

# **National Recovery Month Planning Partners Meeting**

**U.S. Department of Health and Human Services**

**Substance Abuse and Mental Health Services Administration**

**Thursday, January 26, 2017**

**U.S. Department of Health and Human Services  
Substance Abuse and Mental Health Services Administration  
National Recovery Month Planning Partners Meeting  
January 26, 2017**

**U.S. Department of Health and Human Services  
Substance Abuse and Mental Health Services Administration (SAMHSA)  
National Recovery Month Planning Partners Meeting**

**Thursday, January 26, 2017  
8:30 a.m.–3:00 p.m. EDT**

**Participants**

Cynthia Abrams  
Samuel Awosika  
Daphne Baille  
Suzan Blacher  
Shelia Bracey  
  
Ariel Britt  
MacKenzie Burdic  
John de Miranda  
Dona Dmitrovic  
Carrie Dorn  
Marie Dyak  
Kris Estey  
Maryanne Frangules

G. Peter Gaumond  
Jessica Gleason  
Bill Greer  
Kristen Harper  
Michelle Harter  
Donna Hayden  
Christopher Hindbaugh  
Michelle L. Jackson  
Laszlo Jaress  
Jason Paul Jarreau  
Benjamin Jones

Daphne Klein  
Roberta Garson Leis

Dean LeMire  
Cortney Lovell  
Mimi Martinez McKay  
David Martins  
Brian McBride

**Participants**

Teresa O’Laughlin

**Organization**

The United Methodist Church  
Saint Elizabeth Hospital  
TASC, Inc.  
Hope for New Hampshire Recovery  
District of Columbia  
Department of Behavioral Health  
Kennesaw State University  
Young People in Recovery  
Door to Hope  
Optum Behavioral Health Services  
National Association of Social Workers  
Entertainment Industries Council  
Hope for New Hampshire Recovery  
Massachusetts Organization for Addiction  
Recovery c/o Boston Alcohol and Substance  
Abuse Programs, Inc.  
Office of National Drug Control Policy  
NAADAC  
SMART Recovery  
Recovery Communities of North Carolina  
Anchor Recovery Community Centers  
Revive Recovery  
Addiction Treatment Services  
DC Peer Support  
Facing Addiction  
Oxford House, Inc.  
National Council on Alcoholism and  
Drug Dependence  
On Our Own of Montgomery County  
New England Association of Drug  
Court Professionals  
New England Recovery and Wellness  
Wrise Consulting  
Recovery Resources Counseling  
Anchor Recovery Community Centers  
McShin Foundation  
Faces and Voices of Recovery **Organization**

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Dan O’Laughlin  
Lureen McNeil

George O’Toole  
Gary J. Parker

Susan Partain  
Snow Peabody  
Joe Powell  
Michael Quinn  
Devin Reaves  
Claire Ricewasser  
Raphaëlle Richardson

Justin Luke Riley  
Kelly Riley  
J. Carlos Rivera  
Jason Robison

Jay Ruais  
Tracy Smith  
Zachary C. Talbott  
Cynthia Moreno Tuohy  
Luke Waldron  
Harvey Weiss

Sis Wenger

HeidiAnne Werner  
Jesse Wheeler  
David Whitesock  
Kristal Wortham

**Phone Participants**

Sally Corbett  
Jeremy Countryman

Wayne Ford  
Jessica Gaddy  
Cathy Khaledi  
Joan Kub  
Elizabeth Mastacio

Raphaëlle Richardson

**Phone Participants**

Joseph Rogers

Recovery Africa  
New York State Office of Alcoholism  
and Substance Abuse Services  
Anchor Recovery Community Centers  
Kansas Consumer Advisory Council for  
Adult Mental Health  
National Council for Behavioral Health  
Teen Challenge International USA  
Association of Persons Affected by Addiction  
McShin Foundation  
Brotherly Love House, Philadelphia  
Al-Anon Family Group Headquarters  
District of Columbia Department of  
Behavioral Health  
Young People in Recovery  
Hope for New Hampshire Recovery  
White Bison in Wellbreity  
SHARE! the Self-Help and  
Recovery Exchange  
Addiction Policy Forum  
Speakers For Change  
Counseling Solutions of Chatsworth, LLC  
NAADAC  
American Society of Addiction Medicine  
Synergies; National Inhalent Prevention  
Coalition  
National Association for Children  
of Alcoholics  
NAADAC  
Young People in Recovery  
Face It TOGETHER  
National Alliance on Mental Illness

**Organization**

Stepping Stones of New York  
The Family Café—Technical  
Assistance Center  
Focus on Friends  
Nia Noire  
Nar-Anon Family Group Headquarters  
International Nurses Society on Addictions  
National Center on Addiction &  
Substance Abuse  
DC Department of Behavioral Health  
**Organization**  
Mental Health Association

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Terrence Walton

The National Association of Drug  
Court Professionals

Teresa Wren Johnson

Association of Recovery & Higher Education

Eleanor Youdell

Couple Impact

**SAMHSA Staff**

Andrea Arbelaez

SAMHSA/CSAT

Paolo del Vecchio

SAMHSA/Center for Mental Health Services  
(CMHS)

John Campbell

SAMHSA/CSAT

Donna Hillman

SAMHSA/CSAT

Kimberly A. Johnson

SAMHSA/CSAT

Jinhee J. Lee

SAMHSA/CSAT

Michele Monroe

SAMHSA/CSAT

Darlene Sagheer

SAMHSA/CSAT

Amy Smith

SAMHSA/CSAT

Ivette Torres

SAMHSA/CSAT

**National Recovery Month Support Contractors**

Daniel Alt

Edelman

Kitty Harding

Edelman

Damaris Lopez

Synergy Enterprises, Inc.

Tara Meadows

Synergy Enterprises, Inc.

Lori Whitten

Synergy Enterprises, Inc.

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**I. Welcome and Update on *Recovery Month*: Ivette Torres**

Ivette Torres, Associate Director for Consumer Affairs, Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA), welcomed participants to the January ***National Recovery Month (Recovery Month)*** Planning Partners Meeting. Ms. Torres reviewed the meeting agenda. She encouraged Planning Partners to post their events on the ***Recovery Month*** website (<https://recoverymonth.gov/>); they can ask for SAMHSA's assistance.

Ms. Torres reported multiple ***Recovery Month*** accomplishments for 2016. There were 1,178 events in 2016, compared with 998 in 2015. More than 445,000 people participated in these events. The observance received 32 proclamations from local officials (e.g., governors and mayors). From their launch in May 2016 through December 2016, the ***Recovery Month*** Toolkit files had 15,519 downloads. Additionally, SAMHSA's National Helpline set a new record in 2016—reaching a total volume of 815,390 calls. The 2016 volume was 42.1 percent higher than the volume in 2015 (573,946).

The website was updated to reflect the 2016 ***Recovery Month*** theme and new materials (<https://recoverymonth.gov/>). From January 1 to December 31, 2016, the ***Recovery Month*** website received 277,835 new visitors and 364,594 page views. On mobile devices, the ***Recovery Month*** website received 29,557 sessions and 57,149 page views. For 2016, the ***Recovery Month*** Facebook page received 46,422 total page likes and 8,724 new page likes, which represents a 23.15-percent increase from 2015. During ***Recovery Month***, the Facebook page received 1,059 new likes. Overall, the Facebook page garnered 15,753 total engagements, with 2,960 of those occurring during ***Recovery Month***.

The ***Recovery Month*** Twitter account had a total of 691 tweets. It had 19,575 followers and 2,763 new followers in 2016, representing a 16.4-percent increase from 2015 to 2016. The Twitter account had 5,351 total engagements and 131,088 organic impressions during ***Recovery Month***.

The 2016 ***Recovery Month*** television public service announcements (PSAs), *Portraits* and *Stories From Home*, earned very strong metrics from initial distribution to stations in July through December 2016. The English television PSAs aired 12,464 times, and the Spanish versions aired 5,636 times. The English and Spanish PSAs, combined, garnered an estimated 171,775,428 viewer impressions.

The 2016 *Road to Recovery* series aired eight television and radio episodes in a talk-show, roundtable format that included panels of nationwide experts from the behavioral health field. The episodes premiered from March through September, with a wrap-up show in November. In

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50 states, the program generated approximately \$2.9 million in free airtime; it was viewable in an average of 71.3 million cable households per month in the United States and its territories.

Ms. Torres added that a former SAMHSA intern, Ana Gabriela Monzon, helped to develop international programs and expand the **Recovery Month** reach internationally. Australia has been very active in recovery. Ms. Torres welcomed Planning Partners who have been working to promote recovery in West Africa and other parts of the world.

## **II. Welcome and SAMHSA Update: Dr. Kimberly A. Johnson**

Ms. Torres introduced Dr. Kimberly A. Johnson, Director of CSAT. Dr. Johnson welcomed participants on behalf of Kana Enomoto, Deputy Assistant Secretary for Mental Health and Substance Use, who was unable to attend owing to a family matter. Dr. Johnson offered a special welcome to international participants and thanked all **Recovery Month** Planning Partners for their important efforts in communities across the country. **Recovery Month** plays a vital role in connecting people in recovery with their families and communities. She also expressed gratitude to the **Recovery Month** team and thanked Ms. Torres for her leadership.

Congress has now passed the Comprehensive Addiction and Recovery Act (CARA), and the behavioral health field continues to process its impact. CARA has provided some funds (\$17 million), but the federal government is operating on a continuing resolution, and authorized new and important programs are not yet funded. SAMHSA is in the process of deciding how to allocate CARA resources. Recovery is a priority, and SAMHSA will provide an update on CARA funds during the September Planning Partners Meeting. In November 2016, the Office of the Surgeon General released *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. The report offers the latest knowledge on substance use, substance misuse, and substance use disorders in one place. The report suggests what various constituents can do about these problems, and Dr. Johnson asked Planning Partners to read the document and consider how to incorporate the information into their daily work. Publication of the report is not an end, but an opportunity to promote and sustain the health and wellness of all Americans.

Dr. Johnson focused on two key issues: improving access to care and enhancing the quality of care. She emphasized that care is broader than treatment and includes the full spectrum of services, including recovery supports. The United States faces a number of challenges regarding the quality of care, which the field is trying to address by focusing on continual quality improvement. A major issue is an understaffed workforce and the low availability of qualified behavioral health staff members. Last year, one projection predicted a 65,000 workforce shortage by 2025. This estimate included only behavioral treatment providers (counselors and

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social workers) and did not include physicians, nurses, or recovery support professionals. Therefore, it is difficult to identify the actual shortage. The recovery workforce might help to fill gaps in services. SAMHSA is working with Grant makers In Health (<http://www.gih.org/>) to address the workforce shortage. This organization sponsors quarterly webinar series on state solutions to workforce challenges. SAMHSA has also convened an internal meeting to discuss technical assistance and training to increase the efficiency of workforce members. There is a great deal of work that could be done in this area, but funding is an issue. SAMHSA is focused on meeting the behavioral health needs of minority populations and improving cultural competence. The workforce requires not only training but also skills development and supportive work environments.

For its 2017 grants, SAMHSA has emphasized the expectation that grantees should provide more services with funding. SAMHSA's State Targeted Response to the Opioid Crisis Grants (Opioid STR) will provide \$500 million in 2017 and the same amount in 2018 as part of efforts to reduce opioid misuse, opioid use disorder, and opioid overdose deaths. SAMHSA is convening technical assistance webinars to support states and territories as they prepare applications. This program requires states to develop data-based plans to address opioid overdoses and requires prevention, treatment, and recovery activities. States and territories must, for example, identify geographic areas with high need and insufficient resources and provide information on specific populations that are less likely to access treatment (e.g., pregnant women with opioid use disorder). Plans must present short-, medium-, and long-term objectives and explain how the state or territory will establish an infrastructure that is sustainable regardless of the reimbursement system in place. As states and territories vary in their available resources, SAMHSA is offering technical assistance (data, resources, and expertise) to ensure that all can succeed.

John Campbell, Chief of SAMHSA's Performance Partnership Grant Branch, and Donna Hillman added that 80 percent of funds from Opioid STR grants will be dedicated to comprehensive services for treatment and recovery. Mr. Campbell remarked that the program is a significant opportunity for recovery community organizations and directed participants to the details on required and allowable activities for this program. Single State Agencies will be the recipients of Opioid STR grants, but they can collaborate with a wide variety of service providers. He noted that the funds must be spent during a 12-month period, but that no-cost extensions will be permitted. All states and territories should apply this year, as there will not be an opportunity to do so next year. If all jurisdictions do not apply, the funds will be redistributed to states and territories that submitted applications. Ms. Hillman added that the Opioid STR program focuses on supplementing existing systems within states. Recovery community organizations offer critical services that states are not currently providing (e.g., long-term recovery supports).

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In conclusion, Dr. Johnson commented that she was looking forward to Planning Partners' feedback on recovery and how to reach people with those important messages. She stressed the importance of collaboration and communication with Single State Agencies about effective practices. Finally, Dr. Johnson thanked Planning Partners for their hard work and efforts to make *Recovery Month* successful.

**III. Recovery and Recovery Support Strategic Initiative Update: Paolo del Vecchio**

Ms. Torres introduced Paolo del Vecchio, Director, Center for Mental Health Services (CMHS)/SAMHSA. She noted that the CSAT Office of Consumer Affairs collaborates closely with CMHS on *Recovery Month*. Mr. del Vecchio welcomed participants, expressed gratitude for their work to promote the promise and power of recovery, and thanked SAMHSA staff working on *Recovery Month*. SAMHSA has six Strategic Initiatives, including recovery support, as it is one of SAMHSA's six highest priorities. He commented that the Surgeon General's report affirms that recovery is a key driver of improvement in behavioral health. SAMHSA's definition of recovery states that it is supported by these key elements: health, home, purpose, and community.

In the area of health, the goal is to improve individual behavioral health. Efforts focus on primary health care to address the high rates of comorbidity and early mortality among people with behavioral health conditions. Mr. del Vecchio highlighted SAMHSA's response to the Protecting Access to Medicare Act (PAMA) (P.L. 113-93, Section 223) and the establishment of Certified Community Behavioral Health Clinics. PAMA is designed to apply the Federally Qualified Health Center model for primary care to community behavioral health service providers. After community behavioral health clinics meet specific criteria, the state would certify these providers, which would qualify them for enhanced Medicaid funding. Mr. del Vecchio commented that SAMHSA awarded planning grants to 24 states last year and went on to select eight states for a 3-year demonstration project. This demonstration program will have an ongoing evaluation and submit reports to Congress. Mr. del Vecchio remarked that this program will raise the standard of quality and financing for behavioral health.

Million Hearts<sup>®</sup> is a program that spans the Department of Health and Human Services (HHS) and responds to the fact that cardiovascular disease is the number one cause of mortality across the United States, especially for individuals with behavioral health conditions. Tobacco plays a major role in cardiovascular disease, and collaborations aim to promote smoking cessation among people with behavioral health conditions. Although cigarette smoking has declined greatly in the past 50 years, one exception is adults who are experiencing serious psychological distress (see "Quitting Smoking Among Adults—United States, 2000–2015" at <https://www.cdc.gov/mmwr/volumes/65/wr/mm6552a1.htm>).

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SAMHSA has developed a shared-decisionmaking tool to help people make informed choices about treatment and recovery services for opioid use disorder, including medication-assisted treatment. The rollout of this product was accompanied by a webinar, for which more than 1,500 individuals registered. Mr. del Vecchio commented that treatment engagement is especially critical for opioid use disorder, and the tool helps. The Decisions in Recovery: Treatment for Opioid Use Disorders Tool and Handbook is available on the SAMHSA website (<http://store.samhsa.gov/product/Decisions-in-Recovery-Treatment-for-Opioid-Use-Disorders/SMA16-4993>).

On any given day, half a million Americans—many of whom have behavioral health conditions—live on the streets or in shelters. SAMHSA has 500 grantees that serve people who are homeless, and supportive housing is an area of concentration. Cooperative Agreements to Benefit Homeless Individuals have had positive outcomes (e.g., reducing the number of unsheltered individuals and getting people into permanent supportive housing). Work in this area focuses on housing for veterans, and there have been significant declines in homelessness over the past decade. The National Evaluation on Homelessness found that supportive housing led to a reduction in substance use, homelessness, arrests, and mental health symptoms.

Purpose and meaning in life (e.g., employment and education) are also important for recovery. Through the Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) program, SAMHSA aims to expand supported employment programs, which improve outcomes. Access to this evidence-based program is low, and SAMHSA is working to improve the capacity of states to provide supported employment services. BRSS TACS also supports recovery in collegiate environments by promoting the use of best practices and strategies to align recovery support with other services. SAMHSA aims to build the capacity and infrastructure to develop strong support for recovery in collegiate environments across the country. The peer workforce plays a critical role in helping people in recovery find and maintain purpose in life. There is a need to expand the behavioral health workforce, and SAMHSA supports 94 activities related to peers. SAMHSA has established a recovery measure for all grant areas and in the National Survey of Drug Use and Health.

In the area of community, we understand that recovery occurs in the context of relationships. The BRSS TACS initiative, *In this together: A Dialogue about Recovery Supports for Adults and Families*, helps people discuss what is needed for recovery. This year's National Children's Mental Health Awareness Day will be observed on May 4. The 12th annual Voice Awards (August 16, 2017) will focus on veterans and military families. Last year, the event received 117 million media impressions and was posted on the Internet.

For 2017, SAMHSA will continue to play a lead role in the Million Hearts campaign. The

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housing team will host the bimonthly Best and Evidence-based Practices in Outreach and Engagement Spotlight Series in March, May, and July. It will continue to use the Home Health Resource Network platform to link homelessness efforts and to help ensure alignment with related initiatives throughout the year. The housing team will also develop a Permanent Supportive Housing ToolKIT. In the area of purpose, BRSS TACS will convene an expert panel on increasing postsecondary success for recovery supports for diverse student populations in March. The SAMHSA behavioral health statistics team will examine how responses to the recovery measurement tool change over time. SAMHSA has funded 10 Recovery Community Services Program–Statewide Network grants.

In conclusion, Mr. del Vecchio commented that the new Administration’s transition team is interested in recovery, which is a positive sign. The 21st Century Cures Act reauthorized SAMHSA’s programs and focuses on reentry of people into the community from the criminal justice system and diversion efforts. There will be a Government Accountability Office (GAO) review of peer specialists and recovery work across SAMHSA. An interdepartmental committee on serious mental illness will include people with lived experience.

In response to questions from Planning Partners, SAMHSA staff members remarked that grant programs include use of peers as part of the workforce and that CARA funding specifies support for peer development. Participants should look at the Recovery Community Services Program–Statewide Network grant program. Mr. del Vecchio commented that the GAO review of peer programs has not yet begun and will have a 2-year timeframe. He noted that the new Administration’s transition team has not yet been deployed to SAMHSA and that little specific guidance has been provided. SAMHSA’s recovery measures currently focus on the person being served (or family, if that is the focus of services) and are based on World Health Organization metrics. Dr. Johnson remarked that questions on Opioid STR can be submitted at [OpioidSTR@samhsa.hhs.gov](mailto:OpioidSTR@samhsa.hhs.gov).

#### **IV. *Recovery Month Planning Partner Introductions and Updates***

Jessica Gleason, of NAADAC (The Association for Addiction Professionals), was happy to participate in the meeting.

HeidiAnne Werner, of NAADAC, was happy to see all the Planning Partners again.

Cynthia Moreno Tuohy, of NAADAC, noted that the latest edition of her organization’s magazine discusses the Surgeon General’s report and that copies were available. NAADAC has grown over the past 2 years and now has about 50,000 constituents. Her group is working on training and standards.

Brian McBride, of the McShin Foundation, remarked that he was glad to participate in the

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meeting.

Andrea Arbelaez is working as an intern for CSAT's Office of Consumer Affairs.

Kelly Riley, of Hope for New Hampshire Recovery, commented that her group operates six community-based recovery centers and hopes to expand.

Donna Hayden, of Hope for New Hampshire Recovery, manages a recovery center.

Suzan Blacher, of Hope for New Hampshire Recovery, a long-term recovery advocate and works with treatment providers to develop ecosystems for recovery.

Kris Estey, of Recovery New Hampshire, works with people in recovery [Hope for New Hampshire] on a daily basis and is interested in reducing stigma.

Tracy Smith, of Speakers For Change, commented that her organization is new and is the first in the United States to offer speakers on addiction recovery, prevention, and advocacy. The group hopes to inspire change in communities. It can work as a government contractor.

Samuel Awosika, of Saint Elizabeth Hospital, said his organization is expanding its work to educate the community in Washington, DC.

Ariel Britt, of Kennesaw State University Center for Young Adult Addiction and Recovery, commented that her organization supports research-informed recovery and education.

Teresa O'Laughlin noted that Recovery Africa organization has launched a new website <https://www.recoveryafrica.org/>

Shelia Bracey, of the District of Columbia Department of Behavioral Health, mentioned the Purple Wave Festival held on the campus of Howard University. Her organization is partnering with other groups to feed people who are homeless and provide holistic services.

Dan O'Laughlin from Recovery Africa is working in West Africa to help build a recovery movement and establish Oxford Houses. He and his colleagues will host a recovery walk this September.

Michael Quinn, of the McShin Foundation, is involved in peer-to-peer recovery efforts.

David Whitesock, of Face It TOGETHER, reported that his organization has launched a video chat for peer-to-peer coaching and plans to expand this program. They have developed an index to measure recovery among individuals and are tailoring one for loved ones. More information is available at <http://wefaceittogether.org>.

George O'Toole, of Anchor Recovery Community Centers, oversees emergency room recovery support and peer coaching to assist survivors of opioid overdose.

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David Martins, of Anchor Recovery Community Centers, works on faith-based recovery services and recovery housing.

Michelle Harter, of Anchor Recovery Community Centers, noted that her organization continues to improve and expand programs—including mobile outreach recovery efforts in soup kitchens, shelters, treatment centers—to connect people to recovery services. The group plans to expand into a recovery high school.

Dona Dmitrovic, of Optum Behavioral Health Services, promotes peer services within her organization's networks. They have had positive outcomes with peer services as part of substance use disorder treatment.

Peter Gaumond, of the Office of National Drug Control Policy, is currently focused on incorporating recovery as a formal part of the National Drug Control Policy and expanding recovery services.

Laszlo Jaress, of Facing Addiction, spoke about his organization's action network, which has reached more than 28 million individuals and works with more than 450 partners.

Jay Ruais, of the Addiction Policy Forum, encouraged participants to look at the materials available at <http://www.addictionpolicy.org/>.

Kristen Harper, of Recovery Communities of North Carolina, commented that her organization receives direct block grant funding from the state. She has also worked in West Africa and what is happening there is powerful. As a representative on SAMHSA National Advisory Council, she would like to hear Planning Partners' ideas on topics to raise at council meetings.

MacKenzie Burdic, of Young People in Recovery, is working to expand programs for young people in foster care, the criminal justice system, and treatment centers. Young People in Recovery has about 100 chapters across the country and promotes recovery education and messaging.

Justin Luke Riley, of Young People in Recovery, is involved in advocacy and peer facilitation work.

Devin Reaves, of Brotherly Love House, is involved in community outreach and recovery advocacy in Philadelphia. He is trying to get more African Americans into the recovery movement and works to eliminate behavioral health disparities.

Zachary C. Talbott, of Counseling Solutions of Chatswork, LLC, commented that his organization offers opioid treatment programs—including medication-assisted treatment with counseling and group therapy. The organization is expanding its work.

Jesse Wheeler, of Young People in Recovery, noted his organization's efforts on infrastructure building.

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Cortney Lovell, of Wise Consulting, reported on a project related to peer services that is specific to young adults aged 18 to 30.

Jason Robison, of SHARE! the Self-Help and Recovery Exchange commented that his organization has launched a California-wide training program for peer specialists focused on evidence-based practices. The organization has placed more than 200 people in shared recovery housing. He referred participants to flyers on the 2017 Western Recovery Conference and encouraged everyone to attend.

Sis Wenger, of the National Association for Children of Alcoholics, remarked on the importance of family recovery and the impact of addiction on families. Her organization has worked with SAMHSA to update the popular children's program kit, which is now in production. The Celebrating Families program is increasingly use in courts in about 40 states. The National Children of Alcoholics Awareness Week will be observed February 12 to 18.

Marie Dyak, of the Entertainment Industries Council, noted that her organization offers webcasts on mental and/or substance use disorders for entertainment writers and journalists.

Roberta Garson Leis, of the New England Association of Drug Court Professionals, reported that her organization convened a successful annual conference with a focus on opioids and workshops on recovery. She stressed the importance of integrating recovery approaches into drug courts in New England and requested feedback from Planning Partners on how to achieve this.

Reverend Snow Peabody, of Teen Challenge International USA, remarked that his organization has about 240 residential recovery programs across the nation.

Michelle L. Jackson, of DC Peer Support, reported that her group is working to integrate allied behavioral health support services into existing modalities and partnering to support individuals reentering the community from the criminal justice system.

Jason Paul Jarreau, of Oxford House, Inc., commented that his organization now has 2,225 houses. He works with those providing services in the Washington, DC, area and other locations.

Luke Waldron, of the American Society of Addiction Medicine (ASAM), noted that his organization has held Twitter chats with the National Institute on Alcohol Abuse and Alcoholism on medication-assisted treatment for alcoholism during **Recovery Month**. ASAM has also released resources on opioid use disorder treatment, which is available on the ASAM website (<http://www.asam.org/quality-practice/guidelines-and-consensus-documents/npg>) at no cost. Addiction medicine is now a recognized subspecialty, which should increase access to treatment and enhance evidence-based care.

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Michele Monroe, of SAMHSA/CSAT, said she was happy to see the Planning Partners.

Amy Smith, of SAMHSA/CSAT, welcomed everyone to the meeting.

Kitty Harding, of Edelman, is a support contractor for **Recovery Month** and other SAMHSA campaigns.

Daniel Alt, of Edelman, is a support contractor for **Recovery Month** and other SAMHSA campaigns.

Tara Meadows, of Synergy Enterprises, Inc., is a support contractor for **Recovery Month** and other SAMHSA campaigns.

J. Carlos Rivera, of White Bison, remarked that his organization, a Native American nonprofit group, offers Wellbriety programs.

John de Miranda, of Door to Hope, noted that his organization has been involved in many **Recovery Month** activities.

Benjamin Jones, of the National Council on Alcoholism and Drug Dependence, commented that his organization is planning many **Recovery Month** activities.

Claire Ricewasser, of the Al-Anon Family Group Headquarters, reported that her organization is expanding its social media efforts and has launched an Ala-Teen Instagram account. They are releasing articles and conducting activities connected to National Children of Alcoholics Awareness Week. Her organization hopes to expand the number of Al-Anon groups in prison and is collecting the recovery stories of participants.

Joe Powell, of the Association of Persons Affected by Addiction, is an advocate for recovery. His organization provides peer recovery support. He thanked everyone who made the national rally for recovery in Dallas, a fantastic event with more than 6,000 participants.

Daphne Baille, of TASC, Inc., commented that her organization supports access to recovery support from the criminal justice system. She encouraged participants to share their resources with the organization (<http://www2.tasc.org/>).

Mimi Martinez McKay, of Recovery Resources Counseling, is working on outreach to librarians across the country so they can help individuals find recovery resources.

Harvey Weiss, of Synergies; National Inhalant Prevention Coalition, noted that his group is planning various **Recovery Month** events in Tennessee and are expanding to involve other

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counties. His organization is distributing resources on inhalant prevention to rural communities.

Gary J. Parker, of the Kansas Consumer Advisory Council for Adult Mental Health, remarked that his organization continues to work with a peer group in Australia on recovery promotion. In Kansas, his group is posting recovery stories on YouTube and sponsoring events to reduce stigma—including an alcohol-free gala event on New Year’s Eve.

Bill Greer, of SMART Recovery, remarked that his organization offers mutual support groups for recovery worldwide. The organization hopes to increase the number of meetings offered across different communities.

Carrie Dorn, of the National Association of Social Workers, commented that promoting the parity of behavioral and physical health care is at the top of her organization’s policy priorities. Her organization involves more than 100,000 social workers.

Lureen McNeil, of the New York State Office of Alcoholism and Substance Abuse Services, is working to build the infrastructure for the peer workforce in her state.

Maryanne Frangules, of the Massachusetts Organization for Addiction Recovery, reported that her organization’s ***Recovery Month*** events were successful. The organization is focusing on recovery coaching and developing messages about recovery.

Kristal Wortham, of the National Alliance on Mental Illness, works on education and awareness training for all audiences. Intense peer support is needed for recovery, yet it is often missing as a component of services.

Daphne Klein, of On Our Own of Montgomery County, Maryland, commented that she was happy to participate in the meeting.

Dean LeMire, of New England and Wellness, works in Concord, New Hampshire, and would like to talk with others about ways to promote recovery.

Susan Partain, of the National Council for Behavioral Health, remarked on her organization’s annual conference and web-based technical training.

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**V. Status of 2017 Materials: Michele Monroe, Team Synergy, and Amy Smith**

**2017 Recovery Month Toolkit and Web-based Materials: Michele Monroe**

Ms. Monroe, SAMHSA/CSAT, reported that the 2017 *Recovery Month* website launched on January 3 with the new look and feel. The logos, banner, posters (two sizes and customizable), letterhead, and English flyer are now available. The Spanish flyer will be available soon. The Toolkit is in clearance at SAMHSA and on track for availability in May. She thanked Ms. Arbelaez, an intern at CSAT, for assistance with tracking edits to the Toolkit materials.

**2017 Recovery Month Public Service Announcements: Michele Monroe and Tara Meadows**

Ms. Meadows of Team Synergy reported that four PSAs were developed initially, and two were selected based on focus group feedback. The team is moving forward with one live-action and one animated PSA. Focus groups were conducted in English and Spanish and took place in Washington, DC, and Fort Lauderdale, Florida. Ms. Meadows referred Planning Partners to their packets, which contained storyboards of the live-action PSA selection, *Diner*, and the animated PSA, *Connections*. Ms. Monroe thanked Ms. Meadows for her work on the focus groups, which had to be reorganized because of a hurricane that affected Florida.

Ms. Monroe reviewed the changes made to *Diner*, based on Planning Partner and SAMHSA feedback. In brief, this PSA will depict a doctor in recovery, family members, and a child with a parent in recovery. Diversity will be addressed during casting. Additionally, both the mental illness and the substance use disorder presented for various characters will be made specific, as well as co-occurring disorders. In response to focus group feedback: Family members, younger people, and children will be added. The number of bubbles with text will be reduced, but all characters will be represented, and the music will be livelier.

Focus group participants liked the *Connections* concept. In response to their feedback, the team will include children and families. In response to SAMHSA feedback, the individuals depicted will look more connected by the use of color and by showing some characters facing each other. The main character of the PSA will be more prominent and highlighted. Other characters will be diverse (diversity will be addressed in postproduction), and the music will be upbeat.

Planning Partners offered the following feedback on the PSAs:

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- Use “and/or” between “mental and substance use disorder” to recognize co-occurring conditions.
- For *Connections*’ Frame 3, adjust the wording. Strike “entire” and make it “... put the strength of your family and community behind you.”
- The general public may not understand the differences between “misuse” and “substance use disorder.” There may be misunderstanding that “misuse” and “substance use disorder” are equivalent. Ms. Monroe and Ms. Amy Smith noted that the language matches that of the Surgeon General’s report and plays a role in educating the public.
- Depict a student and a pregnant woman in the PSAs.
- In *Connections*, perhaps add the HHS and SAMHSA as part of the network.

In response to Planning Partner questions about ***Recovery Month*** branding and the inclusion of its logo, Ms. Monroe remarked that the PSAs are evergreen and can run for many years, not just during ***Recovery Month***. Another issue is that using this logo also requires use of those of HHS and SAMHSA, which would take up too much space. She added that the PSAs are available as closed-ended and open-ended products so that local organizations can customize. Ms. Monroe encouraged Planning Partners to work with broadcasters in their communities to promote use of the PSAs all year. Ms. Torres noted that the PSAs are in the public domain and can be used by organizations to meet their needs.

***2017 The Road to Recovery Television and Radio Series: Amy Smith***

Ms. Smith thanked Planning Partners for helping to identify panelists and suggesting case studies. She reported that the March, April, and May shows have been recorded. The June and July shows will be recorded in late February, and she requested case study recommendations for the Community Health Centers and first responders topic. The August and September shows will be recorded in mid-April, and she requested case study recommendations for the recovery in diverse populations topic. Ms. Smith noted that the team would also like to hear from organizations that are successfully addressing the opioid epidemic and those integrating systems of care for mental and substance use disorders. Planning Partners with recommendations can contact Ms. Smith at [Amy.Smith@samhsa.hhs.gov](mailto:Amy.Smith@samhsa.hhs.gov).

**VI. *Recovery Month 2018 Brainstorming Session: Ivette Torres and Edelman***

**Concept Messaging, Theme, and Targeted Audiences: *Ivette Torres and Edelman***

Ms. Torres remarked that the theme and tagline rally people during ***Recovery Month*** and provide an impetus for action for all audiences. Ms. Harding and Mr. Alt, of Edelman, referred participants to their packets for descriptions and presented the following three concepts for

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Planning Partners to vote on as the 2018 *Recovery Month* theme:

- **Concept 1: Leveraging the National Dialogue**—This theme seizes the opportunity provided by the momentum around behavioral health and emphasizes the importance of an ongoing national dialogue to encourage recovery.
- **Concept 2: Closing the Gap**—This theme aims to ensure that information, support, and recovery services are available to all those with behavioral health needs.
- **Concept 3: Accessing Services Across the Continuum of Care**—This theme aims to ensure that individuals with behavioral health needs are supported during all stages of recovery and to provide resources and information for those who can assist them.

Planning Partners discussed the three candidate themes, and many agreed on the importance of emphasizing the benefits of investing in recovery services. They acknowledged the importance of closing the treatment gap, but noted the need to move beyond clinical care. Many wondered about the ease of communicating the concept of continuing care to the general public. After two rounds of voting, **Planning Partners selected Leveraging the National Dialogue theme.** Planning Partners recommended that materials cover self-help support groups, the definition of recovery, trauma, peer services, and isolation and lack of social support.

Each theme was accompanied by sample draft taglines that could summarize the message and would be preceded by Join the Voices for Recovery. Ms. Harding encouraged Planning Partners to suggest revisions or generate alternate taglines. After discussion and revision of various potential taglines, **Planning Partners selected Join the Voices for Recovery: Invest in Health, Home, Purpose, Community.**

Ms. Harding presented the following potential target audiences for 2018 *Recovery Month*, noting when each group had last been highlighted and that participants should choose four:

- Asian American, Native Hawaiian, and Pacific Islanders (not previously a target audience);
- Healthcare providers (last highlighted in 2013);
- Media (last highlighted in 2009);
- Older adults (last highlighted in 2010);
- Policymakers (last highlighted in 2014);
- Tribal audiences (not previously a target audience); and
- Urban area residents (not previously a target audience).

Planning Partners voted on target audiences using a paper ballot. They selected the following four as a focus for 2018 *Recovery Month*:

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- Healthcare providers;
- Media;
- Policymakers; and
- Urban area residents.

**VII. *Facing Addiction in America*: Dr. Jinhee J. Lee**

Ms. Monroe introduced Dr. Jinhee J. Lee, who served as Managing Editor for the Surgeon General's report, *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*, and worked hard with others at SAMHSA to develop a stellar report. Dr. Lee, Public Health Advisor at CSAT's Division of Pharmacologic Therapies, thanked Ms. Monroe and everyone who contributed for their hard work to deliver the Surgeon General's report in an accelerated timeframe. The leadership of SAMHSA, the National Institute on Drug Abuse, and the National Institute on Alcohol Abuse and Alcoholism collaborated with experts on prevention, treatment, and recovery to develop the report. Dr. Lee referred participants to their packets for a copy of the report's Executive Summary and encouraged them to read it.

The report was launched on November 17, 2016, in Los Angeles, California, at a summit cohosted by the Office of the Surgeon General and Facing Addiction, a national nonprofit organization. HHS released the report to congressional staff and stakeholders on the same day and held a briefing at Capitol Hill on November 22. Immediately, the report received great attention: It was downloaded more than 13,000 times within 4 days of its release, received more than 100,000 page reviews, and all printed copies were gone within the first hours after it was made available. HHS is working to produce additional paper copies.

The report was developed because the United States has a serious substance misuse problem and is also facing an unprecedented opioid epidemic. Drug and alcohol problems and disorders are major public health challenges that affect millions and place enormous burdens on society. Most Americans know someone with a substance use disorder, and many know someone who has lost or nearly lost a family member or friend to addiction. Our healthcare system has neglected to give the same level of attention to substance use disorders as it has to other health conditions that affect similar numbers of people.

The report covers the extent of the substance use problem in the United States and definitions; the neurobiology of substance use, misuse, and addiction; prevention programs and policies; early intervention, treatment, and management of substance use disorders; recovery and the many paths to wellness; healthcare systems and substance use disorders; and the vision for the future, which describes a public health approach.

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Dr. Lee highlighted some of the report’s main points. Addiction is a chronic brain disease with potential for recurrence and recovery. Substance use can “hijack” the normal function of brain circuits, and this transformation is critical to the understanding that addiction is a health condition, not a moral failing or character flaw. Prevention programs and policies can be effective. There is a range of programs focused on preventing substance misuse—including universal prevention programs that target the whole community, as well as programs that are tailored to high-risk populations. Additionally, there are effective population-level evidence-based policies that reduce underage drinking, drinking and driving, spread of infectious disease, and other consequences of alcohol and drug misuse.

The report describes the scientifically proven clinical activities used to identify people who have a substance use disorder and engage them in treatment. It also describes the range of medications and behavioral treatments that can help people successfully address their substance use disorder. The report describes the construct of recovery, as well as the number of people in recovery. It discusses the growing array of effective services and systems that provide recovery support and the many pathways that make recovery possible—including treatment, recovery support services, and/or mutual aid. The report explains why integrating general health care and substance use services can result in better outcomes, and it describes policies and activities underway to achieve that goal. The report discusses recent legislation that requires healthcare plans to offer substance use disorder services equitably with other health conditions. It also discusses innovative delivery system reforms and models of care coordination, as well as the different financing systems that cover substance use disorder services.

Finally, the report outlines a vision for the future, in which the United States takes a public health approach to substance use, misuse, and addiction. The five general findings and topline messages are:

1. Both substance misuse and substance use disorders harm the health and well-being of individuals and communities. Addressing them requires implementation of effective strategies.
2. Highly effective community-based prevention programs and policies exist and should be widely implemented.
3. Full integration of the continuum of services for substance use disorders with the rest of health care could significantly improve the quality, effectiveness, and safety of all health care.
4. Coordination and implementation of recent health reform and parity laws will help ensure increased access to services for people with substance use disorders.
5. A large body of research has clarified the biological, psychological, and social underpinnings of substance misuse and related disorders and described effective prevention, treatment, and recovery support services. Future research is needed to guide

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the new public health approach to substance misuse and substance use disorders.

In the report, the Surgeon General calls on various stakeholder groups to help change the culture, attitudes, and practices around substance use. These stakeholders include individuals and families; educators and academic institutions; healthcare professionals and professional associations; healthcare systems; communities; the private sector (industry and commerce); federal, state, local, and tribal governments; and researchers. The report offers suggestions for actions that each stakeholder group can take to address these issues. It makes the case that everyone has a role to play in addressing substance misuse and substance use disorders and in changing the conversation around substance use, to improve the health, safety, and well-being of individuals and communities across our nation.

Dr. Lee suggested steps that Planning Partners can take to address substance misuse and substance use disorders. They can expand evidence-based interventions by working with community leaders and community coalitions to implement prevention, treatment, and recovery programs and policies. They can translate the science into public understanding by using traditional and social media to inform the public, particularly parents and community leaders. Finally, they can incorporate the science into health care by expanding the training of healthcare professionals and improving the availability, access, and quality of services in all health settings. The Surgeon General's report website (<https://addiction.surgeongeneral.gov/>) offers related materials, a Partner Toolkit, and factsheets on the report's key findings and recommendations. Additional factsheets are in development.

In response to Planning Partner questions, Dr. Lee remarked that the report offers a high-level overview on the importance of implementing harm-reduction strategies. It also provides some information on the role of faith communities in promoting recovery, but there was not much scientific evidence on that topic. The recovery chapter includes promising research on the various options for recovery, including those offered by faith-based organizations. Each chapter presents the best scientific information available on specific populations. Framing addiction as a chronic brain disease may cause a change in the national conversation so people see it as a problem that affects everyone. The opioid epidemic has spurred bipartisan support and brought attention to all substance use disorders. The report documents the science and does not present a policy position. A key suggestion from the report that can have an impact is the increased implementation of evidence-based practices. Although e-cigarettes and tobacco are mentioned in this report, there are many other documents that focus on their use and impact on health. Dr. Lee added that there is not much on marijuana in the report, as the evidence base is somewhat limited. However, the National Academies of Sciences, Engineering, and Medicine has released a report on the health effects of marijuana (see a press release at <http://www8.nationalacademies.org/onpinews/newsitem.aspx?RecordID=24625>). Ms. Monroe remarked that federal agencies will incorporate the report's content to shape their actions and

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programs.

**VIII. Recovery Month Subcommittee Reports: Darleen Sagheer**

**Content, Messaging, and Multimedia**

Ms. Monroe noted that updates on this subcommittee's activities were provided in the report on 2017 *Recovery Month* Toolkit and web-based materials.

**Evaluation: Dr. Benjamin Jones and Eduardo Vega**

Dr. Jones referred Planning Partners to a handout summary of a *Recovery Month* evaluation project by graduate students from Emory University. After working with the subcommittee and reviewing information, the students developed an evaluation plan with suggestions and recommendations. They recommended a process evaluation, but noted that *Recovery Month* activities are too varied and dispersed to evaluate their impact. Additionally, limited resources would not support an outcome evaluation, which is not surprising.

The Evaluation Subcommittee would like to know whether *Recovery Month* activities change stigma and discrimination, increase treatment engagement, and enhance family support. However, showing a direct relationship would be very difficult. Dr. Jones commented that the students suggested that *Recovery Month* consider expanding tools for geographic mapping to identify gaps in outreach by capturing ZIP Codes to determine where people download materials. Ms. Harding noted that the team can identify *Recovery Month* Toolkit downloads by state. Dr. Jones noted that social media tools can be used to assess the conversation level and participation to determine penetration levels. It would be helpful to receive location-specific information on event postings. Perhaps Planning Partner organizations in particular states could link events on Facebook so it is easier to track RSVPs. Darlene Sagheer noted that SAMHSA relies on Planning Partners to post events on <https://recoverymonth.gov/>, and she demonstrated how to do so.

**Public Relations and Marketing: Mimi Martinez McKay and Claire Ricewasser**

Ms. Martinez McKay reported that the subcommittee had two teleconferences and many e-mail correspondences. She referred participants to a report on activities in their packets. The subcommittee's purpose is to increase the visibility and participation in *Recovery Month*. The group has set two short-term (2017) goals: (1) to obtain an electronic list of Planning Partner members to facilitate communication and (2) to develop social media strategies. The

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subcommittee will be scheduled for a presentation during the March 22 *National Recovery Month* Planning Partners teleconference, and that will be followed by focused call to address social media strategies. Currently, 25 state and territory coordinators serve as communication hubs, and they will have a closed-participation Facebook page to exchange ideas and information in between Planning Partner Meetings.

In the longer term, more information on *Recovery Month* needs to get out to the general public via social and traditional media. Perhaps a brochure on *Recovery Month* would be useful for distribution to people who are unaware of the observance. Planning Partners supported this idea, and Ms. Martinez McKay commented that she would explore possible funding for a brochure. Tracking of *Recovery Month* social media is critical to show reach and impact and sustain the program. She encouraged Planning Partners to participate in the dialogue with members of the new Administration's transition team. People with an interest in participating on the subcommittee or who would like to serve as a state coordinator should contact her ([mckaymimim@gmail.com](mailto:mckaymimim@gmail.com)).

**Sustainability: *Sis Wenger and Marie Dyak***

Ms. Wenger commented that Planning Partners have been posting PowerPoint slides to show the quantity and diversity of *Recovery Month* activities, which ultimately increases sustainability. She requested Planning Partners to please use *Recovery Month* or *National Recovery Month* and use the Event Template at <https://www.recoverymonth.gov/planning-partners> when submitting slides. Ms. Dyak thanked Kimber Falkinburg and SAMHSA staff members for their help with the slide template. SAMSHA staff members noted that Planning Partner slides could be kept on the *Recovery Month* website if converted into PDF format.

Ms. Dyak encouraged Planning Partners to include travel to meetings in their budgets. It is important for Planning Partners to collaborate and network with other state groups so they can tap into Opioid STR grant funding and liaise with Single State Agencies. She added that identity branding is essential to sharpen organizations' vision and communication. Ms. Dyak emphasized the importance of collaborating with the Public Relations and Marketing subcommittee members, and her group is planning meetings with them. She noted the need to increase the diversity among Planning Partners.

**IX. Review of 2017 Dates, Selection of Future Meeting Dates and Kickoff Luncheon Hosts: Ivette Torres**

The 2017 *Recovery Month* Kickoff Luncheon will be hosted by Faces and Voices of Recovery and the Addiction Policy Forum. Ms. Torres thanked these organizations for volunteering.

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As approved by the Planning Partners, the 2017 *National Recovery Month* Planning Partners Meetings will be on the following dates:

- Wednesday, March 22, 2017—*National Recovery Month* Planning Partners Meeting (Teleconference, 1:00 p.m.–3:00 p.m. EDT)
- Wednesday, June 21, 2017—*National Recovery Month* Planning Partners Meeting (Teleconference, 1:00 p.m.–3:00 p.m. EDT)
- Wednesday, September 6, 2017—*National Recovery Month* Planning Partners Meeting (5600 Fishers Lane, Rockville, MD)
- Thursday, September 7, 2017—*National Recovery Month* National Kickoff Press Conference and Luncheon (TBD)

Participants approved the following dates for the 2018 *Recovery Month* Planning Partners Meetings:

- Thursday, January 25, 2018—*National Recovery Month* Planning Partners Meeting (5600 Fishers Lane, Rockville, MD)
- Thursday, March 22, 2018—*National Recovery Month* Planning Partners Meeting (Teleconference, 1:00 p.m.–3:00 p.m. EDT)
- Thursday, June 21, 2018—*National Recovery Month* Planning Partners Meeting (Teleconference, 1:00 p.m.–3:00 p.m. EDT)
- Wednesday, September 5, 2018—*National Recovery Month* Planning Partners Meeting (5600 Fishers Lane, Rockville, MD)
- Thursday, September 6, 2018—*National Recovery Month* National Kickoff Press Conference and Luncheon (TBD)

The Entertainment Industries Council and the National Council for Behavioral Health will host the 2018 luncheon. Hope for New Hampshire Recovery and Anchor Recovery Community of Rhode Island will host the 2019 luncheon.

## **XII. New Business and Adjourn: Ivette Torres**

Ms. Torres thanked all of the Planning Partners for participating in the meeting and for all of their hard work throughout the year. Hope for New Hampshire Recovery posted the most recovery stories (12), and SAMHSA staff will consider a suitable prize for the team. Having no new business announcements, at 3:00 p.m., Ms. Torres adjourned the meeting.

Action items from the meeting were as follows:

- Planning Partners should send recommended case studies and organizations to participate in the *Road to Recovery* series to Ms. Smith ([Amy.Smith@samhsa.hhs.gov](mailto:Amy.Smith@samhsa.hhs.gov)).