Substance Abuse and Mental Health Services Administration
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Responsible Health IT

Balancing Privacy and Progress in Behavioral Health

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

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
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View From the Administrator

Embracing Health Information Technology

As our country invests in the widespread adoption of health information technology (HIT), it is important to note the vast improvements this technology will bring to integrated, prevention-focused, health care delivery nationally.

We are already beginning to see an expansion of behavioral health services to underserved patients, more opportunities for patients to receive ongoing therapy through website portals and smartphone applications, and the ability of providers to make better decisions based on a patient's current, complete health history that is delivered to them electronically.

Soon patients in some remote areas may receive real-time video counseling on a routine basis via their computers, tablets (e.g., iPads), and smartphones. Therapists may receive feedback from their patients and monitor their medical progress through web portals. Interoperable electronic health record (EHR) systems may provide patients with information that allows shared decision-making with their clinician and home monitoring of patient-reported chronic health symptoms. Consumers may be able to select physicians, treatment facilities, and hospitals based on clinical performance results. EHR systems may help to eliminate unnecessary repetition of recent lab tests and medical procedures by sharing (with patient permission) test results with other providers who are involved in the delivery of an individual's health care. In addition, errors that result from the manual entry of data and related treatment errors may be reduced, helping to contain costs.

> "The full impact of a health system that opens the door to rapid, efficient, innovative care can only be realized when behavioral health providers are able to access and embrace HIT and EHR systems to coordinate care with primary care providers."

Yet the full impact of a health system that opens the door to rapid, efficient, innovative care can only be realized when behavioral health providers are able to access and embrace HIT and EHR systems to coordinate care with primary care providers.

To support this effort, two of SAMHSA's eight Strategic Initiatives introduced in *Leading Change: A Plan for SAMHSA's Roles and Actions, 2011–2014*, will focus on HIT. Under the Health Reform and related HIT Initiatives, SAMHSA is funding activities in 47 community health centers serving patients with substance use disorders to build a framework for interoperable EHRs to support integration of primary care and behavioral health services. SAMHSA has also awarded grants to 29 community-based organizations to launch therapeutic support through a variety of innovative technology platforms. (See HIT articles within this issue for more details.) SAMHSA is working closely with treatment providers, consumers, and technology vendors to identify and address the current priority needs of the community for advancing HIT.

SAMHSA is also testing a smartphone-based recovery tool—called the Addiction Comprehensive Health Enhancement Support System (A-Chess)—that features online peer support groups and clinical counselors, a GPS feature that sends an alert when the user is near an area of previous drug or alcohol activity, real-time video counseling, and a "panic button" that allows the user to place an immediate call for help with cravings or triggers.

These and other innovations that will support integrated and collaborative care will optimize prevention, treatment, and recovery outcomes and improve the quality and cost-effectiveness of health care for all Americans. It is an investment the Nation must make in order to deliver the best possible health care to all of our communities.

— Pamela S. Hyde, J.D.

Health Information Technology ...

What it means for you

By Sandy D. Cogan

As the Nation strives to increase access to affordable care, technology is playing a key role. Both health information technology (HIT) and its corollary, electronic health records (EHRs) are central to improving the delivery of services so that that all Americans—including those with behavioral health conditions—benefit from health care system reform. What does this mean for behavioral health service providers and consumers?

The potential benefits are enormous. Through effective use of health data, Americans will have access to a robust health care system that provides higher quality care, increased cost-efficiency, and improved access to patient-centered, affordable care.

However, many behavioral health providers, as well as consumers and their families, have real concerns about how EHR systems and real-time access to sensitive medical information can be achieved while fully protecting their confidentiality. Providers and consumers want to know how to use promising new technologies securely while simultaneously safeguarding the privacy of EHR information.

Recently passed legislation, including the Affordable Care Act (ACA) and the Health Information Technology for Economic and Clinical Health Act (HITECH), which was enacted as part of the American Recovery and Reinvestment Act (ARRA, see box p. 4) provide support and incentives for States and communities to integrate behavioral health care with primary care through the effective use of HIT. These federal incentives are leading primary care providers to embrace EHR systems.

Most behavioral health providers were not included in the initial financial incentive programs, leading to slower adoption of these innovations. Their late start in transitioning from paper to electronic records is also due to concerns about protecting sensitive information, the expense of EHR systems, and a history of independent operation from the broader medical health care system.

Guiding Confidentiality

Concerns about protecting the confidentiality of sensitive behavioral health information are long-standing. Language in the Code of Federal Regulation (42 CFR Part 2) has guided providers of services for substance use disorders (SUD) for more than three decades. (See box p. 4). These regulations, enacted in the 1970s, ensured that individuals with SUDs were not deterred

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from entering drug treatment for fear that their treatment records would be used to judge them or criminally prosecute them for drug use. 42 CFR Part 2 protects the privacy and confidentiality of treatment records residing in substance use treatment facilities. The regulations, which predate the 1996 Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, strictly prohibit the unauthorized disclosure and use of records maintained in connection with any *federally assisted* alcohol or drug use treatment program. Only with a patient's expressed consent or a court order can information be released to a third party.

In contrast, the HIPAA Privacy Rule (see box below), established primarily to reduce waste and fraud in the health insurance industry, permits use and disclosure of patient information for treatment, payment, and health care operations, as well as certain other disclosures without the individual's prior written authorization. Under HIPAA, a mental health exception requires patient authorization before disclosing psychotherapy notes.

HIPAA, 42 CFR Part 2, and applicable State laws that regulate the confidentiality of mental health treatment information raise questions for providers about patient confidentiality regarding disclosure of EHR information. For example, providers want to know how to handle release of information in the case of a medical emergency or when the information is needed to avoid possible harm that may result from drug-drug interactions.

Health Reform Legislation

- American Recovery and Reinvestment Act (ARRA)
  http://www.recovery.gov/About/Pages/The_Act.aspx
- Health Information Technology for Economic and Clinical Health Act (HITECH, a component of ARRA)
  http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__hitech_and_funding_opportunities/1310
- Affordable Care Act (ACA)
  http://www.healthcare.gov/law/full/index.html

In June 2010, SAMHSA responded to these questions through release of a frequently asked questions (FAQs) document, "Applying the Substance Abuse Confidentiality Regulations to Health Information Exchange" (**http://www.samhsa.gov/HealthPrivacy/docs/EHR-FAQs.pdf**).

Additional provider questions resulted in a second set of FAQs, developed in collaboration with the Legal Action Center. These FAQs about 42 CFR Part 2 were introduced at a regional stakeholder meeting in December 2011 and posted on SAMHSA's Web site (**http://www.samhsa.gov/about/laws/SAMHSA_42CFRPART2FAQII_Revised.pdf**).

H. Westley Clark, M.D., J.D., M.P.H., Director of SAMHSA's Center for Substance Abuse Treatment (CSAT), cautioned that the 42 CFR Part 2 FAQs are explanations and not legal documents. He added that they also explain how 42 CFR Part 2 could affect primary care providers who conduct screenings, hold interventions, and write prescriptions for medications appropriate for patients with substance use problems. SAMHSA is continuing to work with the behavioral HIT vendors and treatment provider communities to address these and other issues related to using HIT to share sensitive behavioral health information.

SAMHSA has initiated multiple efforts to foster development of technologies to support behavioral health care.

"Our goal is to help enhance the quality and expansion of behavioral health services," Dr. Clark said, "so that Americans with addiction or mental health issues will be able to reap the benefits of health reform." ■

A Closer Look at HIPAA and 42 CFR Part 2

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), with amendments included in the Health Information Technology for Economic and Clinical Health (HITECH) Act

- Protects the health insurance coverage of workers and their families when they change or lose jobs;
- Safeguards the privacy and confidentiality of patient information;
- Combats waste in health care delivery; and
- Simplifies the administration of health insurance.

HIPAA Consent Requirements

- No patient consent is necessary for disclosure of information regarding treatment, payment, or health care operations. An exception is included for mental health therapy notes; written consent is required for disclosure of this information.

Federal Confidentiality Regulation of Alcohol and Drug Abuse Records (42 CFR Part 2)

- Protects all information about any person who has applied for or been given diagnosis or treatment for alcohol or drug abuse at a federally assisted program.

42 CFR Part 2 Consent Requirements

- Specific consent is necessary for disclosure of information contained in a patient record maintained in any federally assisted alcohol or drug abuse treatment program.

SAMHSA Enhances Health Information Technology Efforts

By Sandy D. Cogan

Two of SAMHSA's eight Strategic Initiatives encourage the development and expansion of health information technology (HIT) and electronic health record (EHR) systems that support behavioral health care. (See *Leading Change: A Plan for SAMHSA's Roles and Actions, 2011–2014.*)

Under its Health Reform Strategic Initiative, the agency is spearheading efforts to increase consumers' access to prevention, treatment, and recovery services through the use of technologies that support high-quality, coordinated care, especially for people with behavioral health disorders and co-occurring physical health conditions such as obesity, diabetes, heart disease, and HIV/AIDS.

In carrying out its HIT Initiative, SAMHSA has launched a number of activities to assist behavioral health providers in adopting HIT and EHRs.

One SAMHSA-funded project—the Open Behavioral Health Information Technology Architecture project (OBHITA)—is supporting the development of an open-source software platform that is built on common standards to facilitate the effective sharing of information between behavioral health providers and the primary care system while ensuring compliance with behavioral health-specific patient privacy regulations. SAMHSA is working closely with treatment providers,

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Behavioral Health IT Resources

- SAMHSA's Health Information Technology Strategic Initiative
  http://www.samhsa.gov/healthIT/
- 42 CFR Part 2 FAQs
  http://www.samhsa.gov/about/laws/SAMHSA_42CFRPART2FAQII_Revised.pdf
- The Legal Action Center
  http://www.lac.org/
- HIPAA
  http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html
- The Office of the National Coordinator for Health Information Technology (ONC)
  http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__onc/1200
- TCE Health IT Grant Program Recipients
  http://www.samhsa.gov/grants/2011/awards/ti_11_002.aspx

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"Many of our clients who participate in our programs live in rural communities that offer few face-to-face opportunities for treatment and recovery programs."

—Vickie Harden, Volunteer Behavioral Health Care System

consumers, and technology vendors to identify and address the current priorities of the community for advancing HIT.

Through other related initiatives, SAMHSA is encouraging behavioral health programs to leverage technology to improve access to and coordination of treatment for mental and substance use disorders, especially for Americans in underserved populations. In September 2011, the agency awarded more than $9.3 million in supplemental one-year grants to expand the use of interoperable EHRs with 47 existing Primary and Behavioral Health Care Integration (PBHCI) programs. The goal of PBHCI programs is to improve the physical health status of people with serious mental illnesses (SMI) by supporting communities to coordinate and integrate primary care services into publicly funded community-based behavioral health settings. This recent HIT award funding has increased the grantees' abilities to identify the behavioral health and primary care needs of their patients, exchange health information between PBHCI behavioral health providers and physical health providers, and document and track preventive health efforts across both settings.

In October 2011, SAMHSA issued $25 million in awards to 29 substance use disorder treatment programs under a grant program known as Expanding Care Coordination through the Use of Health Information Technology in Targeted Areas of Need (TCE Health IT). This program has produced a number of innovative products and services, according to SAMHSA Public Health Advisor Wilson Washington Jr., M.S., who oversees the program. "We're seeing groundbreaking use of technology like mobile applications and Web-based interactive sites that help patients engage in e-therapy at remote locations, track their progress, communicate with caseworkers and continue their care," he said.

Open Behavioral Health Information Technology Architecture (OBHITA) Project

This project is focused on standardizing methods for data collection and sharing while maintaining compatibility with behavioral health-specific patient privacy regulations. These efforts include the development of an open-source software platform for States to manage their safety-net behavioral health services network.

He highlighted the following three innovative programs:

Macon, GA

River Edge Behavioral Health Center, a community-based behavioral health provider, has built a Web portal that allows clients and clinicians to track treatment progress. The site, launched in collaboration with another grantee, View Point Health in Lawrenceville, expects to serve approximately 4,000 substance abuse clients. In subsequent years, the site will include animation "shout outs" and questions to prompt patient participation. The site will also support interoperability so that other grantees with whom River Edge collaborates can benchmark their substance abuse clients' treatment outcomes.

Chattanooga, TN

The Volunteer Behavioral Health Care System (VBHCS) has built an interactive Web-based e-therapy site that functions as a virtual self-help support system to provide treatment and recovery services.

"Many of our clients who participate in our programs live in rural communities that offer few face-to-face opportunities for treatment and recovery programs," said Vickie Harden, LAPSW, Senior Vice President of Clinical Services. "Our interactive site—**http://www.myrecovery.vbhcs.org**—is designed to provide aftercare to these clients who complete residential treatment. This helps bridge a critical gap in their care by providing continuing opportunities for recovery support."

Ms. Harden explained that the Web site also allows clients to blog, post positive comments about one another, and participate in group and private chats, guided by a recovery coach. Embedded in the Web site is a point system that gives rewards and praises clients for program participation. In addition to recovery support services, the Web site allows VBHCS-trained therapists to conduct e-therapy sessions on a weekly basis.

Pittsford, NY

Loyola Recovery Foundation, an addiction recovery service, has collaborated with the Veterans Administration to develop a Web portal and smartphone application to support alcohol-dependent veterans who have had multiple detoxification hospitalizations. The technology, beta tested in February, will allow patients to receive outpatient addiction specialty support via a smartphone platform. ■

Using Social Media to Save Lives

Suicide, the Nation's 10th leading cause of death,[1] is a preventable public health problem. Family members and friends of someone having suicidal thoughts may not know how to help, but SAMHSA and its grantees are using social media and smartphone apps to help them connect people to lifesaving services.

In December 2011, SAMHSA debuted a first-of-its-kind service in collaboration with Facebook and the SAMHSA-funded National Suicide Prevention Lifeline (**http://www.suicidepreventionlifeline.org**). The new service enables Facebook

users to report a suicidal comment they see posted by a friend on the site and help connect that person to immediate help. Two days after the program launched, a grateful user noted, "I just hope you know, this could save millions."

This innovation supports SAMHSA's plan to advance its suicide prevention efforts, with a particular focus on new technologies that raise awareness of how people can help others.

"We have effective treatments to help suicidal individuals regain hope and a desire to live, and we know how powerful personal connections and support can be," said U.S. Surgeon General Regina M. Benjamin, M.D., M.B.A. "Therefore, we, as a Nation, must do everything we can to reach out to those at risk and provide them the help and hope needed to survive and return to productive lives with their family, friends, and communities."

How It Works

Facebook users in the United States and Canada can take action through the "Report Suicidal Content" link (**https://www.facebook.com/help/contact.php?show_form=suicidal_content**) or the "report" links across the site. Once a user is reported to Facebook for posting suicidal content, the content is reviewed by the Facebook Safety Team.

If appropriate, Facebook will respond directly to the user via email, indicating that someone on Facebook is concerned about their safety, and encourage the user to enter a confidential online chat session with a crisis counselor or call the toll-free National Suicide Prevention Lifeline, 1–800–273–TALK (8255). The Lifeline offers free and confidential telephone crisis counseling to anyone in need, 24 hours a day, and has answered more than 3 million calls since its 2005 launch.

"The Lifeline's commitment to suicide prevention has enabled people on Facebook to get fast, meaningful help when they need it most, and we look forward to continuing our work with them to help save lives," said Facebook's Chief Security Officer Joe Sullivan.

Suicide Prevention App Available

Smartphones offer new suicide prevention opportunities through apps that connect people to help, wherever they are. Supported by SAMHSA's Garrett Lee Smith State and Tribal Suicide Prevention Grant and the Texas Department of State Health Services, Mental Health America of Texas offers a free app (**http://itunes.apple.com/us/app/ask-prevent-suicide/id419595716?mt=8**) featuring warning signs and helpline information.

Suicide prevention is a key priority within SAMHSA's Strategic Initiative 1: Prevention of Substance Abuse and Mental Illness (**http://store.samhsa.gov/shin/content//SMA11-4629/03-Prevention.pdf**). In alignment with the National Prevention Strategy (**http://www.healthcare.gov/prevention/nphpphc/strategy/report.pdf**), SAMHSA is increasing public knowledge of the warning signs for suicide and actions to take in response to suicidal behavior. Web-based services and smartphone apps are key channels to reduce the impact of suicide in America.

"It's increasingly important to provide support for people who may not be comfortable speaking about their problem, but may be willing to accept help online," said Richard McKeon, Ph.D., M.P.H., Chief of the Suicide Prevention Branch within SAMHSA's Center for Mental Health Services.

SAMHSA offers other suicide prevention resources, including the Suicide Prevention Resource Center (**http://www.sprc.org**), which is funded through a SAMHSA grant, and SAMHSA's Mental Health Services Locator (**http://store.samhsa.gov/mhlocator**), which provides comprehensive information about mental health services and resources nationwide. ■

[1] Kochanek, K. D., Xu, J. Q., Murphy, S. L., Miniño, A. M., & Kung, H. C. (2011). *Deaths: Preliminary Data for 2009. National Vital Statistics Reports. 59*(4). Hyattsville, MD: National Center for Health Statistics. Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_04.pdf

[2] National Strategy for Suicide Prevention. (2009). *Compendium of Federal Activities,* 17. Retrieved from http://www.samhsa.gov/mentalhealth/NSSPCompendium_v2_March09.pdf

Study Finds

One-in-Five American Adults with Mental Illness

One-in-five adults age 18 and older in 2010 experienced mental illness in the past year, affecting 45.9 million adults across the United States, according to a Substance Abuse and Mental Health Services Administration (SAMHSA) report released in January. The report also found that 5.0 percent (11.4 million adults) suffered from serious mental illness. Adults experiencing mental illness were more than three times as likely to have met the criteria for substance dependence or abuse in that period than those who had not experienced mental illness (20.0 percent versus 6.1 percent).

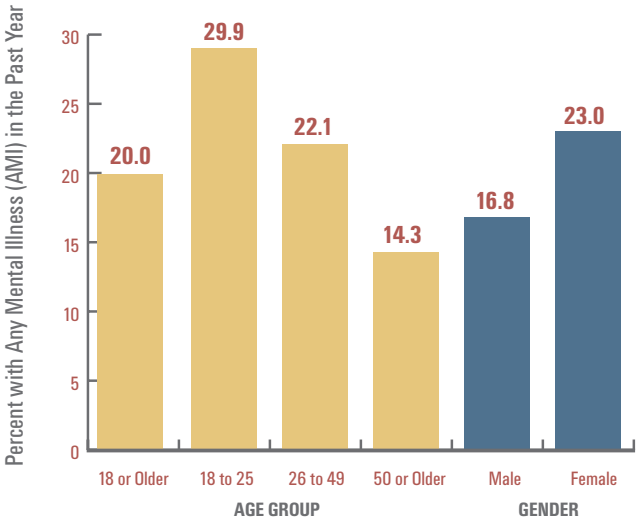
These findings were part of SAMHSA's *2010 National Survey on Drug Use and Health: Mental Health Findings*, which helps inform the health care community about the need to reduce the impact of mental illness on America's communities.

The survey defined mental illness among adults age 18 and older as having had a diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) in the past year. Serious mental illness was defined as having mental illness that was accompanied by severe impairment in everyday functioning in the past year.

> "Mental illnesses can be managed successfully, and people do recover."
>
> —Administrator Pamela S. Hyde, J.D.

Other findings from the survey showed that the rate of mental illness was more than twice as high among those age 18 to 25 (29.9 percent) than among those age 50 and older (14.3 percent), and adult women were more likely than men to have experienced mental illness in the past year (23.0 percent versus 16.8 percent).

Any Mental Illness in the Past Year among Adults Age 18 or Older, by Age and Gender: 2010



"Mental illnesses can be managed successfully, and people do recover," said SAMHSA Administrator Pamela S. Hyde, J.D. "Mental illness is not an isolated public health problem. Cardiovascular disease, diabetes, and obesity often coexist with mental illness, and treatment of the mental illness can reduce the effects of these disorders."

The survey showed that about 4 in 10 adults (39.2 percent) experiencing any mental illness in the past year received treatment. The rate of treatment was 60.8 percent for adults experiencing serious mental illness. These findings illustrate the need to continue efforts to increase access to treatment and recovery support services. The Affordable Care Act, signed into law by President Obama in 2010, will help 32 million more people become eligible for health coverage in the United States, enabling access to mental health services.

Through its Prevention of Substance Abuse and Mental Illness Strategic Initiative, SAMHSA is working to assist States, Territories, Tribal governments, and communities to adopt evidence-based mental health practices; deliver health education related to prevention; and establish effective policies, programs, and infrastructure to help address these problems. Throughout the Nation, new programs are under way to strengthen the capacity of communities to better serve the needs of those suffering from mental illness.

Suicide is one area of focus. Statistics showed that 8.7 million adults had serious thoughts of suicide in the past year. Among them, 2.5 million made suicide plans, and 1.1 million attempted suicide.

As part of its prevention efforts, SAMHSA recently collaborated with Facebook and the SAMHSA-funded National Suicide Prevention Lifeline to connect people to lifesaving services and curb the incidence of suicide. (See "Using Social Media to Save Lives" on p. 7.)

The survey was conducted by SAMHSA's Center for Behavioral Health Statistics and Quality. The complete findings are available on the SAMHSA Web site at **http://www.samhsa.gov/data/NSDUH/2k10MH_Findings.** Hard copies may be obtained by calling 1–877–SAMHSA–7 (1–877–726–4727). ■

SAMHSA'S Prevention Day 2012

U.S. Department of Health and Human Services Chief Technology Officer Todd Park—pictured here with CSAP Director Frances M. Harding and SAMHSA's Acting Deputy Administrator Kana Enomoto, M.A.—spoke to Prevention Day attendees about harnessing the power of technology and innovation to improve the health and welfare of the Nation.

Students from the Duke Ellington School of the Arts in Washington, DC, helped energize Prevention Day attendees with a moving performance.

More than 1,700 substance abuse professionals, grantees, and community partners gathered at the National Harbor in Maryland on February 6 for SAMHSA's Prevention Day. Each year, Prevention Day is part of the Community Anti-Drug Coalitions of America's (CADCA's) Annual National Leadership Forum. The day-long event provides a forum for participants to share experiences and information specific to the prevention of substance abuse and the promotion of mental health, as well as to network with other grantees and partners.

SAMHSA's Center for Substance Abuse Prevention (CSAP) Director Frances M. Harding welcomed attendees to the 8th annual event titled "Prevention in Action: Investing in our Future." "Today is about collaboration," she said. "Without it, we can't get where we need to go." Ms. Harding was joined by her colleagues and directors from SAMHSA's Center for Substance Abuse Treatment (CSAT), Center for Behavioral Health Statistics and Quality (CBHSQ), and Center for Mental Health Services (CMHS), who each gave an overview of recent SAMHSA activities and plans for the future.

As part of an inspirational opening session, SAMHSA recognized grantees that have demonstrated exemplary service to youth in their communities. The Voices of Prevention honorees included the Strategic Prevention Framework (SPF) project in American Samoa, the Northern Arapaho Tribe's Indian Country Methamphetamine Project, Arizona State University's Campus Care Suicide Prevention Program, the Gay Men's Health Crisis' (GMHC) Healthy Connections program in New York, and the Safe Schools/Healthy Students HEROES Initiative in Johnson City, TN. Visit SAMHSA's YouTube channel to view videos about each program.

Scan this code with your smartphone to visit SAMHSA's YouTube Channel.

Workshop and breakout sessions supported SAMHSA's eight Strategic Initiatives and included topics such as Health Care Reform, Prescription Drug Abuse, Underage Drinking, Cyberbullying, Using Epidemiological Data, and Recovery Support.

Prevention Day also featured a component of the SAMHSA-Drug Enforcement Agency (DEA)-sponsored traveling interactive exhibit with educational information on underage drinking, prescription drug abuse, and suicide. The entire exhibit is now on display in Tampa, FL. For more information, visit **http://content.govdelivery.com/bulletins/gd/USSAMHSA-12d1d7**. ■

Prevention Day attendees try out the interactive DEA traveling exhibit. The touch screen technology allows visitors to learn about underage drinking through short videos, quizzes, and public service announcements.

Members of the Army National Guard assisted CADCA National Leadership Forum/SAMHSA's Prevention Day attendees with registration.

SAMHSA's Budget Affirms Commitment to Behavioral Health

SAMHSA's Fiscal Year (FY) 2013 budget requests $3.4 billion. This budget reflects the Administration's priorities in challenging economic times. Although it represents a 4 percent decrease ($142 million) from FY 2012, the budget supports SAMHSA's efforts to increase access to and improve the quality of behavioral health services nationwide through fiscally responsible approaches. It also reflects a continuing commitment to SAMHSA's roles in surveillance and quality, public awareness and support, regulatory oversight, practice improvement, and providing a voice for behavioral health issues within all aspects of health and human services.

The budget also provides continued support for SAMHSA's prevention and trauma and justice strategic initiative areas. It includes $500 million for expanded and refocused substance abuse prevention and mental health promotion grants to States, Territories, and Tribes to bring evidence-based prevention strategies to scale nationwide.

For more details on the FY 2013 budget request, visit **http://www.samhsa.gov/budget.**

SAMHSA Releases Two New Resources

Now available in the SAMHSA Store—TIP 53: Addressing Viral Hepatitis in People with Substance Use Disorders and TIP 54: Managing Chronic Pain in Adults With or in Recovery From Substance Use Disorders.

These are the latest in SAMHSA's Treatment Improvement Protocol (TIP) series providing best-practice guidelines and state-of-the-art information to behavioral health care providers about effective treatment approaches.

Order these and other materials by visiting **http://www.store.samhsa.gov** or by calling **1–877–SAMHSA–7.**

CORRECTION:

The Fall 2011 *SAMHSA News* article, "Military & Family Online Resources" (page 6), identified an incorrect telephone number for the confidential, toll-free crisis line in Germany, Belgium, United Kingdom, Italy, and the Netherlands. The correct number is **00 800 1273 8255**. Individuals on military bases can access the Lifeline with a 3-digit access code (118) through their DSN system.

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Visit the online SAMHSA Store to view, download, or order the latest publications, videos, and resources for outreach and training:
http://www.store.samhsa.gov/home

Order sample publications: Call **1–877–SAMHSA–7** (toll-free)

Find Help

One of the most important goals of SAMHSA is to ensure that Americans can find prevention, treatment, and recovery support services in their local area.

24/7 Treatment Referral Line
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 Pamela 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.

http://blog.samhsa.gov

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Rockville, MD 20857

SAMHSA Celebrates Behavioral Health Advances Over 20 Years

In 2012, SAMHSA is celebrating its 20th birthday—and the progress the behavioral health field has made in prevention, treatment, and recovery. Since SAMHSA was created in 1992, the behavioral health field has changed dramatically. For example, in 1992, many in the behavioral health field didn't believe that recovery from mental and substance use disorders was possible. Thanks to peer movements launched by people in recovery themselves, and supported by SAMHSA, today the vision of recovery has become a national call to action. Recovery is viewed as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

In 1992, the field was struggling to develop services and support in the community. Today, there is a much broader array of quality, community-based and peer support services, stronger involvement of people in recovery in systems change, and a strong mission to improve existing programs. People recovering from mental and substance use disorders are also playing a central role in their own care. Self-determination and shared decision making between them and their service providers are essential themes in prevention and treatment efforts.

The field has seen important legislative developments, too. The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, for instance, now requires that services for mental and substance use disorders be no more restrictive than medical and surgical benefits offered in the same plan (**http://www.samhsa.gov/samhsaNewsletter/Volume_16_Number_6/ParityImpact.aspx**). The Patient Protection and Affordable Care Act of 2010 expands health insurance coverage to many Americans who are currently uninsured and also promotes a bi-directional integration of physical and behavioral health in both primary care and behavioral health specialty settings (**http://www.samhsa.gov/samhsaNewsletter/Volume_18_Number_5/HealthReform.aspx**).

To see what your colleagues in the behavioral health field view as the most important research studies, promising practices, legislative and court decisions, and other milestones of the last two decades, visit **http://feedback.samhsa.gov/forums/148531-help-samhsa-highlight-advances-of-the-behavioral-health**. SAMHSA will use the comments to help plan a celebration of behavioral health accomplishments over the next year.