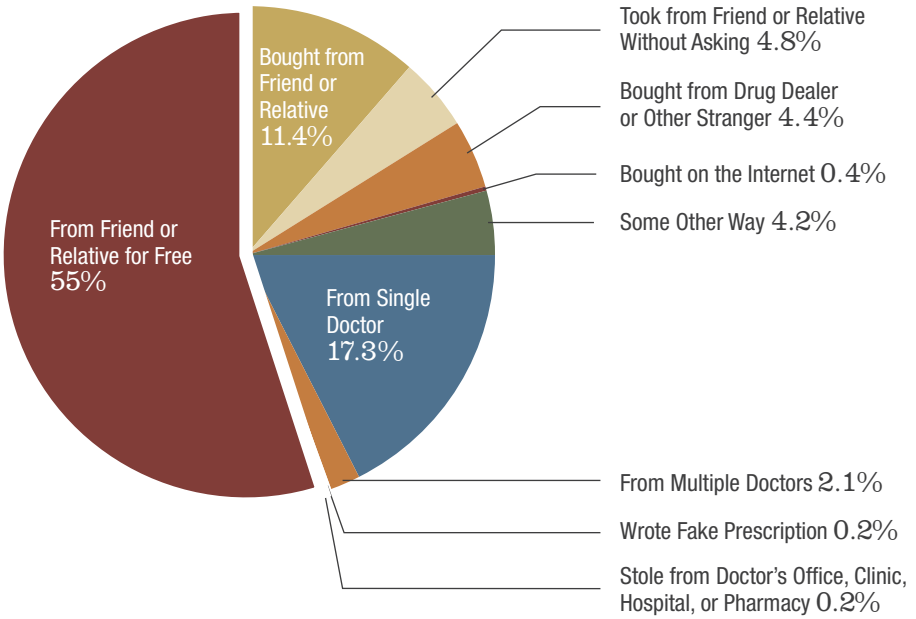
Dr. H. Westley Clark presenting the NSDUH findings at the annual Recovery Month Press Conference.

current users in 2006 to 1.5 million in 2010. In addition, among 12- to 17-year-olds there were decreases between 2009 and 2010 in current drinking rates (from 14.7 percent to 13.6 percent) and current tobacco use rates (from 11.6 percent to 10.7 percent). As in previous years, the 2010 NSDUH shows a vast disparity between the number of people needing specialized treatment for a substance abuse problem and the number who actually receive it. According to the survey, 23.1 million Americans aged 12 and older (9.1 percent) needed specialized treatment for a substance abuse problem, but only 2.6 million (or roughly 11.2 percent of them) received it.■

Results from the *2010 National Survey on Drug Use and Health*: Summary of National Findings are available on the SAMHSA Web site at **http://oas.samhsa.gov/NSDUH/2k10NSDUH/2k10Results.htm**.

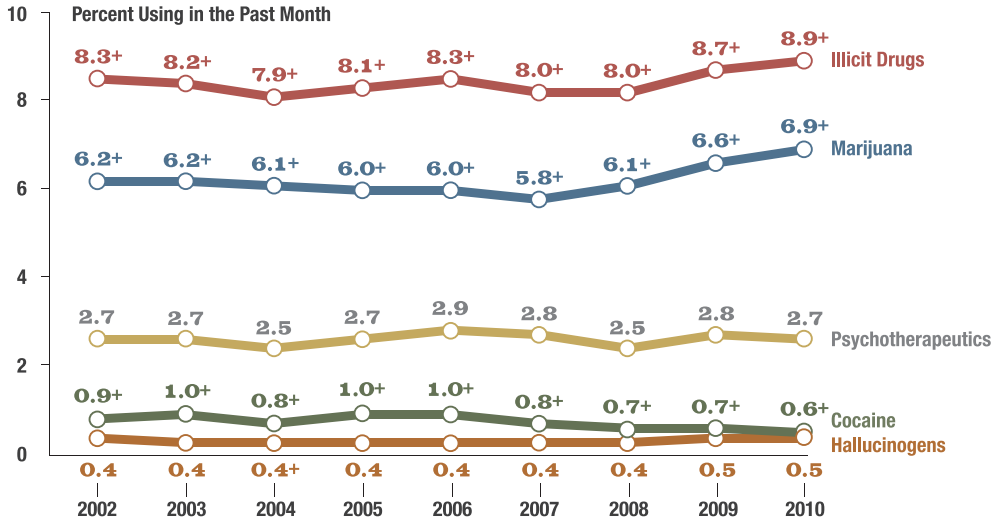
Source Where Pain Relievers Were Obtained for Most Recent Nonmedical Use

Among Past Year Users Aged 12 or Older: 2009-2010



Past Month Use of Selected Illicit Drugs

Among Persons Aged 12 or Older: 2002-2010



2010 National Survey on Drug Use and Health, SAMHSA

Recovery Month

Celebrating Benefits for All

During September's National Recovery Month, celebrations came in all sizes, shapes, and styles. Some types of events were rallies, rambles, jamborees, and paloozas; others were walks, runs, rides, concerts, and expos. While the events varied in creativity, they embraced a similar goal: building support for recovery from mental and substance use disorders.

For the 22nd consecutive year, Recovery Month, sponsored by SAMHSA's Center for Substance Abuse Treatment, recognized people in recovery and lauded the work of treatment providers. In addition, SAMHSA released the results from the *2010 National Survey on Drug Use and Health* at a press conference of the observance. (See *SAMHSA News*, p. 10.)

"Recovery Month events attract millions of people each year, helping to educate the public and policymakers about the reality of recovery," said Pat Taylor, Executive Director of Faces & Voices of Recovery, a Recovery Month planning partner organization. "Events small and large bring together people in recovery, family members, friends, and allies in community spaces and build opportunities for sustained advocacy on behalf of recovery."

Recovery Month's network of 150 planning partners orchestrated a host of opportunities to promote the journey of individuals overcoming substance use and mental disorders. Among the many different event offerings were a stand-up comedy show in Houston, TX; a Peer Power Seminar in Dallas, TX; a 5K run/walk in Shawnee, KS; rallies in Philadelphia, PA, and Austin, TX; and a candlelight vigil in Appleton, WI.

"Recovery Month moves people from all walks of life out to celebrate, collaborate, and communicate the hero's journey," said Joe Powell, Executive Director of the Association of Persons Affected by Addiction, a Recovery Month planning partner organization. "While we do not get to meet the millions touched by our work, we know they are grateful and need us to continue our treatment and recovery efforts on their behalf, by any means necessary."

National Recovery Month
Prevention Works • Treatment is Effective • People Recover
SEPTEMBER 2011

Recovery Month activities echoed this year's theme, "Join the Voices for Recovery: Recovery Benefits Everyone," which emphasized that all Americans have the opportunity to access provisions in the recent health care legislation aimed to improve physical and emotional health, while ensuring people will receive the care they need at a reasonable cost. The theme stressed that public awareness will increase access for those in need of essential substance use and mental health treatment and recovery support services.

Audiences included policymakers, health care providers, consumers, and members of the workforce, each of which joined SAMHSA in its mission to reduce the impact of substance abuse and mental illness on America's communities. In addition, the Recovery Month theme was espoused by many prominent public figures who issued proclamations, including President Barack Obama.

Recovery Month events are scheduled throughout the year, not just in September. This year's slate of activities is expected to eclipse 2010 totals, which netted more than 1,050 events and reached close to 4 million people in all 50 states, Guam, and the United Kingdom.

"The promise of recovery is a common goal that drives the behavioral health service delivery system," said SAMHSA Administrator Pamela S. Hyde, J.D. "We will continue to use Recovery Month to share the success of behavioral health services with the Nation." ■ *By Tim Tassa*

For more information about Recovery Month and to learn about opportunities to join in Recovery Month 2012, visit **http://www.recoverymonth.gov**.

Recovery Walks in Philadelphia, PA, drew more than 15,000 participants in September. It was the signature event of the Rally for Recovery series, sponsored by Faces and Voices of Recovery.

Big Texas Rally for Recovery (10.1.11)

Joe Powell, Executive Director of the Association of Persons Affected by Addiction (APAA), addresses an audience at the Big Texas Rally for Recovery at the steps of the Texas State Capitol in Austin, TX. It featured live music and an appearance by former Dallas Cowboys player Thomas "Hollywood" Henderson.

SAMHSA News

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- http://blog.samhsa.gov

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Order SAMHSA Publications:
Call 1-877-SAMHSA-7 (toll-free)

READ *SAMHSA NEWS* ONLINE
http://www.samhsa.gov/samhsaNewsletter

Find Help

One of the most important goals of SAMHSA is to ensure that Americans can find help and seek treatment for substance abuse and mental health issues in their local area.

SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)

24 HOUR HELP HOTLINE
1-800-662-HELP (4357)

SAMHSA's Blog

Have you been to the SAMHSA blog lately? SAMHSA's blog features articles from staff, announcements of new programs, links to reports, grant opportunities, and ways to connect to other resources. Get to know SAMHSA and engage with us on current behavioral health topics ranging from Administrator Pam Hyde's participation in Live Town Hall meetings to the latest news and information on health reform and its impact on the behavioral health community.

Check it out at **http://blog.samhsa.gov**.

Editor
Deborah Goodman

***SAMHSA News* Team at Abt Associates, Inc. and Edelman**

Managing Editor
Eileen Smith
Meredith Williams, M.P.H.

Associate Editor
Holli Holsan

Art Director
Kelly Cassella

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration (SAMHSA)
Center for Mental Health Services
Center for Substance Abuse Prevention
Center for Substance Abuse Treatment
Center for Behavioral Health Statistics and Quality

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Administrator, SAMHSA

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Director, Center for Substance Abuse Prevention

H. Westley Clark, M.D., J.D., M.P.H.
Director, Center for Substance Abuse Treatment

A. Kathryn Power, M.Ed.
Director, Center for Mental Health Services

Peter Delany, Ph.D., LCSW-C
Director, Center for Behavioral Health Statistics and Quality

CSAP Director Frances M. Harding addresses the audience at the 2011 Community Prevention Day.

Save the Date

SAMHSA Prevention Day: February 6, 2012

Join us February 6, 2012, for SAMHSA's Prevention Day at the Gaylord National Hotel and Convention Center at the National Harbor, MD. Through collective efforts by its wealth of experts and behavioral health professionals, SAMHSA has planned an invigorating and informative program for all attendees.

Prevention Day will host exciting exhibits by the Drug Enforcement Administration and of the STOP Act, as well as workshops on integrating behavioral health and health reform as a community coalition, strategies on how to maintain a coalition on a reduced budget, and creative ways to network and collaborate.

Prevention Day reflects the overarching goal of SAMHSA's eight Strategic Initiatives, which guide the Agency's efforts to partner people with mental and substance use disorders and their families to build strong communities; prevent, treat, and support recovery from behavioral health problems; and promote better health for all Americans.

For more information, please visit: **http://forum.cadca.org**.

NATIONAL SUICIDE PREVENTION LIFELINE™
1-800-273-TALK (8255)
suicidepreventionlifeline.org

The National Suicide Prevention Lifeline

Answers 3 Millionth Call

Through its 150 crisis centers, the National Suicide Prevention Lifeline provided help and hope to its 3 millionth caller in October. The SAMHSA-sponsored Lifeline answers more than 2,200 calls a day using advanced technology that links callers to a trained counselor to provide confidential crisis support.

"Every day, in hundreds of communities across this country, the Lifeline and its network of crisis centers save lives—sometimes quietly, sometimes dramatically," said SAMHSA Administrator Pamela S. Hyde, J.D. "But every day they prove what we know to be true: Suicide is preventable and help is always available."

About one in five Lifeline callers use the Veterans Crisis Line, a specialized call center run by the Department of Veterans Affairs (VA) for veterans, servicemembers, and concerned family members (see *SAMHSA News* p. 6.) To access services, call 1-800-273-TALK/8255.

Coming Soon…

As *SAMHSA News* transitions to a quarterly schedule, the Agency is preparing a new electronic publication called *SAMHSA Headlines*, a one-stop source for the latest news and information on SAMHSA's behavioral health activities, initiatives, and programs. Stay tuned to **http://www.samhsa.gov** for more information.

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Rockville, MD 20857

Tell Us!

SAMHSA aims to bring you informative, compelling news, and the best way for us to do that is to hear what you want. Please email us your comments, story ideas and address changes at **samhsanews@samhsa.hhs.gov** or fax them to: **617-386-7692**.
You can also call us at **1-877-SAMHSA-7 (1-877-726-4727)**.

SAMHSA News is Now Quarterly!

Look for the next issue of *SAMHSA News* during the first quarter 2012.
Read online or visit the archives at **http://www.samhsa.gov/samhsaNewsletter/default.aspx**.