

## 1992 Behavioral Health is Essential to Health, Prevention Works, Treatment is Effective, 2012 People Recover



# Celebrating Progress in Behavioral Health

## Special Anniversary Issue

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 Substance Abuse and Mental Health Services Administration  
 Center for Substance Abuse Prevention  
 Center for Substance Abuse Treatment  
 Center for Mental Health Services  
 Center for Behavioral Health Statistics and Quality  
[www.samhsa.gov](http://www.samhsa.gov)

# View From the Administrator: **Moving Forward**



As SAMHSA celebrates its 20<sup>th</sup> anniversary, it's important not only to acknowledge the amazing progress both SAMHSA and the behavioral health field have made but also look to the future.

One of SAMHSA's first priorities is supporting the development of emotional health and prevention of substance abuse and mental illness. With the Affordable Care Act set to expand access to coverage, the field must prepare to meet greater demand for services as millions more Americans gain health insurance coverage. As the Act is implemented, SAMHSA will be at every possible table to ensure that individuals with behavioral health needs aren't overlooked.

SAMHSA will also continue to offer webinars and other resources to prepare states, territories, tribes, communities, providers, and advocates for new

integrated care models and payment mechanisms. As a result of Medicaid's expansion, for example, many providers will need to learn how to do claims-based billing for the first time.

SAMHSA will also continue to promote support for individuals in recovery, including getting evidence-based approaches into practice, and assisting states, territories, tribes, counties, and cities as they build recovery-oriented systems of care. SAMHSA will also support them as they integrate recovery-oriented funding and support services into larger funding streams such as block grants, state and local funding, Medicare and Medicaid, and other insurance programs. Plus, SAMHSA has developed a recovery web page to highlight recovery principles and the contributions of those in recovery, [www.samhsa.gov/recovery](http://www.samhsa.gov/recovery).

No matter what SAMHSA does in the next 20 years, data will be used to guide SAMHSA's decisions and those of other agencies.

SAMHSA is developing a common data platform for grant reporting and a single client-level database for block grant reporting to better measure program and service effectiveness. And SAMHSA will be collaborating more with other agencies. That's already happening. For example, SAMHSA is working with the Health Resources and Services Administration (HRSA) on workforce issues and the Centers for Medicare and Medicaid Services (CMS) on parity issues.

SAMHSA is also creating a Behavioral Health Barometer, an annual snapshot of the nation's behavioral health. With data on key indicators for both individual states and the nation, the barometer will let policymakers, service providers, advocates, and others see where they have made progress and what areas need attention.

I look forward to continuing work towards another 20 years of progress!

— Pamela S. Hyde, J.D.

People Dedicated to Serving Others  
Service  
Achievement  
Mind  
Heart  
Spirit  
Action

**1992**  
SAMHSA Founded

SAMHSA launches Caring for Every Child's Mental Health Initiative  
**1994**

SAMHSA hires first Consumer Affairs staff  
**1995**

SAMHSA creates National Registry of Evidence-Based Programs and Practices  
**1995**

SAMHSA creates Addiction Technology Transfer Network  
**1993**

**1997**  
President signs Drug Free Communities Act and SAMHSA launches Drug Free Communities Support Program

**DRUG FREE ZONE**

## SAMHSA Behavioral Health Milestones



# Celebrating Two Decades of Progress in the Behavioral Health Field

By Rebecca A. Clay

This year, SAMHSA is celebrating its 20<sup>th</sup> anniversary and two decades of progress in the behavioral health field.

Since SAMHSA was created in 1992, people with mental and substance use disorders have seen many improvements in their lives.

The rise of the consumer and recovery movements has made it possible for individuals to be active participants in their own care and recovery. The development of community coalitions, trauma-informed care, treatment drug courts, and offender re-entry programs has helped communities and families build resilience and helped people get the assistance they need. Additionally, legislative milestones such as the Mental Health Parity and Addiction Equity Act and the Affordable Care Act will expand access to prevention, treatment, and recovery support services.

## “Health Reform”

The last 20 years have seen massive changes in behavioral health financing trends.

According to SAMHSA’s *National Expenditures for Mental Health Services and Substance Abuse Treatment* reports, these changes include the shift from inpatient to outpatient care; the growing use of medications to treat conditions such as depression, opioid dependence, and other problems; and Medicaid’s ever-increasing role in funding behavioral health.

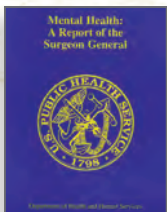
Two legislative developments are also having a major impact on the funding of such services.

The first is the Mental Health Parity and Addiction Equity Act of 2008 (See *SAMHSA News* Jan/Feb 2010). Designed to end discrimination in insurance

coverage, the law prevents group health plans covering more than 50 people from imposing financial and treatment limitations for behavioral health services that are more restrictive than those for medical and surgical services.

SAMHSA played a key behind-the-scenes role in getting the legislation passed. Drawing on SAMHSA’s expenditures report and written by SAMHSA staffers and others, an influential article in the journal *Health Affairs* showed a drop in private insurance spending on services for substance use disorders and highlighted the problem of unequal funding for behavioral and medical and surgical services. Additionally, SAMHSA’s analysis of parity within the Federal Employees Health Benefits program, which adopted parity in 2001, showed that parity resulted in expanded access to behavioral health services, with most plans experiencing

Continued on page 4



**1999**

Surgeon General releases *Mental Health: A Report of the Surgeon General*



**2001**

SAMHSA creates National Child Traumatic Stress Network

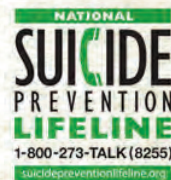


SAMHSA launches Screening, Brief Intervention, and Referral to Treatment grants program

**2004**

**2006**

SAMHSA creates Suicide Prevention Lifeline



Continued on page 4 >

**1999**

Supreme Court’s Olmstead decision affirms right to community-based care



**2003–2004**

President’s New Freedom Commission on Mental Health releases *Achieving the Promise: Transforming Mental Health Care in America*

**2004**

SAMHSA initiates Strategic Prevention Framework grants



modest increases in benefit costs and no added administrative costs.

The Patient Protection and Affordable Care Act of 2010 (See SAMHSA News Sept/Oct 2010) is another recent milestone. For providers, the Affordable Care Act means a shift to new models of integrated care, such as health homes that coordinate care for people with chronic conditions and accountable care organizations that base reimbursement on outcomes. Providers will also face new payment mechanisms such as capitation, episode rates, and team-based payments focused on outcomes achieved rather than services provided.

The law also brings big changes for consumers. It brings insurance coverage to up to 32 million more Americans via an expansion of Medicaid and new state insurance marketplaces and prevents people with pre-existing conditions such as mental and substance use disorders from being excluded from coverage. The law also provides a guaranteed set of essential health benefits, including substance abuse and mental health services. It also brings a new emphasis on early screening and prevention.

## The Affordable Care Act prevents people with pre-existing conditions such as mental and substance use disorders from being excluded from coverage.

The law also integrates behavioral health into the wider health care system, something SAMHSA Legislative Director Brian Altman, J.D., says is crucial for people with behavioral health problems.

“The statistics show that people with mental and substance use disorders die prematurely—often earlier than the general population,” said Mr. Altman. “For one thing, people with mental illnesses have very high rates of smoking. And it’s harder and more expensive to treat people with diabetes, heart disease, and other physical conditions when they have untreated behavioral health problems as well.”

## “The Power of Self-Help”

Twenty years ago, even some in the behavioral health field didn’t think recovery was possible.

“For many years, serious mental illnesses were thought of as a never-ending life sentence of disability, with little or no hope of regaining a full and happy life,” said Paolo del Vecchio, M.S.W., Acting Director of SAMHSA’s Center for Mental Health Services (CMHS). “That extinguishing of hope was detrimental to people’s motivation to pursue health, happiness, and wellness.”

The mental health field has come a long way since then, thanks in large part to consumers themselves. Through the efforts of the consumer movement, consumer voices are now evident in policy development, services, peer support, and recovery-oriented systems change.

For example, consumers are now active partners in making decisions about their care and they have developed evidence-based interventions to promote recovery.



Centers for Medicare and Medicaid Services approves peer support as a Medicaid service

**2007**



**2012**  
SAMHSA celebrates  
its 20<sup>th</sup> Anniversary

**2008**

President signs Mental Health Parity and Addiction Equity Act



**2010**

President signs Patient Protection and Affordable Care Act



The consumer movement has also advocated against the use of seclusion and restraint and for community-based services and supports. In the 1999 *Olmstead v. L.C.* decision, the Supreme Court affirmed the right of people with disabilities to receive care in community-based settings.

SAMHSA has consistently supported the consumer movement. For example, SAMHSA has helped fund the annual Alternatives Conference since its inception, a national event organized by mental health consumers. In addition to establishing an Office of Consumer Affairs within CMHS in 1995, SAMHSA's Community Support Program continues to support community systems of care, a Statewide Consumer Network grant program, and consumer-run technical assistance centers. SAMHSA's Recovery to Practice initiative ensures that mental health practitioners get the training they need to help clients achieve their full potential.

A similar trend has taken place in the substance abuse field. In large part, the substance abuse field grew out of a community of individuals in recovery and has been based from the beginning on the assumption that recovery is possible. As a result, people in recovery have historically played an important role in the service delivery system, as managers, counselors, and more recently as recovery coaches. "An individual who has been through recovery has a way of helping peers that is unique and special," said Peter Delany, Ph.D., Acting Director of SAMHSA's Center for Substance Abuse Treatment (CSAT).

SAMHSA has encouraged the recovery movement and the continued inclusion of recovering individuals in the service



delivery system. SAMHSA's creation of an Office of Consumer Affairs within CSAT and a Recovery Community Services Program both support these peer-to-peer efforts.

Each September, SAMHSA celebrates Recovery Month ([www.recoverymonth.gov](http://www.recoverymonth.gov)) to promote the idea that recovery is possible. SAMHSA has also created a Bringing Recovery Supports to Scale Technical Assistance Center to help states, providers, and systems adopt "recovery supports," such as peer-operated services, supported employment, recovery coaches, and shared decision-making.

Plus, SAMHSA announced a new working definition of recovery from mental and substance use disorders in 2011: "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."

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## "Data: Just the Facts"

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The transition of SAMHSA's Office of Applied Studies to the Center for Behavioral Health Statistics and Quality (CBHSQ) last year represents much more than a change of name. It also underscores

SAMHSA's commitment to analyzing as well as collecting behavioral health data and the role of surveillance and other data sources in SAMHSA's public health mission.

"SAMHSA's vision is to promote collaboration on data collection activity across all SAMHSA Centers and programs," said CBHSQ Acting Director H. Westley Clark, M.D., J.D., M.P.H. "That way information can be used not only to talk about the nature of the problem but also to help pursue solutions."

Of course, SAMHSA has been collecting, analyzing, and utilizing data since its creation.

Each year, for example, the National Survey on Drug Use and Health (NSDUH) surveys Americans ages 12 and older about their drug use and more. Originally called the National Household Survey on Drug Abuse, NSDUH has expanded its focus over the years to include mental disorders—a reflection not just of SAMHSA's scope, but of the frequent overlap between substance abuse and mental health issues.

The survey's methodology has also changed. In fact, NSDUH was the first large, national survey to collect data via computerized interviews, an approach that enhances accuracy by allowing interviewees to admit drug use via laptops rather than to human interviewers.

It is not just researchers who use NSDUH data. The Office of National Drug Control Policy (ONDCP) relies on the findings to inform the nation's drug policies. When NSDUH revealed that only a small percentage of those who need treatment receive it, ONDCP used that data to call for expanded access to treatment. The data have also pointed to new populations

Continued on page 6

needing attention, including underage drinkers and tobacco and marijuana users, people dependent on prescription pain relievers, and aging baby boomers who have used drugs their whole lives.

Like NSDUH, other SAMHSA data efforts also reflect a growing recognition of the interplay among substance use, mental health, and physical health. For example, *Mental Health, United States*, a biennial look at mental health consumers, treatment facilities, and payers, will become *Behavioral Health, United States* in its 2012 edition. SAMHSA's Drug and Alcohol Services Information System, which provides the information for SAMHSA's Treatment Locator and its Treatment Episode Data Set, are expanding to include mental health.

Practitioners and communities benefit from SAMHSA's data-related efforts, too. The National Registry of Evidence-Based Programs and Practices (NREPP) is a searchable online database of successful intervention programs. After launching in the mid-1990s with substance abuse interventions, NREPP now features more than 230 mental health promotion, substance abuse prevention, and treatment interventions, with three to five new entries each month.

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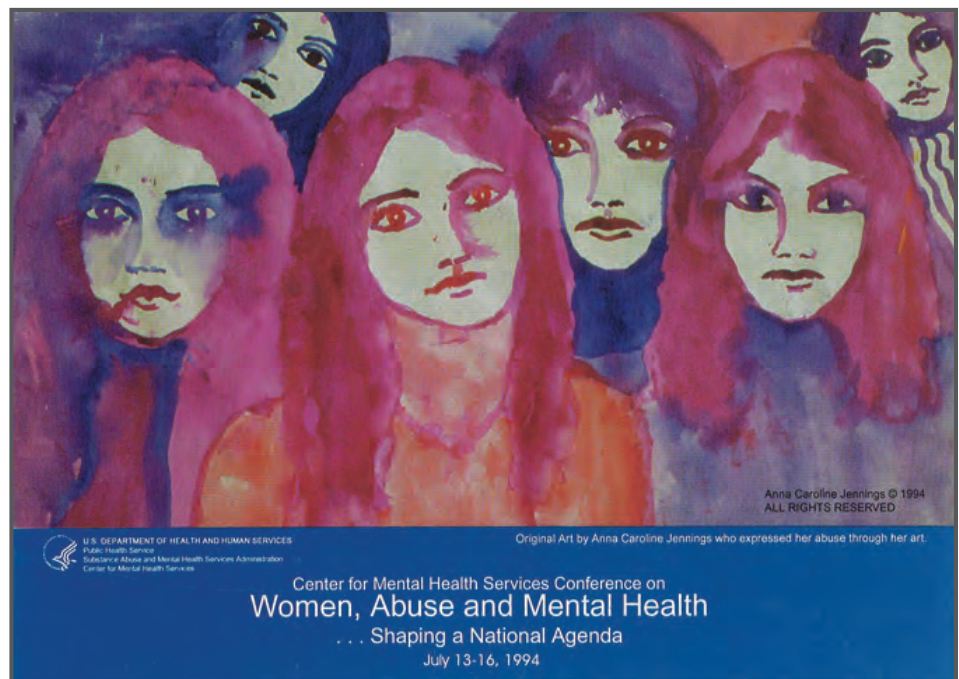
## "Trauma and Justice"

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"It's hard to believe that when I worked in mental health crisis centers two decades ago, we never inquired about trauma," said Larke N. Huang, Ph.D., Director of SAMHSA's Office of Behavioral Health Equity. "Now we better understand the centrality of trauma in behavioral health conditions."

Today, trauma-informed approaches to care acknowledge the presence of trauma symptoms and the role trauma plays in people's lives.

SAMHSA helped promote that idea by sponsoring the 1994 Dare to Vision



This painting was first exhibited at the 1994 Dare to Vision conference in Washington, DC. The artist, Anna Caroline Jennings (1960–1992), expressed her abuse poignantly through her sketches, oil paintings, watercolors, and writings.

conference, which spotlighted high abuse rates among women in the public mental health system. In 1998, SAMHSA funded a study exploring the relationship between violence and co-occurring mental and substance use disorders in women. This led to the creation of the National Center for Trauma-Informed Care in 2005.

SAMHSA has also created other resources focused on trauma. In 2001, SAMHSA established the National Child Traumatic Stress Network, a collaboration among researchers, service providers, and families dedicated to improving access to high-quality care for children and adolescents exposed to trauma. The following year, SAMHSA created the Disaster Technical Assistance Center, which helps prepare states and other entities to meet behavioral health needs after disasters. Most recently, SAMHSA established an additional center, Promoting Alternatives to Seclusion and Restraint Through Trauma-Informed Practices, to reduce coercive practices in behavioral health and related settings.

The last two decades have also seen growing awareness of behavioral health

issues and trauma among people involved with the criminal and juvenile justice systems. This has led to new partnerships between behavioral health and justice systems.

A key development has been the growth of both drug and mental health treatment courts, which divert nonviolent offenders to treatment rather than to jails or prisons. Emerging evidence shows this approach not only helps offenders to get better but reduces recidivism. SAMHSA has provided extensive training and technical assistance to this initiative. Since 2004, SAMHSA has awarded grants to expand and enhance diversion and treatment efforts for mental health and drug court clients. SAMHSA has also supported offenders transitioning back to their communities through re-entry grant programs that focus on community-based behavioral health services and supports.

For more information about SAMHSA's Eight Strategic Initiatives, visit [www.samhsa.gov/about/strategy.aspx](http://www.samhsa.gov/about/strategy.aspx).

# Underage Drinking Campaign: Local Communities Take Active Role



## 2012 Campaign

This fall, SAMHSA plans to launch “Talk. They Hear You.”—its third National Underage Drinking Campaign. With the help of a panel of experts to guide research, objectives, and strategies, SAMHSA has focused the campaign on engaging parents of youth ages 9 to 15 in prevention behaviors and motivating them to talk to their kids before there is a problem. The campaign aims to provide parents with practical advice, information, and tools to support their role as influencers on their child’s decision not to drink.

Drinking alcohol under the age of 21 is illegal in the U.S., yet according to SAMHSA’s National Survey on Drug Use and Health (NSDUH), in 2010, approximately 10 million youth ages 12 to 20 reported drinking alcohol in the past month. Underage drinking increases the risk of academic failure, illicit drug use, and tobacco use. And as a leading contributor to death from injuries for people under age 21, underage drinking continues to be a public health concern with serious consequences for youth, their families, and their communities.

In 2006, Congress passed the Sober Truth on Preventing (STOP) Underage Drinking Act that requires the U.S.

Secretary of Health and Human Services to establish and enhance the efforts of the Interagency Coordinating Committee on the Prevention of Underage Drinking. It is through the STOP Underage Drinking Act that SAMHSA’s Underage Drinking Prevention National Media Campaign is mandated.

## Research and Testing

Drawing on the key findings from extensive formative research—focus groups, interviews, and surveys—SAMHSA developed radio, TV, and print public service announcements (PSAs). SAMHSA is conducting pilot campaigns in each of the five National Prevention Network (NPN) regions in order to test materials in the community and provide feedback prior to the national launch. Each pilot site has strong local community connections.

“We’re hoping that the materials will be received well by the diverse communities that exist in that one location. That’s very meaningful from a community standpoint because you really are trying to raise awareness,” said Edwin Chandrasekar, Executive Director of the Asian Health Coalition (AHC), a pilot site for the Central NPN region. The AHC serves Asian-American immigrant and refugee communities in metropolitan Chicago. To make the campaign more relevant to the large Chinese population on the north side

of the city, AHC had the print materials translated into Chinese. AHC collaborated with local youth and businesses such as grocery stores and restaurants to distribute print materials. They also engaged local media to air the PSAs and conducted a town hall meeting on May 21 to introduce the campaign to the community.

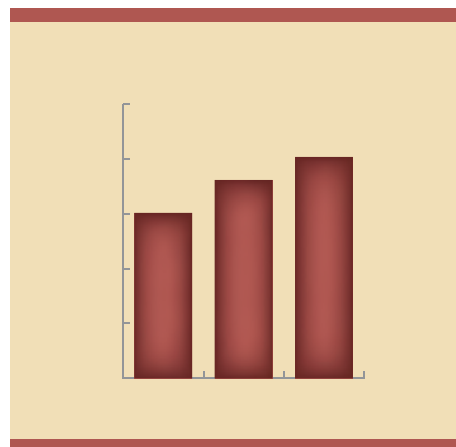
## Town Hall Meetings

All pilot sites selected to test the Underage Drinking Prevention National Media Campaign materials conducted at least one town hall meeting to raise awareness about the campaign and to mobilize the community around prevention efforts. Since 2006, SAMHSA has sponsored town hall meetings in alternating years to educate community members about the consequences of underage drinking; empower communities to make environmental changes to prevent underage drinking; and mobilize communities around prevention initiatives at the local, state, and national levels. Each year the number of town hall meetings has steadily increased, with youth engagement and participation playing a central role.

New for 2012, SAMHSA has introduced a series of training webinars to address topics such as maximizing community and media support for town hall meetings and encouraging youth leadership and participation. For more information, please visit [www.stopalcoholabuse.gov/townhallmeetings](http://www.stopalcoholabuse.gov/townhallmeetings).

For SAMHSA, the next steps before launching a national campaign will be to evaluate feedback from the pilot sites on the effectiveness of the communication materials, PSAs, and activities. This feedback will help shape the focus for the national campaign strategy.

To read about pilot site activities of other organizations, please visit [www.samhsa.gov/samhsaNewsletter](http://www.samhsa.gov/samhsaNewsletter). ■



# National Children's Mental Health Awareness Day 2012



SAMHSA Administrator Pamela S. Hyde, U.S. Attorney General Eric Holder, Cyndi Lauper, and HHS Secretary Kathleen Sebelius celebrated National Children's Mental Health Awareness Day.

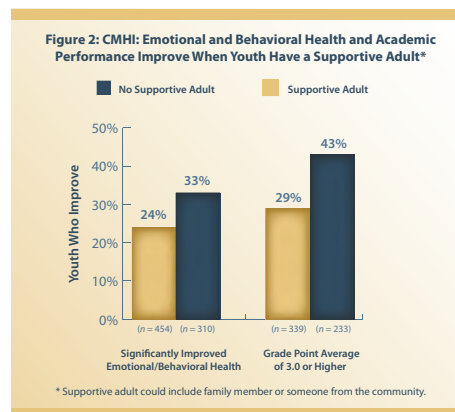
Dance, spoken word, and musical youth performances made in tribute to "Heroes of Hope" set the tone for an evening of celebration and reflection on Wednesday, May 9, for SAMHSA's seventh annual National Children's Mental Health Awareness Day. Grammy and Emmy award-winning artist Cyndi Lauper served as honorary chairperson of the program, which took place at Washington, DC's Lisner Auditorium. Youth in child welfare, juvenile justice systems, and military families were honored for demonstrating resilience despite having experienced a traumatic event. The youth recognized their Heroes of Hope, the caring adults who are helping them reach their full potential.

U.S. Department of Health and Human Services (HHS) Secretary Kathleen Sebelius presented a SAMHSA Special Recognition Award to Ms. Lauper for her work in helping homeless lesbian, gay, bisexual, and transgender (LGBT) youth through her foundation, the True Colors Fund. "Homeless gay and transgender youth face unique challenges, like family rejection," said Ms. Lauper. "They inspire me with their honesty and bravery to do all that I can to help them overcome their adversities and succeed in life."

U.S. Attorney General Eric Holder; White House Office of National Drug Control

Policy Director R. Gil Kerlikowske; SAMHSA Administrator Pamela S. Hyde, J.D.; Administration on Children, Youth and Families Commissioner Bryan Samuels; and Joint Surgeon General of the National Guard Bureau Major General Joseph K. Martin, Jr., also participated in the program.

"Children and youth experience trauma that can have a significant impact on their emotional and behavioral health," said Administrator Hyde. "With the support of caring adults in the family or community, these children can build resilience and lead full and productive lives." Data from the newly released SAMHSA report, *Promoting Recovery and Resilience for Children and Youth Involved in Juvenile Justice and Child Welfare Systems*, indicates that having continuing relationships with supportive adults increased positive



Cyndi Lauper celebrated with youth, SAMHSA Administrator Pamela S. Hyde, and SAMHSA public health advisor Jorielle Brown.

outcomes among youth ages 11 and older who had no such adults in their lives before entering services through the Children's Mental Health Initiative (CMHI).<sup>1</sup> (See Figure 2.)

Also in celebration of Awareness Day, SAMHSA released *Identifying Mental Health and Substance Use Problems of Children and Adolescents: A Guide for Child-Serving Organizations*. The guide provides information on early identification of children and adolescents with mental health and substance use problems specific to a number of child-serving settings.

More than 1,100 communities and 130 federal and national organizations joined SAMHSA in celebrating Awareness Day. Many SAMHSA Systems of Care grantees hosted "Community Conversations" to discuss children's mental health and encourage adults to become Heroes of Hope. To learn more about how Systems of Care communities engaged youth and families in local activities for Awareness Day, read *SAMHSA News* online. For



more information and to view the webcast of the event, visit [www.samhsa.gov/children](http://www.samhsa.gov/children).

<sup>1</sup> Findings are based upon data collected through 2011 by the national evaluation of System of Care communities funded from 2005 to 2008.



# Helping Diverse Populations Access Behavioral Health Care



People from diverse racial and ethnic populations, as well as sexual and gender minority groups, often have trouble accessing quality care for behavioral health conditions. Obstacles include a lack of culturally appropriate practitioners, language barriers, and inexperience in navigating complex systems. Half of uninsured Americans are racial or ethnic minorities.<sup>1</sup>

To address this problem, and in accordance with the Affordable Care Act, SAMHSA created the Office of Behavioral Health Equity (OBHE). OBHE is one of six offices focusing on minority health within the U.S. Department of Health and Human Services (HHS). Together, these offices work to achieve goals set by policies such as the HHS Action Plan to Reduce Racial and Ethnic Health Disparities and White House Minority Initiatives and Executive Orders.

According to OBHE Director Larke Huang, Ph.D., “Our strategies are driven by federal

policies and by community needs. We look for ways SAMHSA can improve access to quality services, enabling all individuals and families to thrive, participate in, and contribute to healthy communities.”

OBHE uses data to identify disparities in access, services, and outcomes of care; ensure that the needs of diverse populations are addressed in SAMHSA’s policies; provide training to enable practitioners to better serve these groups; and promote communication and public awareness campaigns that include outreach to underserved populations.

Although relatively new, OBHE has several workforce initiatives in place. OBHE’s National Network to Eliminate Disparities in Behavioral Health (NNED) partnered with the National Latino Behavioral Health Association this March for NNEDLearn2012. This meeting provided training in evidence-supported and culturally appropriate practices for

150 behavioral health practitioners and administrators from community-based organizations that work with racial and ethnic minority communities.

OBHE worked with the American Indian Higher Education Consortium to convene a Tribal Colleges and Universities (TCUs) Behavioral Health Institute, which engaged TCU presidents and students in the development of strategies to expand behavioral health services on campuses and to encourage students to consider careers in the field. Sessions covered addictions counseling certification, suicide prevention, and communications strategies for behavioral health promotion.

The Master Trainer Development Program for the Pacific Jurisdictions, a partnership with Pacific Behavioral Health Collaborating Council, supports a one-year training effort for Pacific Islanders. It trains candidates across six jurisdictions in areas such as Screening, Brief Intervention, and Referral to Treatment (SBIRT) and co-occurring disorders, so that candidates can then train others in behavioral health services.

For more information on SAMHSA’s OBHE, visit the newly launched website at [www.samhsa.gov/obhe](http://www.samhsa.gov/obhe). ■

<sup>1</sup> DeNavas-Walt, C., Proctor, B. D., & Smith, J. C. (2010). *Income, Poverty, and Health Insurance Coverage in the United States: 2009* (U.S. Census Bureau, Current Population Reports, P60238). Washington, DC: U.S. Government Printing Office.

## LGBT Resource



SAMHSA’s *Top Health Issues for LGBT Populations Information & Resource Kit* is an important tool that directly supports OBHE’s mission to address behavioral health disparities. The tool, launched in March during National LGBT Health Awareness Week and developed with SAMHSA’s Center for Substance Abuse Prevention, provides a comprehensive overview of current physical and behavioral health issues among lesbian, gay, bisexual, and transgender (LGBT) populations. It raises awareness among behavioral health professionals of the needs, experiences, and health status of LGBT Americans. The toolkit contains fact sheets and PowerPoint slides for prevention specialists and health care providers. Download or order this (SMA12-4684) and other materials by visiting [www.store.samhsa.gov](http://www.store.samhsa.gov) or by calling 1-877-SAMHSA-7.

# Regional Administrators Bring Behavioral Health Nationwide



Back Row from Left to Right: Charles Smith, Ph.D., Jon Perez, Ph.D., Dennis Romero, Jean Bennett, A. Kathryn Power, M.Ed., David Dickinson  
Front Row from Left to Right: Jeffrey Coady, Psy.D., Laura Howard, J.D., Stephanie McCladdie, Michael Duffy, R.N., B.S.N.

For the first time in its 20-year history, SAMHSA has a presence in each of the 10 U.S. Department of Health and Human Services (HHS) Regional Offices. In January, SAMHSA's Regional Administrators (RAs) began meeting with community leaders, state mental health and substance abuse authorities, and other SAMHSA stakeholders to gain a more thorough understanding of behavioral health issues that are affecting their states and regions. The primary goal for establishing SAMHSA's regional presence is to improve SAMHSA collaboration with other federal agencies and communication with states, territories, tribes, providers, and communities, as well as those who use SAMHSA-funded services and people in recovery. The SAMHSA RAs will be able

to keep regions better informed of national policy, issues, and opportunities such as funding, joint programming, and cross training. They will also be able to highlight and share promising strategies and best practices among SAMHSA stakeholders.

The SAMHSA RAs have already begun creating strategies and activity plans to improve access to SAMHSA resources for tribal communities. They are also working to enhance recovery support and facilitate relationships between state behavioral health authorities and state National Guard in order to increase availability of SAMHSA resources to military families. In addition, the RAs are participating in ongoing regional workgroups to support initiatives such as the Million Hearts Campaign

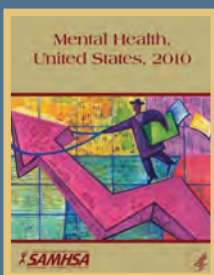
and National Children's Mental Health Awareness Day, among others.

"SAMHSA's Regional Administrators are a strong, dynamic presence for behavioral health in every region of the nation—an important step to ensuring that behavioral health expertise is factored into the nation's overall health care system," says SAMHSA Administrator Pamela S. Hyde. "The Regional Administrators are available as a key resource for crucial behavioral health issues affecting the health and well-being of America's communities."



Learn more about SAMHSA's Regional Administrators at [www.samhsa.gov/about/regions/](http://www.samhsa.gov/about/regions/). ■

## New Resource



*Mental Health, United States, 2010* is the latest in a series of publications issued biannually by SAMHSA providing in-depth information regarding the current status of the mental health field. This publication is a comprehensive source of national-level statistical information on trends in both private- and public-sector behavioral health services, costs, and clients. Drawing on more than 40 different data sources, this publication also includes state-level data and information about special populations such as children, military families, nursing home residents, and incarcerated individuals. Download or order this (SMA12-4681) and other materials by visiting [www.store.samhsa.gov](http://www.store.samhsa.gov) or by calling 1-877-SAMHSA-7.

# SAMHSA News is going paperless!

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Center for Mental Health Services

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## Find Help

Locate prevention, treatment, and recovery support services in your area.

**24/7 Treatment Referral Line**  
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## 2012 National Prevention Week

2012 national  
prevention  
week  
MAY 20-26

To help communities become more involved in preventing substance abuse and promoting mental, emotional, and behavioral well-being, SAMHSA celebrated its first National Prevention Week May 20–26, 2012. The observance’s theme, “We are the ones. How are you taking action?” asked people to take steps to strengthen their communities.

“People demonstrated throughout the week that they can make a big difference through small actions,” said Frances M.

Harding, Director of SAMHSA’s Center for Substance Abuse Prevention (CSAP). “Each of us can support our own well-being year-round by making healthy lifestyle decisions, volunteering, participating in community activities, or just being a friend to someone in need.”

Organizations in 52 states and territories—identified through the National Prevention Network (which represents state and territorial substance abuse prevention offices)—hosted more than 65 SAMHSA-supported events to raise awareness about promoting mental health and preventing underage drinking, prescription drug abuse and illicit drug use, alcohol abuse, and suicide. Communities of all sizes participated in areas as diverse as Nome, AK; Shreveport, LA; New York, NY; Tahlequah, OK; Reno, NV; Portland, ME; and the Republic of the Marshall Islands. Communities held customized events, including town hall meetings, educational

and health fairs, open houses, walks, bike rides, poster contests, and online campaigns.

National Prevention Week supports what science has shown: Effective prevention of mental illness and substance use requires consistent action from multiple stakeholders. The campaign is aligned with the National Prevention Strategy ([www.healthcare.gov/prevention/nphpphc/strategy/report.html](http://www.healthcare.gov/prevention/nphpphc/strategy/report.html)), emphasizing that “prevention should be woven into all aspects of our lives” and that everyone has a role in creating a healthier nation.



To learn more about National Prevention Week and to access a toolkit for planning events, go to [www.samhsa.gov/preventionweek](http://www.samhsa.gov/preventionweek). Visit

SAMHSA’s Facebook page at [www.facebook.com/samhsa](http://www.facebook.com/samhsa) to take a Prevention Pledge and commit to prevention in your own life.