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**16%** received a brief intervention

Heavy alcohol use **39%** lower at the 6-month followup

**4%** received referrals for more specialized treatment

## Screening, Brief Intervention, and Referral to Treatment:

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## New Populations, New Effectiveness Data

The idea behind SAMHSA's Screening, Brief Intervention, and Referral to Treatment (SBIRT) program is deceptively simple: What if you could stop drinking and substance abuse problems before they became serious enough to destroy people's lives?

Now SAMHSA's grantees are providing SBIRT services in an ever-growing list of venues. To ensure that the approach endures long after the grants end, the program is expanding to include the next generation of service providers through a new medical residency grant program. (See box on page 5.) And the field is amassing even more

**continued on page 2**



## New Administrator Arrives



Pamela S. Hyde (left) is sworn in by HHS Secretary Kathleen Sebelius (right). After the ceremony, the new Administrator toured SAMHSA headquarters in Rockville, MD, and exchanged greetings with Center Directors and staff.



On Monday, December 7, Pamela S. Hyde, J.D., was sworn in as SAMHSA Administrator at 10:15 a.m. in a private ceremony at the U.S. Department of Health and Human Services (HHS) in Washington, DC. Later that afternoon, the new Administrator toured the Agency's headquarters in Rockville, MD, and exchanged greetings with SAMHSA leadership and staff.

Ms. Hyde comes to SAMHSA with more than 30 years of experience in management and consulting for public health care and human services agencies. She has served as a state mental health director, state human services director, city housing and human services director, as well as CEO of a private non-profit managed behavioral health care firm. In 2003, she was appointed cabinet secretary of the New Mexico Human Services Department.

President Barack Obama nominated Ms. Hyde in November, and the U.S. Senate confirmed her nomination soon after.

Ms. Hyde held a briefing with SAMHSA constituents on December 10. A Webcast of the constituent briefing in its entirety is posted at <http://videocast.nih.gov/PastEvents.asp>. ◀

## SBIRT: New Data and Populations <<p.1

evidence that the SBIRT approach is an effective way to reduce alcohol and illicit drug use—and save money.

“Promoting services like SBIRT to all parts of the Nation is a crucial part of SAMHSA’s mission to reach everyone struggling with substance abuse issues,” said H. Westley Clark, M.D., J.D., M.P.H., Director of SAMHSA’s Center for Substance Abuse Treatment (CSAT).

### REACHING NEW POPULATIONS

The basics of SBIRT are the same no matter where the services are provided.

All patients in participating emergency rooms, primary health clinics, campus health centers, or other health care venues automatically undergo a quick screening to assess their alcohol and drug use. If they’re at risk of developing a serious problem, they receive a brief intervention that focuses on raising their awareness of substance abuse and motivating them to change their behavior. Patients who need more extensive treatment receive referrals to specialty care. (See “Screening Works: Update from the Field,” *SAMHSA News*, March/April 2008.)

CSAT’s goal is to help spread the approach throughout the entire health system. A grant program that ended last year, for instance, brought SBIRT to a dozen community college and university campuses around the country.

The nine state and tribal grantees currently providing SBIRT services are branching into new venues. In Colorado, for instance, a grantee is now bringing the SBIRT approach to HIV clinics (see page 4). Another project with Alaska Natives involves taking SBIRT to areas so remote they can only be reached by boat or airplane (see page 5).

To help ensure SBIRT’s sustainability, CSAT also has launched a medical residency grant program (see page 5). These grantees are developing a variety of

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tools for training medical residents, including lectures, Web-based programs with streaming video illustrations, and practice with standardized “patients.”

“These are the next generation of providers,” explained Project Director Walker Reed Forman, M.S.W., the Lead Public Health Advisor in CSAT’s Division of Services Improvement. “Research shows that when you learn something at an early point in your career, you’re more likely to adopt it once you’re out in the wider medical community.”

### PROVING SBIRT’S EFFECTIVENESS

A growing body of evidence about SBIRT’s effectiveness—and cost-effectiveness—could help SBIRT to expand even more. That research shows that SBIRT is an effective way to reduce drinking and substance abuse problems.

A 2009 article in the journal *Drug and Alcohol Dependence*, for example, found an almost 68-percent reduction in illicit drug use over a 6-month period among people who had received SBIRT services.

The report’s authors include Dr. Clark and other SAMHSA staff; Bertha Madras, Ph.D., former Deputy Director for Demand Reduction at the Office of National Drug Control Policy; and Wilson Compton, M.D., M.P.E., Director of the Division of Epidemiology, Services, and Prevention Research at the National Institute on Drug Abuse.

The researchers reviewed data on 459,599 patients screened at various medical settings in six states. Almost 23 percent had drinking or drug problems or a high risk of developing them. Of those patients, almost 16 percent received a brief intervention; 3 percent received brief treatment; and almost 4 percent received referrals for more specialized treatment.

In addition to significantly reducing illicit drug use, SBIRT also reduced individuals’ drinking. Among those who reported heavy drinking at baseline, the

rate of heavy alcohol use was almost 39 percent lower at the 6-month followup.

Those who received brief interventions or referrals to specialty treatment also reported other improvements, including fewer arrests, more stable housing situations, improved employment status, fewer emotional problems, and improved overall health.

### SHOWING COST-SAVINGS

SBIRT can also save money, other research suggests.

In one CSAT-funded study, for instance, the Washington State SBIRT grantee examined the approach’s impact on Medicaid costs for emergency room patients.

Researchers in the state’s Department of Social and Health Services compared changes in costs for 1,315 disabled Medicaid recipients who received at least a brief intervention through the Washington SBIRT project and 8,972 who did not.

The reduction in total Medicaid costs after receiving the intervention was \$185 to \$192 per person per month, the researchers found. The lowered costs came mostly from declines in inpatient hospitalizations.

Although some modest costs are associated with providing SBIRT services, the researchers estimated that the state could potentially save up to \$2.8 million a year by continuing to provide SBIRT services to working-age disabled patients.

The paper is available at <http://www.samhsa.gov/Financing/post/Medicaid-Costs-Declined-Among-Emergency-Department-Patients-who-Received-Brief-Interventions-for-Substance-Use-Disorders-Through-WASBIRT.aspx>.

### EDUCATING PROVIDERS

Some challenges remain, including reimbursement for SBIRT service

Not all providers may be aware that there are now billing codes that can allow them to receive reimbursement for providing SBIRT, explained Mr. Forman.

Providers are beginning to use the new, universally accepted Medicare codes, he said. And several third-party payers already accept the American Medical Association’s new Current Procedural Terminology codes for SBIRT services.

“We’re going to expand our efforts to educate providers on the funding support for doing SBIRT,” said Mr. Forman. CSAT is planning a summit on financing policy in 2010, for example, which will educate state policymakers and health care decisionmakers about the codes and how to use them.

Medicaid codes are a different story, Mr. Forman added. “Each state has to review the use of the SBIRT code, review it against their budget, and make a decision about whether they’ll adopt it,” he explained. Although a few states have already adopted the Medicaid codes, the vast majority have not. “That’s a little more difficult road to travel,” he said.

For more information about CSAT’s SBIRT program, visit SAMHSA’s Web site at <http://www.sbirt.samhsa.gov>.

—By Rebecca A. Clay

For more on SBIRT grantees in Colorado, Pennsylvania, and Alaska, see pages 4 and 5.

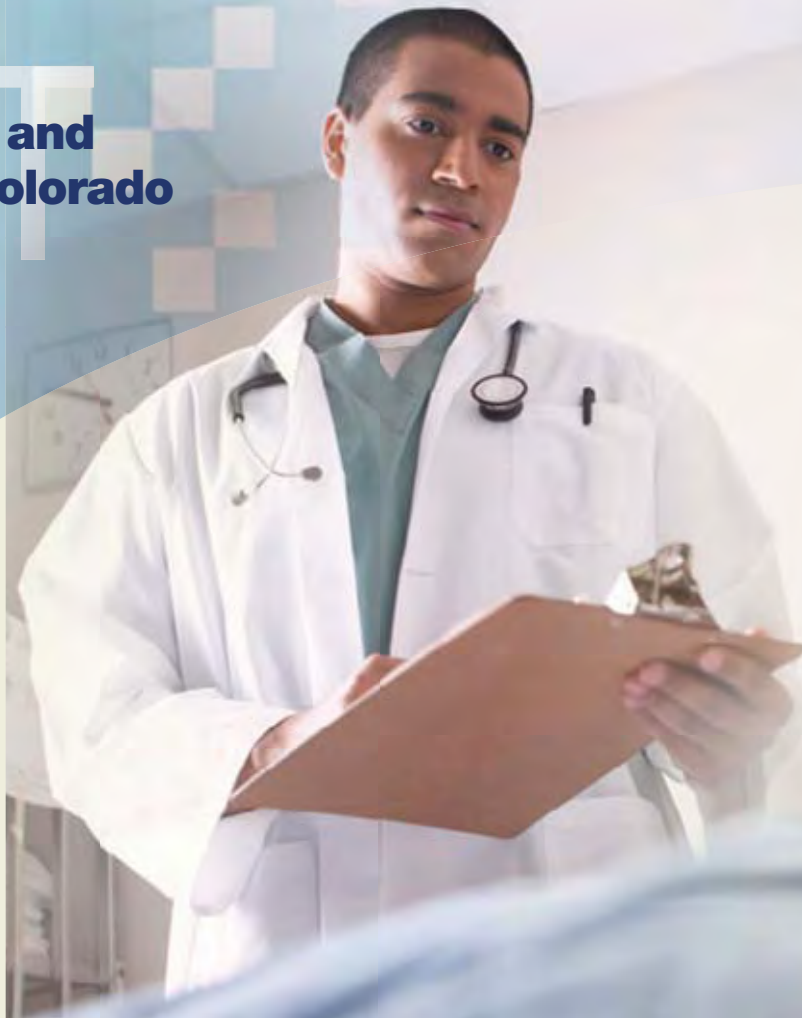
# SBIRT

## Normalizing Alcohol and Drug Screening in Colorado

José Esquibel has a dream: to make screening for alcohol and substance abuse problems as routine as diabetes screening in every health care facility in Colorado. And the Screening, Brief Intervention, and Referral to Treatment (SBIRT) grant the state received from SAMHSA in 2006 is helping to make that dream a reality.

“We really want to see SBIRT become standard practice in our state’s health care system,” said Mr. Esquibel, SBIRT Project Director and Director of Interagency Prevention Systems in Colorado’s Department of Public Health and Environment. Eight hospitals, six primary care settings, and eight HIV clinics across the state are already using the SBIRT approach. Funding for serving the HIV clinics comes from the state’s Ryan White CARE Act funding.

A project partner called the Colorado Clinical Guidelines Collaborative is helping to spread the word even more. This group of clinicians condenses best practices in various subject areas into two-page guides distributed to its network of physicians. (The SBIRT guideline is available at <http://www.coloradoguidelines.org/guidelines/sbirt.asp>.)



“Doctors can see at a glance what they can be doing,” said Mr. Esquibel.

To further ensure sustainability, the project is also targeting health care payers. The state recently passed a law requiring that insurance companies in Colorado

pay for alcohol screenings beginning in January 2010. And Mr. Esquibel is hopeful that the state legislature will agree to activate Medicaid billing codes in the next legislative session.

Now the project is taking the message to the public. The project’s Web site at <http://www.improvinghealthcolorado.org> includes information about substance abuse plus an ask-the-expert feature. “We want to communicate to the public that someone should be asking them questions about how alcohol and drugs affect their health whenever they’re in a health care setting,” said Mr. Esquibel. ▲



SBIRT Colorado health educators at a recent training and team-building retreat in Breckenridge, CO. SAMHSA funds the program, which is administered by the Colorado Department of Human Services/Division of Behavioral Health and managed by Peer Assistance Services, Inc.



“We really want to see SBIRT become standard practice in our state’s health care system.”

—José Esquibel, Project Director, Colorado SBIRT



## In Alaska: Reaching an Isolated Population

The area served by the Tanana Chiefs Conference (TCC)—a traditional tribal consortium of 42 villages in Alaska’s interior—covers 235,000 square miles or one-third of the Nation’s largest state. Although that area includes the urban center of Fairbanks, many inhabitants live in tiny villages accessible only in the summertime and only then by plane or boat.

With the help of a grant from SAMHSA, TCC seeks to bring Screening, Brief Intervention, and Referral to Treatment

(SBIRT) services to as many of these inhabitants as possible. Called *Seyeets Nezooh*—Athabaskan for “When my breathing is good, I can run a long time”—the project focuses primarily on the area’s Alaska Native and Native American population.

“Our prevalence rate for substance dependency is a little higher than the normal,” said Interim Project Director Shannon Sommer. “Our people—my people—need this.”

Currently, the project focuses on screening patients at the Chief Andrew Isaac Health Center and a women’s clinic in Fairbanks. “People come in to town to do any shopping and to get their primary health care needs met,” explained Ms. Sommer.

When patients sign in for their regular appointments, they undergo a three-question screening. Those who score positive meet with a behavioral health consultant for a more thorough screening of substance abuse and mental health concerns, then receive health education, a brief therapy session, or referral to more intensive treatment.

Next the project will begin spreading out to the villages. The first will be a larger “hub” village with a doctor on staff. Next year, the project plans to bring SBIRT to two smaller villages.

In these isolated villages, health aides will provide the initial screenings. For individuals who need more help, the solution will be telehealth: Patients will communicate with clinicians back in Fairbanks via phone or Internet. ▽

—By Rebecca A. Clay



## In Pennsylvania: Training the Next Generation

Pennsylvania’s Screening, Brief Intervention, and Referral to Treatment (SBIRT) grant is over, but work is underway to make sure that health care practitioners will be using the approach for generations to come.

With support from SAMHSA’s Medical Residency Program, the University of Pittsburgh Medical Center (UPMC) and other partners are creating a curriculum that will give medical residents across the state a thorough grounding in SBIRT-related knowledge and skills.

“We’re building the curriculum from the ground up,” explained Project Director Janice Pringle, Ph.D., Director of the Program Evaluation Research Unit at the University of Pittsburgh’s School of Pharmacy.

Drawing on the literature, the group is crafting an evidence-based curriculum that is flexible enough to be used across medical specialties. The curriculum’s mix of Web-based and didactic components will also mean that training programs can use it however works best for them. The group is also creating materials that will train “champions” and other faculty in the residency programs in how to use the curriculum.

“If we’re going to have physicians in the future incorporating SBIRT into their daily practice, we need to get them while they’re training,” said Project Co-Director Bill Johnjuly, M.D., Chairman of Family Medicine at UPMC Mercy. For more information about SAMHSA’s SBIRT Medical Residency Cooperative Agreements, visit <http://www.sbirt.samhsa.gov>. ▽

# Parity Law: Lessons Learned from California

A new article, published in the December 2009 issue of *Psychiatric Services*, examines experiences with implementing California's mental health parity law and discusses implications for the Federal Mental Health Parity and Addiction Equity Act of 2008. SAMHSA's Jeffrey Buck, Ph.D., is one of the article's authors.

This act is designed to ensure that insurance plans offer mental health coverage as part of the overall health benefit packages and to eliminate disparities between the coverage for mental health and more traditional physical health conditions. (See *SAMHSA News*, November/December 2008, for information on the Federal parity law.)

## CENTRAL FINDING

The report's central finding is that maximizing the effectiveness of these

parity efforts may depend heavily on educating the public about their insurance benefits.

The study in particular found that the lack of consumer knowledge of the parity law is a challenge. Nearly half of the consumer focus group participants indicated that they were not familiar with California's parity law even though more than three-quarters of them reported that they had a diagnosis covered by the law. Providers who participated in the focus group indicated that many consumers lacked understanding of their mental health benefits before and even after the law was put in place.

This study, conducted from September 2001 through January 2006, was geared to determine how effectively the parity law was adopted (in 2000) and what lessons from this experience could be

applied to the Federal parity law, which passed on October 3, 2008.

The study, "Implementation of Mental Health Parity: Lessons from California," not only identifies the importance of raising consumer awareness of parity, but also the need for increased oversight of performance of health plans in terms of issues such as access and equality.

The analysis is based on an extensive set of site visits, telephone interviews, and consumer and provider focus groups. A 14-person advisory panel reviewed the study design and analysis. The panel comprised California stakeholders and national experts.

Read *SAMHSA News* for continuing updates on the Federal parity law. To read the full text of the study, see *SAMHSA News* online, November/December 2009. ▾

## Funding Opportunities

SAMHSA recently announced the following funding opportunity for fiscal year 2010:

**Peer-to-Peer Recovery Support Services** (Application due date: February 10, 2010)—up to six grant awards, each about \$350,000 per year for up to 4 years, to deliver and evaluate peer-to-peer recovery services that help prevent relapse and promote sustained recovery from alcohol and drug use disorders. Applicants are expected to provide peer-to-peer recovery support services that are responsive to community needs and strengths and to carry out a performance assessment of these services.

The Recovery Community Services Program is intended to support peer leaders from the recovery community in providing recovery support services to people in recovery and their family members and to foster the growth of communities of recovery that will help individuals and families achieve and sustain long-term recovery.

SAMHSA's Center for Substance Abuse Treatment will administer the grants, which will total \$8.8 million over 4 years. (TI-10-010, \$8.8 million)

For more information on grant awards and funding opportunities, visit SAMHSA's Web site at <http://www.samhsa.gov/grants> or <http://www.grants.gov>. ▾

### Applying for a SAMHSA Grant

Print copies of Requests for Applications (RFAs), including copies of all necessary forms, are available through SAMHSA's Health Information Network. For a grants package, call 1-877-SAMHSA-7 or 1-877-726-4727. Online, SAMHSA's Web site offers the most up-to-date information on the Agency's latest funding opportunities, recent grant awards, and tips on grants management. Visit <http://www.samhsa.gov/grants>.

The Federal Government's Web site, <http://grants.gov>, helps streamline the process of finding and applying for Federal grants from multiple agencies. **Grants.gov** also offers a step-by-step process to follow to complete grant applications.

For "Tips on How To Write a Winning Proposal," see *SAMHSA News* online, September/October 2009. ▾

## Suicide Prevention Update: People Are Tweeting

Online activities performed by SAMHSA's Suicide Prevention Lifeline are stronger than ever. By having a presence on the Web, Lifeline staff members let people know about this national, toll-free, confidential resource.

### Twitter

According to Twitter data, approximately 43 percent of Lifeline tweets are "re-tweeted" compared to the average 4 percent. That means that of all the tweets posted by Lifeline, 43 percent of them are posted by other Twitter users to their own Twitter accounts.

Are you following Lifeline on Twitter? Join more than 700 people and get up-to-the-minute news and information about recent trends in suicide and what efforts are working to prevent loss of life. Visit <http://twitter.com/800273TALK>.

### Lifeline Gallery

The Lifeline Gallery at <http://www.lifeline-gallery.org> is growing—you can now hear the stories of nearly 550 people. Remember to make your avatar and share your story of hope and recovery. Visit <http://www.suicidepreventionlifeline.org>.



## Helpline Wallet Cards Available

New wallet cards with SAMHSA's helpline—1-800-662-HELP—are now available. "Take the first step to recovery," is the top message. The card also lets people know that free and confidential help is available 24 hours a day in English and Spanish.

To order multiple wallet cards, call SAMHSA's Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727). Request publication number SMA09-4465.



SAMHSA's Tribal Issues Work Group (TIWG) organized a demonstration of hoop dancing by two members of the Mino Hoop Dance Society as part of the Agency's celebration of National Native American Heritage Month in November. SAMHSA's Center for Substance Abuse Prevention (CSAP) funds the Native American Center for Excellence (NACE), which helped with the event. (L to r) Anthony J. Ernst (NACE), Carol McHale and Josefine Haynes-Battle (TIWG), Gary Neumann (NACE), Monica Raphael and hoop dancers Jonathan Anderson and Yvonne Shoko. Photograph by Estelle Bowman, TIWG.



## New & Interactive Online: Co-Occurring Disorders & Homelessness

SAMHSA's Center for Substance Abuse Treatment (CSAT) recently launched a Web site—<http://chab.samhsa.gov>—to help grantees, health professionals, and the public address problems of homelessness and co-occurring substance abuse and mental health disorders.

The site features an online library of tools designed to improve the effectiveness of prevention, treatment, and recovery programs operated by CSAT's Co-Occurring and Homeless Activities Branch (CHAB).

The CHAB Web site provides a platform for creating an interactive community of providers, consumers, policymakers, researchers, and public agencies at Federal, state, and local levels.

The Web site also provides users with the opportunity to read interviews with experts, engage in social networking, exchange information about effective approaches to common problems, and learn about upcoming events.

The CHAB site integrates Web 2.0 functions that encourage information sharing. For more information, visit <http://chab.samhsa.gov>. The new site is a component of SAMHSA's Homelessness Resource Center.

# Campaign Helps “Teen Influencers” Prevent Prescription Drug Misuse

Can you help stop teens from misusing prescription medications? Every day, teens come into contact with dozens of adults—from parents, grandparents, and other relatives to teachers, coaches, and doctors—who can have a positive influence on their lives.

Many people may want to help but aren't sure where to start. SAMHSA, in conjunction with the National Council on Patient Information and Education, recently launched a new campaign entitled

The campaign includes an online toolkit for presenting a training workshop. Materials include a presenter's guide, real-life scenarios, warning signs and symptoms, common myths about teen prescription drug abuse, brochures, and handouts tailored to specific audiences (e.g., parents, educators, doctors).

“These tools are essential for engaging youth and the adults who come in contact with them through a solid message that prescription drug misuse is dangerous and can be fatal,” said H. Westley Clark, M.D., J.D., M.P.H., Director of SAMHSA's Center for Substance Abuse Treatment.

## “WHAT'S THE BIG DEAL?”

Although the use of tobacco, alcohol, and illicit drugs among youth has declined from 2002 through 2008, many teens have turned to misusing prescription drugs, according to SAMHSA's National Survey on Drug Use and Health. In fact, approximately 2.8 million teens have abused prescription drugs (see box for more statistics on teen drug use).

One of the campaign's real-life scenarios involves a teen asking what is so bad about prescription drug abuse, noting that the medications are legal and available from any pharmacy. The materials give advice on how to answer questions like these, while conveying that prescription medications can be dangerous and even deadly when not taken under a doctor's supervision.

The materials also help adults to understand why teens might start abusing prescription medications. According to the Partnership for a Drug-Free America, dealing with pressures and school-related stress is cited as the number-one reason adolescents misuse prescription drugs.



## ONLINE TOOLKIT

The campaign's comprehensive online resources include a complete workshop module, which can be completed in 1 hour or less. No special training is required to give the presentation.

materials are available at <http://www.talkaboutrx.org>.

—By Kristin Blank



## New Data on Adolescents and Risk

Only 40 percent of adolescents perceive great risk from having five or more drinks of alcohol once or twice a week, according to a recent short report from SAMHSA's National Survey on Drug Use and Health.

Data show that one-third of the young people surveyed perceived great risk from smoking marijuana once a month.

The percentage of adolescents who perceived great risk from smoking one or more packs of cigarettes per day was

stable across age groups. However, the perception of the risk associated with having five or more drinks of alcohol once or twice a week and smoking marijuana once a month decreased with age. To read the report, visit <http://oas.samhsa.gov/2k9/158/158RiskPerceptions.cfm>.

For information on trends in marijuana use by youth, see SAMHSA News online, January/February 2009.



# Guidelines: Responding to Mental Health Crises

People with mental illnesses are vulnerable to repeated clinical and life crises that can have profound effects on the individual, families, and communities.

“These crises are not the inevitable consequences of mental disability,” said Paolo del Vecchio, M.S.W., Associate Director for Consumer Affairs at SAMHSA’s Center for Mental Health Services. “Rather, they represent the combined impact of additional factors, such as lack of access to essential services and supports, poverty, unstable housing, coexisting substance use, other health problems, discrimination, and victimization.”

A new resource from SAMHSA, *Practice Guidelines: Core Elements in Responding to Mental Health Crises*, defines appropriate responses to mental health crises.

Developed by a diverse expert panel that includes individuals with and without serious mental illnesses, these crisis guidelines promote two essential goals:

- Ensure that standards consistent with recovery and resilience guide mental health crisis interventions.
- Replace today’s largely reactive and cyclical approach to mental health crises with one that works toward reducing the likelihood of future emergencies and that produces better outcomes.

“These guidelines can be useful to a wide array of mental health stakeholders for quality assurance of current crisis response approaches and to plan for improved efforts,” said Mr. del Vecchio.

Situations involving mental health crises may include intense feelings of personal distress (anxiety, depression, anger, panic, or hopelessness), obvious changes in functioning (neglect of personal hygiene), or catastrophic life events.

Individuals experiencing mental health crises may encounter an array of people who try to intervene and help, including family members, peers, health care personnel, police, advocates, clergy, educators, and others.

## SAFE INTERVENTIONS

Several principles are key to ensuring that crisis intervention practices are enacted appropriately.

- Access to supports and services is timely, allowing for 24/7 availability and a capacity for outreach when an individual cannot come to a traditional service site.
- Services are provided in the least restrictive manner, which avoids the use of coercion, but also preserves the individual’s connectedness with his or her world.
- Peer support is available, affording opportunities for contact with others whose personal experiences with mental

health crises allow them to convey a sense of hopefulness.

- Adequate time is spent with the individual.
- Plans are strengths-based, which helps to affirm the individual’s role as an active partner in the resolution of the crisis by marshalling his or her capabilities.
- Emergency interventions consider the context of the individual’s overall plan of services.
- Crisis services are provided by individuals with appropriate training.
- Individuals in a self-defined crisis are not turned away.
- Interveners have a comprehensive understanding of the crisis.
- Helping the individual to regain a sense of control is a priority.
- Services are congruent with the culture, gender, race, age, sexual orientation, health literacy, and communication needs of the individual being served.
- Rights are respected.
- Services are trauma-informed.
- Recurring crises signal problems in assessment or care.
- Meaningful measures are taken to reduce the likelihood of future emergencies.

*Practice Guidelines: Core Elements in Responding to Mental Health Crises* is available in PDF format at <http://download.ncadi.samhsa.gov/ken/pdf/SMA09-4427.pdf>. ↴



## Mental Health Resources

- Mental Health Services Locator  
<http://mentalhealth.samhsa.gov/databases>
- Campaign for Mental Health Recovery  
<http://www.whatadifference.org>
- Statistics on mental health  
<http://oas.samhsa.gov/MH.cfm>
- National Center for Trauma-Informed Care  
<http://mentalhealth.samhsa.gov/nctic/default.asp>



## 2009 Voice Awards

### SAMHSA Honors Consumer Leaders, Writers, and Producers

Those in the entertainment industry are in a unique position to reach millions of viewers. At the 2009 Voice Awards, SAMHSA honored writers and producers who ensured an accurate portrayal of mental health issues.

Awards also were given to outstanding leaders in the mental health recovery movement who are working to promote the social inclusion of people with mental health issues and the possibility of recovery.

The event was hosted by Academy Award-winning actor and mental health consumer Richard Dreyfuss at Paramount Studios in Los Angeles.

#### CONSUMER AWARDS

SAMHSA bestowed Consumer Leadership Awards on five mental health

advocates and community leaders—Eric Arauz (North Brunswick, NJ); Marian Bacon (Memphis, TN); Mark Davis (Philadelphia, PA); John Kevin Hines (San Francisco, CA); and Ann Kirkwood (Boise, ID). The Young Adult Leadership Award was given to T.J. Curtis (Brooklyn, NY). These individuals were honored for their work to promote community acceptance and support to facilitate recovery for people with mental health issues.

A Lifetime Achievement Award was presented to Mary Ellen Copeland (West Dummerston, VT) for her contributions to the mental health recovery movement. Through her own experience with manic depression, she has conducted research and written many books on mental health recovery. Ms. Copeland also developed

the Wellness and Recovery Action Plan, a simple self-help system for identifying personal resources to get and stay well.

In addition, former U.S. Senator Gordon Smith of Oregon and Mrs. Sharon Smith, whose son Garrett died by suicide at age 21, received the SAMHSA Spotlight Award for heightening awareness about suicide prevention.

Senator Smith put forth legislation called the Garrett Lee Smith Memorial Act to provide funding for youth suicide prevention activities. These funds contribute to SAMHSA's Campus Suicide Prevention Grant program. See *SAMHSA News* online, November/December 2007 and May/June 2009 for highlights of how colleges and universities around the Nation use these funds to help keep young people safe.



Former U.S. Senator Gordon Smith (left) and his wife Sharon Smith (right) received the SAMHSA Spotlight Award for heightening awareness about suicide prevention.



Actor Ice-T accepts the Voice Award on behalf of "Law & Order: Special Victims Unit."



Cast and crew from the film *Autism: The Musical* smile for a photo upon arrival at the Paramount Studios Theatre.



(Left to right) Eric Arauz, Ann Kirkwood, T.J. Curtis, event host Richard Dreyfuss, Mark Davis, Kevin Hines, Mary Ellen Copeland, Marian Bacon, CMHS Director Kathryn Power, M.Ed., and Acting SAMHSA Administrator Eric B. Broderick, D.D.S., M.P.H. Mr. Arauz, Ms. Kirkwood, Mr. Davis, Mr. Hines, and Ms. Bacon received Consumer Leadership Awards. Mr. Curtis received the Young Adult Leadership Award. Ms. Copeland was honored with a Lifetime Achievement Award.

## ENTERTAINMENT WINNERS

SAMHSA honored five-time Academy Award nominee Glenn Close with a Special Recognition Award for her work to educate the public about the effect of stigma on those with mental illness and their families.

Writers and producers received Voice Awards for their work on the following projects. The specific mental health issue addressed is in parentheses.

## TELEVISION

- “Grey’s Anatomy” for the episode “Sweet Surrender” (post-traumatic stress disorder [PTSD])

- “United States of Tara” for the episode “Inspiration” (dissociative identity disorder)
- “90210” for the episodes “Off the Rails” and “Okaeri, Donna!” (bipolar disorder)
- “Monk” for the episode “Mr. Monk’s 100th Case” (obsessive compulsive disorder)
- “Law & Order: SVU” for the episode “Trials” (PTSD)
- “In Treatment” for the episode “Gina” (depression)
- *Front of the Class*, a made-for-television movie (Tourette’s Syndrome).

## FILM

- *The Soloist* (schizophrenia)
- *Lars and the Real Girl* (delusional disorder)
- *Michael Clayton* (bipolar disorder)
- *Helen* (depression).

## DOCUMENTARY

- *Autism: The Musical* (autism)
- *In a Dream* (delusional disorder)
- MTV Network’s “True Life: I Have Schizophrenia” (schizophrenia).

For more details about the 2009 winners, visit *SAMHSA News* online. For more information about the Voice Awards, visit <http://voiceawards.samhsa.gov>.



Paolo del Vecchio, M.S.W., Associate Director for Consumer Affairs at CMHS (left), presents Mary Ellen Copeland (right) with the Lifetime Achievement Award.



Gary M. Blau, Ph.D., Chief of SAMHSA’s Child, Adolescent, and Family Branch at CMHS (left), presents T.J. Curtis (right) with the Young Adult Leadership Award.



Actor Aasha Davis (left) presents a Voice Award to writers William Harper (center) and Sonay Washington (right) for “Grey’s Anatomy.”

# Updated Web Site, New Publication on Child Welfare

A redesign for the Web site and a new publication on substance-exposed infants are just a few of the updates for SAMHSA's National Center on Substance Abuse and Child Welfare (NCSACW).

## WEB SITE

NCSACW's updated Web site at <http://www.ncsacw.samhsa.gov> is optimized so that stakeholder groups can find the information they need quickly, choosing from relevant topics tailored to child welfare, substance abuse, and the courts.

Online training courses on substance use disorders and child welfare are available. Several states now require that child welfare workers pass these courses. In addition, there are courses for family law practitioners. Resource materials and helpful models from around the Nation on how they "improved systems linkages" are also provided.

## SUBSTANCE-EXPOSED INFANTS

"Media coverage about substance-exposed newborns may fall off the front pages," said Nancy K. Young, Ph.D., NCSACW Director, "but that doesn't mean the problem has gone away."

Dr. Young is one of the authors of a new SAMHSA publication, *Substance-Exposed Infants: State Responses to the Problem*. The publication's goal is to identify ways that states have addressed



the issue. The authors suggest a cross-agency, unified approach to the issue that affects more than 7 million children under age 18 and could affect the Nation's communities for generations to come.

Statistics included in the study show that each year, an estimated 400,000 to 440,000 infants (10 to 11 percent of all births) are affected by prenatal alcohol or illicit drug exposure. This can cause a spectrum of physical, emotional, and developmental problems that can be long-lasting, especially if the situation is not detected and early intervention put in place right away.

## COOPERATION IS KEY

"We're placing the emphasis on prevention," said Dr. Young. "Policy changes may often start with the substance abuse treatment agency, but the health department, the education department, the child welfare department, income support—all of the state agencies that touch families—need to be on the same page to help prevent and address this issue."

According to Dr. Young, 10 to 11 percent of all births is "a very important number, because it can be an indicator of later involvement in child welfare services and the child neglect and education issues that become remediation instead of prevention."

Sharon Amatetti, SAMHSA Project Officer for the publication, noted that most studies and discussions about substance-exposed newborns focus on the period of pregnancy and birth. However, the authors felt that this timeframe was too limited. Instead, the study analyzes how the states are doing in five areas: (1) pre-pregnancy prevention efforts; (2) prenatal screening; (3) detection at birth; (4) neonatal care; and (5) services to substance-exposed infants and their families as the child develops.

To download *Substance-Exposed Infants: State Responses to the Problem*, visit <http://www.ncsacw.samhsa.gov/substance-exposed-infants.asp>. To learn more about NCSACW, visit the newly redesigned Web site at <http://www.ncsacw.samhsa.gov>.

—By Virginia Hartman

## Resources on Children

- *Screening and Assessment for Family Engagement, Retention, and Recovery (SAFERR)*  
<http://www.ncsacw.samhsa.gov/files/SAFERR.pdf>
- Treatment Improvement Protocols (TIPs) on children and family issues  
<http://kap.samhsa.gov/products/manuals/tips/index.htm#children>
- SAMHSA's Fetal Alcohol Spectrum Disorders (FASD) Center for Excellence  
<http://fascenter.samhsa.gov>

# New Research on Homelessness and Parenting

For mental health and substance abuse counselors and clinicians, keeping at-risk families together can be a challenge in the best of circumstances. If parents and children are experiencing homelessness, the challenge is even greater. Yet prior research on homelessness has focused only minimally on families and the role of parenting.

To help, SAMHSA's Homelessness Resource Center (HRC) recently guest-edited a Special Section of the *American Journal of Orthopsychiatry*. Released in October 2009, all 10 articles are downloadable at no charge from the HRC Web site.

This Special Section fills a significant gap. The research articles and editorials provide important insights into the needs of parents and children who are experiencing homelessness.

"Our goal on this project was to offer cutting-edge research and information," said Deborah Stone, Ph.D., SAMHSA's HRC Project Officer at the Homeless and Co-Occurring Programs Branch at SAMHSA's Center for Mental Health Services. "We wanted to bring up some of the issues people are talking about. In the past, CMHS focused primarily on the chronically homeless individual. However, we decided to expand that focus and look at families—because in the field, service providers work with families as well as individuals."

## A GROWING PROBLEM

In the *Overview and Introduction to the Special Section*, authors Ellen L. Bassuk, M.D., and Kristin Paquette cite statistics, summarize the changing needs of families who are homeless, and emphasize the importance of parenting as a central identity. They also highlight the research findings, insights, and possible interventions encompassed in the articles that follow.

## KEY TOPICS

Research topics addressed in the Special Section include:

- Social supports and nontraditional family networks among families who are homeless
- Evidence-based mental health interventions that empower parents and provide safety and structure for children experiencing homelessness
- Interrelationships between homelessness and foster care
- The impact of homelessness on families who experience other behavioral health problems.

## CONSUMER, PROVIDER VIEWPOINTS

In addition to research studies, two of the articles are personal commentaries. One parent who had experienced homelessness, Gladys Fonfield-Ayinla, wrote, "Homelessness is a situation, not

a personality trait. It does not make a person any less capable of being a loving parent." A pediatric nurse practitioner, Betty Schulz, P.N.P.-B.C., also provided a commentary on the challenges and successes of her work.

Other research and review articles include policy, practice, and research recommendations on ways to help parents stabilize their lives, care for their children, and move out of homelessness.

SAMHSA's Homelessness Resource Center is dedicated to improving the daily lives of people who are homeless and who have mental illness, substance use problems, co-occurring disorders, or trauma histories. HRC's work includes onsite and virtual training (on the Web), technical assistance, knowledge products, and an interactive Web 2.0 site targeted to direct service providers. (See *SAMHSA News* online, July/August 2008.)

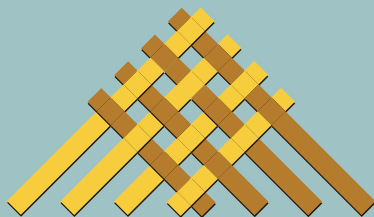
To download each article in PDF format, visit SAMHSA's HRC Web site at <http://homeless.samhsa.gov/Organization/Parenting-and-Homelessness---FREE-Access-to-Full-Articles-403.aspx>. To view thumbnail abstracts of each article, see *SAMHSA News* online.

The *American Journal of Orthopsychiatry* is a publication of the American Psychological Association. For more information, visit <http://www.apa.org/journals/ort>. ↙

—By Virginia Hartman

"Homelessness is a situation, not a personality trait. It does not make a person any less capable of being a loving parent."

—Gladys Fonfield-Ayinla



<http://homeless.samhsa.gov>

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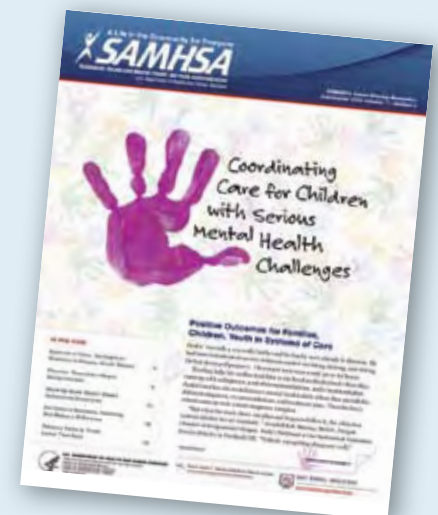
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# To Our Readers

## SAMHSA News 2009

Our redesigned print newsletter launched this year with a closeup of SAMHSA's Drug Free Communities program and a highlight of a Queen Anne's County, MD, grantee. Other cover stories delved into SAMHSA's work on treatment as an alternative to jail for people with mental illness, care for children with serious mental illness, and the philosophy of recovery.

Suicide prevention was an ongoing topic this year. Keeping SAMHSA's suicide prevention efforts in the news included highlighting the relationship between substance abuse and suicide (Jan/Feb, page 8), new social media connections to SAMHSA's Suicide Prevention Lifeline at 1-800-273-TALK (Mar/Apr, page 13, and July/August, page 13), suicide prevention on college campuses (May/June cover story), and support for survivors of suicide loss (Sep/Oct, page 13).

We informed our readers about publication releases, especially SAMHSA's Treatment Improvement Protocols (TIPs). *SAMHSA News* highlighted six new releases in this series this year as well as many other publications available free from SAMHSA's Health Information Network at 1-877-SAMHSA-7.

To you, our readers, we extend our thanks for your comments and feedback about *SAMHSA News* in print and online, and your requests for specific topics for future newsletters. Your feedback helps make each issue more relevant to you. We hope to hear from you in 2010!

Wishing you a Happy New Year,

The *SAMHSA News* Team



# We'd Like To **Hear** From You

We appreciate your feedback! Please send your comments, article ideas, and requests to: Kristin Blank, Associate Editor—*SAMHSA News*, IQ Solutions, Inc., 11300 Rockville Pike, Suite 901, Rockville, MD 20852. Send email to [samhsanews@iqsolutions.com](mailto:samhsanews@iqsolutions.com) or fax to 301-984-4416.

Comments:

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In the current issue, I found these articles particularly interesting or useful:

## Highlights

- New Administrator Arrives
- Parity Law: Lessons Learned
- Voice Awards Honor Consumer Leaders

## Screening, Brief Intervention

- New Populations, New Effectiveness Data
- Colorado: Normalizing Alcohol and Drug Screening
- Alaska: Reaching an Isolated Population
- Pennsylvania: Creating a Curriculum

## On the Web

- New Research on Homelessness and Parenting
- Co-Occurring Disorders & Homelessness

- New Web Site on Child Welfare
- Suicide Prevention Lifeline: 1-800-273-TALK

## Publications

- Responding to Mental Health Crises
- Helping Substance-Exposed Infants
- TIP 52: A Guide for Clinical Supervision
- New Wallet Cards for 1-800-662-HELP

## About Teenagers

- "Teen Influencers" Can Prevent Prescription Drug Misuse
- Perceptions of Risk from Substance Use

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*SAMHSA News* is the national newsletter of the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health & Human Services (HHS). The newsletter is published six times a year by the Agency's Office of Communications.

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## Comments

*SAMHSA News* online has a convenient, new "feedback" button for you to send us a comment or suggestion. You can also use the space at the left to write your comments by hand. Either way, we look forward to hearing from you!

## Reprints

We encourage you to reprint articles as often as you like. To give proper credit, please follow the format of the sample citation below:

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## SAMHSA's Administrator and Center Directors

Pamela S. Hyde, J.D.  
Administrator, SAMHSA

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

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

Frances M. Harding  
Director, Center for Substance Abuse Prevention



**SAMHSA's 24 Hour  
Toll-Free Referral Helpline  
1-800 662 HELP  
<http://www.samhsa.gov/treatment>**

## TIP 52: A Guide for Clinical Supervision

Clinical supervision has become the cornerstone of quality improvement in the substance abuse treatment field.

“Supervision ensures that counselors continue to increase their skills,” said H. Westley Clark, M.D., J.D., M.P.H., Director of SAMHSA’s Center for Substance Abuse Treatment (CSAT). “That increases treatment effectiveness, client retention, and staff satisfaction.”

CSAT’s new Treatment Improvement Protocol 52 (TIP 52), *Clinical Supervision and Professional Development of the Substance Abuse Counselor*, offers best-practice guidelines and basic information for clinical supervisors and program administrators.

Providing a bridge between the classroom and the clinic, clinical supervision improves client care and develops the professionalism of clinical personnel. Clinical supervision also helps maintain ethical standards in the field and ensures those standards are widely shared.

“TIP 52 focuses on teaching, coaching, consulting, and mentoring functions,” said the protocol’s Consensus Panel Chair, David J. Powell, Ph.D., president of the International Center for Health Concerns, Inc., East Granby, CT.

### WHAT IS CLINICAL SUPERVISION?

According to Dr. Powell, clinical supervision is “a disciplined, tutorial process in which principles are transformed into practical skills.”

The clinical supervisor also serves as liaison between administrative and clinical staff. “Teacher, coach, mentor, consultant—the roles of the clinical supervisor are key to staff retention and morale,” said John Porter, M.S., Northwest Frontier Addiction Technology Transfer Center (ATTC), Wilsonville, OR. “Our clients are better served in a collegial, team-building atmosphere.”

Effective clinical supervision ultimately ensures that clients receive appropriate and competent services.

### ABOUT THE MANUAL

Topics include cultural competence, ethical and legal issues, dual relationships and boundary issues, informed consent, confidentiality, and supervisor ethics. Divided into three major sections, TIP 52 includes the following:

**Part 1:** Designed for supervisors, this section presents the basics of clinical supervision, including representative vignettes of specific scenarios, master supervisor notes and comments to show the thinking behind the supervisor’s approach in each vignette, and how-to descriptions of effective techniques.

**Part 2:** A hands-on guide, this section helps program administrators understand the benefits and rationale behind



providing clinical supervision for their program’s substance abuse counselors. Tools are described to ease tasks associated with implementing a clinical supervision system.

**Part 3:** A literature review is included online only for clinical supervisors, interested counselors, and administrators.

### HOW TO ORDER

To order print copies of TIP 52, call SAMHSA’s Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727). Request publication number SMA09-4435.

Download a full-text PDF version (158 pages) at SAMHSA’s Knowledge Application Program (KAP) Web site, <http://kap.samhsa.gov/products/manuals/tips/pdf/TIP52.pdf>. Download the online literature review at [http://kap.samhsa.gov/products/manuals/tips/pdf/TIP52\\_LitRev.pdf](http://kap.samhsa.gov/products/manuals/tips/pdf/TIP52_LitRev.pdf). ↵

## What Is a TIP?

The manuals in the Treatment Improvement Protocol (TIP) series are best-practice guidelines for substance abuse treatment. The Division of Services Improvement at CSAT draws on the experience and knowledge of clinical, research, and administrative experts to produce the manuals, which are distributed to facilities and individuals across the country.

Other manuals from SAMHSA’s Knowledge Application Program include the Technical Assistance Publications. Learn more at <http://kap.samhsa.gov>. ↵



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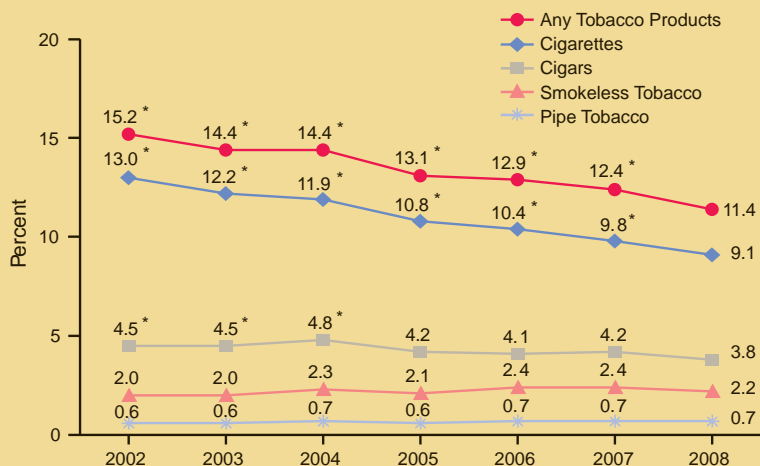
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## Trends at a Glance: Youth Tobacco Use Declines: 2002 to 2008

Fewer young people are using cigarettes or any other kind of tobacco product, according to new SAMHSA data. Get the details from *SAMHSA News* online.



\* Difference between this estimate and the 2008 estimate is statistically significant at the .05 level.

Source: SAMHSA, Office of Applied Studies. (October 15, 2009). *The NSDUH Report: Trends in Tobacco Use among Adolescents: 2002 to 2008*. Figure 1: Past-Month Tobacco Use among Youth Age 12 to 17: 2002 to 2008. Rockville, MD.

## There's **More**

Go online to read more from *SAMHSA News* at <http://www.samhsa.gov/samhsaNewsletter>.  
**Read about . . .**



### Menthol Cigarettes

More smokers are using menthol cigarettes, especially when smoking for the first time.



### States in Brief

Fifty-two new short reports highlight gender differences and varying behavioral health problems among adolescents.