



SAMHSA's Resource Center to Promote  
A D S  
Acceptance, Dignity and Social Inclusion  
Associated with Mental Health

# Ensuring Access & Inclusion in Higher Education: Rights, Rules, & Responsibilities

June 6, 2012



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services  
www.samhsa.gov

<http://www.promoteacceptance.samhsa.gov/>

## Archive

This training teleconference will be recorded. The PowerPoint presentation, PDF version, audio recording of the teleconference, and written transcript will be posted to the Substance Abuse and Mental Health Services Administration (SAMHSA) ADS Center Web site at <http://www.promoteacceptance.samhsa.gov/teleconferences/archive/default.aspx>.



## Disclaimer

The views expressed in this training event do not necessarily represent the views, policies, and positions of the Center for Mental Health Services, SAMHSA, or the U.S. Department of Health and Human Services.







# Protecting Students' Rights to Access Higher Education

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The Bazelon Center for Mental Health Law



# Disability-Rights Principles for Higher Education

- Administration and faculty:
    - Value students with disabilities as equal members of the campus community;
    - Expect students with disabilities to succeed; and
    - Understand that students with disabilities are capable of making important contributions to the campus community.
- These principles lead to support, not punishment; empowerment, not paternalism.



# Importance of a Student-Centered Approach to Campus Mental Health

- It is not uncommon for college students to experience mental health challenges.
- Some students entering college are not aware that they have mental illness or of its extent, and do not self-identify.
- Students may not know what accommodations could help them succeed.
- If disability support services personnel perceive their mission as fairly narrow or restricted this can limit the scope of services offered, and services that might help students aren't available.



Q. How *should* colleges respond to help students achieve success?

A. Student-Centered Approach to Campus Mental Health

“What man actually needs is not a tensionless state, but rather the striving and struggling for a worthwhile goal, **a freely chosen task**. What he needs is not the discharge of tension at any cost but the call of a potential meaning waiting to be fulfilled by him.”

– Viktor Frankl, *Man's Search for Meaning*



# Elements of a Student-Centered Approach to Campus Mental Health: Model Policies

- 1. University commits to the success of all students.**
  - No disciplinary action or involuntary removals for self-injurious thoughts or acts
  - Very infrequent use of involuntary leave
  - Individualized assessment: no blanket policies or practices
  - Due process protections/grievance procedure
  - Reasonable accommodations: remove barriers



# Elements of a Student-Centered Approach to Campus Mental Health: Model Policies (cont.)

- 2. Reasonable Accommodations:** Engage students in a student-led process to determine student's goals, obstacles to achieving goals, and strategies that might help overcome obstacles.
- 3. Suicide Prevention:** Encourage students to seek counseling, on or off campus, and encourage help-seeking without negative consequences.

# Elements of a Student-Centered Approach to Campus Mental Health: Model Policies (cont.)

4. **Confidentiality:** This element is essential to encouraging students to seek help.
- Student is the patient.
  - A firewall is maintained between counseling and administration regarding counseling records and content of sessions.
  - University does not make use of blanket waivers to communicate with student's therapist.



## Elements of a Student-Centered Approach to Campus Mental Health: Model Policies (cont.)

5. Recognize that remaining in school may be a protective factor for suicide and suicidal behavior, and may be the best place to recover.
6. **Conditions of Reenrollment:** For students who take a leave of absence for mental health reasons, the conditions of reenrollment should be no more onerous or intrusive than for students returning from leave for medical reasons.



# Relevant Laws

## Americans with Disabilities Act (ADA)

- Prohibits colleges and universities from discriminating against students with mental disabilities that substantially limit a major life activity (like learning, concentrating, thinking, sleeping, breathing, communicating, etc.)
- Includes students the university “regards as” having a disability

## Section 504 of the Rehabilitation Act

- Applies to recipients of Federal funding (nearly every college and university)
- Largely tracks the ADA



## “Take-Aways” from Cases and Federal Guidance

- Individualized assessments, not blanket (“zero tolerance”) policies
- Safety concerns grounded in evidence, not stereotypes
- Direct threat may no longer be applicable for “harm to self”
- Clear policies on voluntary and involuntary leaves of absence, or even medical leaves of absence
- Clear disciplinary and grievance procedures: same for all students, regardless of disability
- No blanket waivers for medical information
- Reenrollment criteria not different for leave taken for mental health reasons



## Relevant Cases

- *Jane Doe v. Hunter College* (2005)
  - Revision of residence hall policy regarding return to dormitory after suicide attempt
- *Nott v. George Washington Univ.* (2005)
  - Right of student with depression to return to campus after treatment
- *Alejandro v. Palm Beach State College* (2011)
  - Psychiatric service dog on campus



# Students' Rights: What You Can Do

- **Know your rights and advocate for them:** *Campus Mental Health: Know Your Rights!* guide for college students
- **If college or university is unresponsive:**
  - File a complaint to U.S. Department of Education Office of Civil Rights; or
  - Bring a lawsuit.



# Resources

- Bazelon Center: Campus Mental Health Legal Action, <http://www.bazelon.org/Where-We-Stand/Community-Integration/Campus-Mental-Health/Campus-Mental-Health-Legal-Action.aspx>
- *Campus Mental Health: Know Your Rights!* guide for college students, <http://www.bazelon.org/Who-We-Are/Leadership-21/Campus-Rights-Guide.aspx>
- *Supporting Students: A Model Policy for Colleges and Universities*, <http://www.bazelon.org/pdf/supportingstudents.pdf>
- U.S. Department of Education Office of Civil Rights, <http://www2.ed.gov/about/offices/list/ocr/docs/howto.html>



# Life Gave Me Wisdom, My Education Gave Me Knowledge



Lisa St. George, M.S.W., CPRP  
Director of Recovery Practices  
Recovery Innovations



# Internal Barriers I Faced All Along the Way

## Challenges within Myself

- My symptoms were intense and scary.
- My trauma history created constant distraction due to triggers.
- I felt shame due to sexual abuse history.
- Internal stigma was present because I struggled with symptoms I felt I should have been able to manage.
- I had constant fear that people would find out I was “crazy.”
- Medication side effects were intense and hard to overcome. I felt sleepy, dizzy, and nauseated.



# External Barriers That Felt Like Mountains

## High School

- I felt that the world saw mental illness as a “failure illness,” not a “compassion illness.”
- There was a lack of trained peer support or any kind of support groups when I was in school.
- Bullying occurred in high school. I was called “strange brew.”
- Teachers/administrators were silent when I know I must have seemed unwell.
- No one asked so I never talked about how I felt, never sought help.

# I Knew School Would Help My Wellness

- Difficulties in elementary and high school caused by trauma response and anxiety made me worry I would fail.
- It took me 11 years from high school graduation and diagnosis to try college.
- I started from the beginning with classes, literally from 1 + 1.
- I began with one class at a time.
- Sooner than I could imagine I transferred to university.
- Concentrating on studies helped me be grounded and organized my thoughts.
- It was not easy; I worked hard.



# External Barriers That I Kept Climbing

## Postsecondary

- I kept quiet about my experiences.
- I did let my professors know I was depressed, but couched it all in regard to my oldest child's illness.
- It was a difficult system to navigate, and it took a lot of courage to get started.
- Mental illness can be a lonely illness.
- There were still no support groups.



# Endurance

- Even after an unplanned suicide attempt after a series of traumatic events, I kept going to school.
- I found I had strength to endure because I had endured before.
- I made some friends, began to build a community.
- I found a spiritual path while reading in the library to become more culturally aware.
- I entered the workforce after achieving B.S.W. magna cum laude.
- No one was there from my family for my graduation but it was okay because it was such a happy day; it was *my* day.
- Education was important to me because no one could take it away.



# Setbacks and Their Impact

- I was mugged while working.
- I had a big trauma response, and I lost my job.
- My doctor told me, “You can never work again—you can’t take the stress.”
- Those words took away my hard-won hope and determination.
- I went on SSDI and became more challenged than ever before.
- Six years were lost in this despair, and poverty.
- If I had not been married, I would have been homeless and probably would have lost custody of my children even though I was and am a good mom.



# Negative Messages Surrounded Me

Mental health system and provider interactions lacked hope for recovery.

- My mental health appointments focused on challenges.
- No hopeful messages about recovery were given.
- The medication management process was restrictive and overwhelming, and I spent 5 years trying to find the right combination of meds.
- There was no discussion with me about what was possible.
- School was never discussed as an option.
- Vocational rehabilitation was difficult to put in place when I was trying to get it.



# Sneaking My Way Back to Life

- I never told my doctor when I returned to work or graduate school.
- I thought I might be hospitalized for a long duration if I did not do as the doctor said.
- I knew people were hospitalized, often against their will.
- Charlotte, my case manager, never let me forget my strengths.
- She supported me when I “snuck” back to work and school with her hopeful encouragement.



## Charlotte and Gene Believed in Me

- Because Charlotte and Gene, the CEO at Recovery Innovations, believed in me, I was hired at Recovery Innovations in 2000.
- Gene saw my response to my challenges as evidence of strength.
- He saw my accomplishments as evidence of wisdom and intelligence.
- The first thing I was asked to do on the job was make a Wellness Recovery Action Plan (WRAP), a tool developed by Mary Ellen Copeland.
- WRAP changed my life in every way. I always say I went from feeling like I was sitting in the backseat of an out-of-control car to sitting in the driver's seat taking charge.



## HOPE Lives in Me

- I returned to graduate school in 2000.
- I graduated with an almost perfect grade point average in 2003.
- This time my immediate family and friends were there to cheer me on.
- I went to my doctor the next day and showed the degree to her, and she was proud of me.
- I have been employed for 12 years in highly dedicated and responsible positions.
- I have witnessed hundreds of people just like me returning to school, returning to work, or taking some classes and taking their lives back.
- People can recover from mental health challenges.



## 12 Years

- I have been working 12 years with Recovery Innovations.
- I have started many programs employing Peer Support Specialists.
- I have used my understanding of education and work as wellness tools to take recovery education into jails and hospitals using Peer Support Specialists to provide the education and support.
- I have helped duplicate a Recovery Education Center similar to Boston University and Dori Hutchinson's work in Phoenix.
- I have developed peer-run recovery education in San Diego, Ventura, and New Zealand, and we partner with Alliant University for college credit in San Diego.
- I have written books, created tools that support person-directed planning, and helped systems develop services that support education and recovery.



# Life with Meaning and Purpose

- I was able to set my goals and reach them.
- There was hope, ALWAYS.
- We need to demonstrate belief in people so they believe in themselves.
- We need to speak to people about their abilities, strengths, and gifts, and help them remember who they are.
- Our words are powerful; they can create positive outcomes or create hopelessness and despair.
- People who have mental health and/or substance use challenges are strong people; they have endured.
- Education and work are wellness tools.



# Resources

- Anthony, W. A. *Integrating psychiatric rehabilitation into managed care.*
- Bass, E., & Davis, L. (2008). *The courage to heal: A guide for women survivors of child sexual abuse.* New York, NY: HarperCollins.
- Bloom, S. *Creating sanctuary: Toward the evolution of sane societies.*
- Chamberlin, J. *On our own: Patient controlled alternatives to the mental health system.*
- Copeland, M. E. (1992). *The depression workbook.* Brattleboro, VT: Peach Press.
- Copeland, M. E. (1994). *Wellness Recovery Action Plan.* Brattleboro, VT: Peach Press.
- Copeland, M. E. (2003). *Wellness Recovery Action Plan for people with dual diagnosis.* Brattleboro, VT: Peach Press.
- Copeland, M. E. (2006). *Plan de Acción para la Recuperación del Bienestar [Wellness Recovery Action Plan].* Brattleboro, VT: Peach Press.
- Jacobson, N., & Curtis, L. *Recovery as policy in mental health services: Strategies emerging from the States.*



# Resources

- Mental Health America Affiliate Directory, <http://www.mentalhealthamerica.net/go/searchMHA>
- Mezzich, J., Kleinman, A., Fabrega, H., & Parron, D. (Eds.). (1996). *Culture & psychiatric diagnosis: A DSM-IV perspective*. Washington, DC: American Psychiatric Press.
- Recovery Innovations, <http://www.recoveryinnovations.org>
- Recovery Opportunity Center, <http://www.recoveryopportunity.com>
- Salzer, M. (Ed.). *Psychiatric rehabilitation skills in practice: A CPRP preparation and skills workbook*.
- Strong, M. *A bright red scream: Self-mutilation and the language of pain*.
- Remen, R. N. (2001). *My grandfather's blessings: Stories of strength, refuge, and belonging*. New York, NY: Riverhead Trade.
- Whitaker, R. (2002). *Mad in America: Bad science, bad medicine, and the enduring mistreatment of the mentally ill*. Cambridge, MA: Perseus Publishing.





# Supporting Students with Psychiatric Challenges to Succeed on Campus

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Director of Services

Center for Psychiatric Rehabilitation  
Boston University





## Supported Education—Our Foundations

- Non-negotiable values: hope, choice, self-determination, and growth
- Resiliency
- Health promotion and prevention = functional health
- Psychiatric rehabilitation: skills + support



# Why Do Students Struggle?

Top five sources of stress for all students:

- Academics
- Finances
- Relationships
- Family
- Jobs

(American College Health Association, 2011)



## Why is This an Important Issue?

- The number of students on campuses who live with serious psychological challenges continues to rise.
  - In a random sample of students, 15 percent had serious psychiatric challenges and 15 percent were on psychotropic medications (Eisenberg, Golberstein, & Hunt, 2009).
- The development challenges of transitioning to college are difficult for most students.
  - This life period is when psychiatric challenges often emerge.
- Emotional difficulties impair academic performance and impact retention rates (Healthy Minds Study at Boston University, 2010; Eisenberg et al., 2009).
- For people with psychiatric illnesses who receive disability benefits, education level is a key predictor for departure from Supplemental Security Income/Social Security Disability Insurance (Rusinova et al., in press).



# What are the Barriers for Students with Psychiatric Challenges?

- Implementation of reasonable accommodations—issues of shame, prejudice, and discrimination
- Loneliness, social isolation, lack of niche
- Social media, which can lead to further isolation
- Various issues relating to wellness and self-care skills
- Coping with social and academic demands in college



# Supported Education at Boston University Overview

- Current program for Boston University (BU) students began in 2008 with foundation funding. Approximately 100 students have been served since 2008.
- The program is provided at no cost to students.
- We have been delivering supported education programs to adults with serious mental illnesses since 1984. An estimated 2,500 people have been served since 1984.



# Supported Education at BU

## Operating Principles

- De-siloing of services between Student Health and Office of Disability Services
- Multidimensional referral loop including community professionals
- Provision of “whatever it takes” to help students function well in all domains
- Aim to create a caring academic community for all students who struggle



# Supported Education at BU

## How do we assist students?

### College Coaches

- Build relationships with students that are mutual, supportive, accepting, and person-centered.
- Support students in developing skills.
  - Relationship skills, wellness strategies, coping strategies for stress and symptoms
- Provide and build supports.
  - Texting, e-mailing, calling, accompaniment to classes, meeting with professors, meeting students wherever they are on campus, utilizing all campus resources
- Create collaborations.
  - With family, providers, roommates, coaches, and faculty

## Comprehensive Supported Education

*Preliminary outcomes of a National Institute  
on Disability and Rehabilitation Research study*

- Assist students in developing resiliency and wellness and in gaining needed credential and life skills.
  - Students' coping skills increase.
  - Satisfaction with life on campus increases.
  - Mental and physical wellness is nurtured and increased.
  - Degrees are earned.
- Increase retention and academic performance.
  - Housing policies have changed that allow students to maintain housing with less than a full academic load.
  - Grade point average increases.
  - Tuition dollars are retained.
  - Future alumni donors are cultivated.
- Win-win for both the student and the university.



# Sustainability Ideas for Comprehensive Supported Education

- Utilizing student health services dollars—cost sharing
- Seeking reimbursement from student health insurance dollars—some services may be deemed medically necessary
- Creating a fee-for-service program with menu of services for students with disabilities to purchase
- Seeking operational costs from university



## Resources

- American College Health Association. (2011). *National college health assessment: Reference group executive summary, spring, 2011*. Baltimore, MD: American College Health Association.
- Boston University Center for Psychiatric Rehabilitation, <http://www.bu.edu/cpr>
- Eisenberg, D., Golberstein, E., & Hunt, J. (2009). Mental health and academic success in college. *B.E. Journal of Economic Analysis and Policy*, 9(1), Article 40.
- Eisenberg, D., Seeman, D., McBride, D., & Ross, M. (2010). *The Healthy Minds Study: Data from Boston University sample: February*. Unpublished data.
- Legere, L., Furlong-Norman, K., Gayler, C., & St. Pierre, C. (2009). *Higher education support toolkit: Assisting students with psychiatric disabilities*. Boston, MA: Center for Psychiatric Rehabilitation, Boston University. Available from <http://www.bu.edu/cpr/resources/supportstudents/index.html>
- Russinova, Z., Rogers, E. S., Ellison, M. L., Bloch, P., Lyass, A., & Wewiorski, N. (Submitted). Predictors of financial self-sufficiency among Social Security beneficiaries with psychiatric disabilities. *Journal of Vocational Rehabilitation*.



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# What is Your Vision?



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## Julia's Vision

I envision a world in which people with psychiatric disabilities can access the services they need to pursue meaningful lives of their own design, without pity, paternalism, or fear.



## Lisa's Vision

I envision educational systems where diversities of all kinds are welcome and where people with diversity of thought, mood, and feeling experiences are treasured for their wisdom, strength, creativity, humor, and courage as they pursue the life of their choosing.



## Dori's Vision

I envision the development of campus mental health services that assist students with serious psychiatric challenges in all domains of their life on campus so they may succeed and graduate with a college degree, which holds the power to prevent disability.



# Additional Resources

## Research Articles

- Butler, S. M., Beach, W. W., & Winfree, P. L. (2008). *Pathways to economic mobility: Key indicators*. Washington, DC: Economic Mobility Project, an initiative of The Pew Charitable Trusts.
- Gutman, S. A. (2008). Supported education for adults with psychiatric disabilities. *Psychiatric Services*, 59(3), 326–327.
- Gutman S. A., Kerne, R., Zombek, I., Dulek, J., & Ramsey C. A. (2009, May–June). Supported education for adults with psychiatric disabilities: Effectiveness of an occupational therapy program. *American Journal of Occupational Therapy*, 63(3), 245–254.
- Healthy Minds Study published research,  
<http://www.healthymindsstudy.net/additionalresources/publishedresearch.html>

# Additional Resources (cont.)

## Resource Organizations, Web Sites, and Educational Materials

- Active Minds, <http://www.activeminds.org>
- American College Health Association, <http://www.acha.org/Topics/mentalth.cfm>
- Association on Higher Education and Disability, <http://www.ahead.org>
- Better Futures, a project of Pathways Research and Training Center, <http://www.pathwaysrtc.pdx.edu/proj-2-betterfutures.shtml>
- Disabled Student Services in Higher Education Listserv, <http://listserv.buffalo.edu/cgi-bin/wa?A0=DSSHE-L>
- Getzel, E. E., & Wehman, P. (Eds.). (2005). *Going to college: Expanding opportunities for people with disabilities*. Baltimore, MD: Paul H. Brookes. Available from <http://www.amazon.com/Going-College-Expanding-Opportunities-Disabilities/dp/155766742X>



# Additional Resources (cont.)

## Resource Organizations, Web Sites, and Educational Materials (cont.)

- HBCU Center for Excellence in Behavioral Health, <http://hbcucfe.net>
- Mental Health America listing of organizations that offer support groups, [http://www.mentalhealthamerica.net/go/find\\_support\\_group](http://www.mentalhealthamerica.net/go/find_support_group)
- Mental Health America (Producer), & Sullivan-Soydan, A., Rodgers, E. S., & Hutchinson, D. (Presenters). (2011, September 28). *Systematic review of supported education literature, 1989–2009* [Webinar]. Available from <http://www.mentalhealthamerica.net/go/action/policy-issues-a-z/recorded-presentations/webinars-and-presentations>
- National Alliance on Mental Illness, <http://www.nami.org>
- National Association of Student Affairs Administrators in Higher Education, <http://www.naspa.org>



## Additional Resources (cont.)

### Resource Organizations, Web Sites, and Educational Materials (cont.)

- National Federation of Families for Children's Mental Health, <http://ffcmh.org>
- What a Difference a Friend Makes campaign, <http://www.whatadifference.samhsa.gov>
- What a Difference a Friend Makes multicultural campaigns:
  - <http://www.storiesthatheal.samhsa.gov/>
  - <http://www.aceptarignorar.samhsa.gov/>
  - <http://www.whatadifference.samhsa.gov/native/>
  - <http://www.whatadifference.samhsa.gov/chinese/>
- Youth MOVE National, <http://www.youthmovenational.org/>



# Additional Resources (cont.)

## Suicide Prevention Resources

- The Jed Foundation, <http://www.jedfoundation.org/>
- National Suicide Prevention Lifeline, <http://www.suicidepreventionlifeline.org/>
- Suicide Prevention Resource Center, <http://www.sprc.org/collegesanduniversities>

## Trauma-Specific Resources

- *Engaging Women in Trauma-Informed Peer Support: A Guidebook*, <http://www.nasmhpd.org/EngagingWomen.cfm>
- GlassBook Project, <http://www.glassbookproject.org/>
- Healing Self-Injury, <http://healingselfinjury.org/>
- Rape, Abuse & Incest National Network, <http://www.rainn.org/>
- Sidran Institute, <http://sidran.org>
- Survivors Art Foundation, <http://www.survivorsartfoundation.org/>
- Witness Justice, <http://www.witnessjustice.org/>

## Questions

You may now submit your question by pressing “\*1” on your telephone keypad. You will enter a queue and be allowed to ask your question in the order in which it is received. On hearing the conference operator announce your first name, you may proceed with your question.



## For More Information, Contact

- Julia Graff, [juliag@bazelon.org](mailto:juliag@bazelon.org)
- Lisa St. George, [lisas@recoveryinnovations.org](mailto:lisas@recoveryinnovations.org)
- Dori Hutchinson, [dorih@bu.edu](mailto:dorih@bu.edu)



# Speakers

**Julia Graff, Esq.**, is an attorney at the Judge David L. Bazelon Center for Mental Health Law in Washington, DC, where she develops and litigates groundbreaking cases to advance the rights of adults and children with mental disabilities and to reform public systems. Ms. Graff represents and advises college students with mental illness to help them remain in school with access to the services they need to succeed. When necessary, she helps them enforce their right to an inclusive postsecondary education. Prior to joining the Bazelon Center, she worked for several civil rights and other advocacy organizations, including the American Civil Liberties Union and Public Citizen Litigation Group.



# Speakers

**Lisa St. George, M.S.W., CPRP**, is Director of Recovery Practices at Recovery Innovations and has been instrumental in the planning, development, and startup of a wide range of peer-run programs since September 2000. An expert in developing a recovery culture in systems providing mental health care, she has provided training, consultation, and program development for mental health systems as far away as the United Kingdom and New Zealand. Ms. St. George has unending belief in the inherent courage, wisdom, and strength of people served by mental health systems. A social worker for 30 years, her career path has included child oncology social work, child welfare, family systems wellness, and teaching at the Arizona State University Graduate School of Social Work. She has written books and articles and developed many tools that support person-directed mental health care. She shares her lived experience and education in a way that inspires hope in people as well as systems of care.



# Speakers

**Dori Hutchinson, Sc.D.**, is Director of Services at the Center for Psychiatric Rehabilitation at Boston University, where she has worked for 28 years. In her current role she oversees supported education programs that help students with psychiatric challenges gain and retain their rightful roles as students so that they can successfully navigate college life, graduate, and live their lives fully. She is currently an Associate Clinical Professor at Sargent College of Health and Rehabilitation Sciences at Boston University and the principal investigator on a Substance Abuse and Mental Health Services Administration Garrett Lee Smith campus suicide prevention grant at Boston University. The program promotes mental health to prevent student distress, essential in building caring campus cultures. Dr. Hutchinson was the 2010 Armin Loeb recipient for her work in health promotion and recovery education for the United States Psychiatric Rehabilitation Association. Dr. Hutchinson provides training nationally to organizations and providers who wish to deliver recovery-oriented services and conduct relevant program evaluations.



# Survey

We value your suggestions. Within 24 hours of this teleconference, you will receive an e-mail request to participate in a short, anonymous online survey about today's training material which will take 5 minutes to complete. Survey results will be used to determine resources and topic areas to be addressed in future training events.

Survey participation requests will be sent to all registered event participants who provided e-mail addresses at the time of their registration. Each request message will contain a Web link to our survey tool. Please call **800-540-0320** if you have any difficulties filling out the survey online. Thank you for your feedback and cooperation.

Written comments may be sent to the SAMHSA ADS Center via e-mail at [promoteacceptance@esi-dc.com](mailto:promoteacceptance@esi-dc.com).



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## Also of Interest

If you enjoyed this training teleconference, we encourage you to:

Join the **ADS Center listserv** to receive further information on recovery and social inclusion activities and resources including information about future teleconferences.

<http://promoteacceptance.samhsa.gov/main/listserve.aspx>





## Contact Us

### **SAMHSA ADS Center**

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*The moderator for this call was **Maureen Madison.***



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