A Life in the Community for Everyone

SAMHSA NEWS

Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

SAMHSA's Award-Winning Newsletter
January/February 2010, Volume 18, Number 1

Parity: HHS Secretary Sebelius Speaks

Editor's Note: U.S. Department of Health and Human Services Secretary, Kathleen Sebelius, delivered comments about parity in Towson, MD, at Sheppard Pratt, an organization that provides care for consumers of mental health services. The Secretary also discussed parity and other topics during a recent visit to SAMHSA. (See page 2.)

"We need to understand what we mean when we say 'parity.' What we're really talking about is 'parity in reimbursement by private health insurance plans that cover mental health and substance abuse services.'

That is significant, but it's just a starting point. A broader definition of parity encompasses investments in prevention, investments in health care delivery reform, investments in support services like housing that can affect behavioral health outcomes, and investments in treatment and service system research.

And it's this fuller version of parity that we should be striving for. Parity establishes the principle that, as a society,

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PARITY

LANDMARK LEGISLATION TAKES EFFECT.

WHAT ARE THE IMPLICATIONS FOR MILLIONS OF AMERICANS?

On January 1, 2010, the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 went into effect, with interim final regulations issued on January 29 (see page 4). What will the law do for people with mental health and substance abuse disorders and their families?

Passed as part of the stimulus package, the law ends discrimination against consumers of mental health and substance abuse treatment services in many health insurance plans. That means it gives consumers better access to the care they need.

"The passage of this landmark legislation was the culmination of years of work by consumers, providers, advocates, and others," said SAMHSA Administrator Pamela S. Hyde, J.D. "This historic occasion marks the beginning of improved coverage for an estimated 113 million Americans."

ENDING UNEQUAL TREATMENT

In the past, health plans have often treated mental health and substance abuse treatment services differently than they have medical and surgical benefits. The new parity law ends that practice in group health plans offered by employers with more than 50 employees.

Now plans that offer both physical and mental health benefits must treat the two similarly, explained Kevin D. Hennessy, Ph.D., the Science to Service Coordinator in SAMHSA's Office of Policy, Program, and Budget.

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Welcoming HHS Secretary Sebelius

On January 19, 2010, U.S. Department of Health and Human Services Secretary Kathleen Sebelius visited SAMHSA to learn more about the Agency's priority programs and initiatives (see photos). "Our efforts can only be successful with much collaboration with many partners, throughout the Government and the private sector," she said.

First row, left photo: Administrator Pamela S. Hyde (right) and Secretary Sebelius (left). First row, right photo: Dr. Eric Broderick (left) describes some of SAMHSA's current initiatives. Second row, left photo: Frances M. Harding (right), Director, SAMHSA's Center for Substance Abuse Prevention, listens to a question from the Secretary. Second row, right photo: Dr. H. Westley Clark (right), Director, SAMHSA's Center for Substance Abuse Treatment, talks with the Secretary and *Recovery Month*'s Ivette Torres (left). Third row, left photo: A. Kathryn Power (right), Director, SAMHSA's Center for Mental Health Services, and Anne Mathews-Younes (left).

PARITY UPDATE <<p.1

"Historically, access to care has been low," said Dr. Hennessy, noting that financial concerns are one of the primary obstacles to receiving care. SAMHSA's 2008 National Survey on Drug Use and Health, for example, found that by far the biggest barrier to people receiving the treatment they needed was lack of health coverage and inability to pay. "Now those financial reasons should be less of a barrier," said Dr. Hennessy.

The law focuses primarily on two areas: financial requirements and treatment limitations.

Financial requirements, such as copayments, deductibles, and out-of-pocket limits, must be the same for both mental health and substance abuse services, and medical and surgical services.

Similarly, the number of visits allowed, duration of treatment, and other treatment limitations can't be more restrictive for mental health and substance abuse services.

Regulations released in January 2010 flesh out the details of the law's implementation. The regulations were crafted by the Centers for Medicare & Medicaid Services within the U.S. Department of Health and Human Services, the Internal Revenue Service within the U.S. Department of the Treasury, and the Employee Benefits Security Administration within the U.S. Department of Labor, which are responsible for enforcing different aspects of the law.

SAMHSA's staff helped analyze more than 400 public comments after the law was passed. SAMHSA also helped identify key issues to include in the regulations and draft the document's language. "We played an important behind-the-scenes role," said Dr. Hennessy.

"SAMHSA is committed to making sure that everybody knows how

Comments by HHS Secretary Sebelius <<p.1

we have just as much of an obligation and interest in treating diseases of the brain as we do diseases that affect the rest of the body.

Thanks to the [parity law], millions of Americans with mental illness and substance abuse disorders will get the care they need."

To read the Secretary's complete speech presented in Towson, MD, in December 2009, visit **http://www.hhs.gov/secretary/speeches/sp20091215a.html.**

HHS Secretary Sebelius (left) is introduced to SAMHSA staff by SAMHSA Administrator Pamela S. Hyde (right) during her visit to the Agency. HHS Deputy Secretary Bill Corr (center) also attended. "The work you at SAMHSA are doing is critical to the health of this Nation. Roll up your sleeves because we've only just begun," the Secretary said.

parity can help people with substance abuse issues get the help they need more than ever before," said H. Westley Clark, M.D., J.D., M.P.H., Director of SAMHSA's Center for Substance Abuse Treatment (CSAT).

UNDERSTANDING THE REGULATIONS

One important element of the regulations is that parity needs to be "operationalized" in six classes of benefits, explained Dr. Hennessy. Covered plans must ensure parity of financial requirements and treatment limitations within inpatient/in-network services, inpatient/out-of-network services, outpatient/in-network services, outpatient/out-of-network services, emergency care, and prescription drug coverage.

"Insurers need to offer mental health and substance abuse benefits in any of the classes they're offering medical and surgical benefits," Dr. Hennessy explained. "For example, they can't just offer inpatient mental health services when on the medical and surgical side, they're offering inpatient, outpatient, prescription drug, and emergency care."

Another key part of the regulations is the area of "non-quantitative" treatment limitations. Insurers use various techniques to manage costs. They may require beneficiaries to get pre-approval before receiving certain types of treatment, for instance. Or they might require beneficiaries to try a less intensive type of treatment before allowing them to move up to a more intensive level of services.

According to the new regulations, insurers cannot apply these utilization management techniques differently for mental health and substance abuse services than they do for medical and surgical benefits.

The regulations also clarify that the parity law applies to Medicaid managed care plans and the State Children's Health Insurance Program. While the parity law doesn't apply to Medicare patients, the recent Medicare Improvements for Patients and Providers Act brings parity to copayments for outpatient mental health services.

Of course, the parity law doesn't affect everyone. "Small employers are essentially exempt," said Dr. Hennessy, noting that the law doesn't cover employers with 50 or fewer employees. And while the law mandates parity in plans that offer mental health and substance abuse services, it doesn't require plans to offer those services.

NEXT STEPS

Just passing the law isn't enough, emphasized Jeffrey A. Buck, Ph.D., Chief of the Survey, Analysis, and Financing Branch in the Division of State and Community Systems Development at SAMHSA's Center for Mental Health Services (CMHS).

"Passage of the law doesn't get you there," said Dr. Buck. "There are things you need to do after a law like this is passed to make sure it's truly effective."

Recent research by Dr. Buck and others shows why that's so. Published in the journal *Psychiatric Services* in December 2009, the study looked at what happened in California after the state implemented its own parity law in 2000. (See "Parity Law: Lessons Learned from California" *SAMHSA News,* November/December 2009.) The research showed that 44 percent of the consumers in the study weren't familiar with the law, even though most of them had diagnoses covered by it.

The implications of that research are clear as the national parity law rolls out, said Dr. Hennessy.

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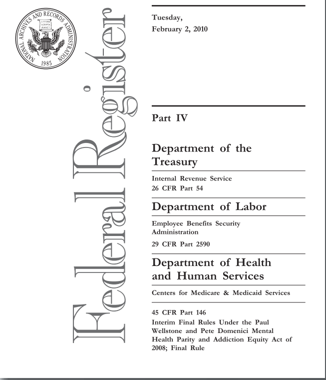
Parity Interim Final Regulations Released, 90 Days for Public Comments


Federal Register

Tuesday,
February 2, 2010

Part IV

Department of the Treasury

Internal Revenue Service
26 CFR Part 54

Department of Labor

Employee Benefits Security Administration
29 CFR Part 2590

Department of Health and Human Services

Centers for Medicare & Medicaid Services

45 CFR Part 146
Interim Final Rules Under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008; Final Rule

On January 29, 2010, the U.S. Departments of Health and Human Services (HHS), Labor, and the Treasury jointly issued interim final rules that will govern how group health plans and group health insurance issuers will put into practice the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008.

Published in the February 2 issue of the *Federal Register* (see the full text at **http://edocket.access.gpo.gov/2010/pdf/2010-2167.pdf),** the rules go into effect April 5, 2010.

MAKE YOUR VOICE HEARD

As interim final rules, the regulations are subject to revision. In fact, the Government is actively soliciting input from the public. Comments are due on or before May 3, 2010.

Submit your written comments to any of the addresses below. Please do not submit duplicates.

- **HHS:** Refer to CMS–4140–IFC
  By Federal eRulemaking Portal: **http://www.regulations.gov** (Follow the instructions under the "More Search Options" tab.)
  By regular mail: Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services, Attention: CMS–4140–IFC, P.O. Box 8016, Baltimore, MD 21244–1850

- **Department of Labor:** Refer to RIN 1210–AB30
  By Federal eRulemaking Portal: **http://www.regulations.gov** (Follow the instructions for submitting comments.)
  By email: E-OHPSCA.EBSA@dol.gov
  By regular mail: Office of Health Plan Standards and Compliance Assistance, Employee Benefits Security Administration, Room N–5653, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, DC 20210, Attention: RIN 1210–AB30

- **Internal Revenue Service:** Refer to REG–120692–09
  By Federal eRulemaking Portal: **http://www.regulations.gov** (Follow the instructions for submitting comments.)
  By regular mail: CC:PA:LPD:PR (REG–120692–09), Room 5205, Internal Revenue Service, P.O. Box 7604, Ben Franklin Station, Washington, DC 20044

For instructions on hand delivery, overnight mail, or courier service, please refer to the *Federal Register* document for specific direction.

WHAT OTHERS ARE SAYING

Consumer groups, professional societies, and others applauded the new regulations.

"Parity regulations are an important milestone on the road to ending the unnecessary suffering for millions of Americans with treatable mental illness and addictions," said Linda Rosenberg, President and Chief Executive Officer of the National Council for Community Behavioral Healthcare. "Now people in need won't have to go without treatment because of discriminatory insurance policies."

Patients are already benefiting, said Kathleen Nordal, Ph.D., Executive Director for Professional Practice at the American Psychological Association. "Since January 1," she said, "patients have seen copayments and co-insurance for psychological services reduced as mental health treatment is covered at parity with physical health care."

A national advocacy group, Faces & Voices of Recovery, called for further advocacy. "Some insurance companies have already put plans in place that fall short of this law's intent, severely restricting patients' access to life-saving care," said Vice Chair Stephen Gumbley. "This needs to change, and we encourage individuals and families covered by these plans to ask them to fully implement policies consistent with this new law."

PARITY UPDATE <<p.3

EDUCATING PROVIDERS

The first step is education. "Providers should make sure that they become familiar with the law and its provisions and understand how it will affect the people they are serving," Dr. Hennessy said, noting that providers should review the benefits offered by the insurers that cover their clients. Providers also have an important role in monitoring whether insurers are following the law according to the regulations.

SAMHSA plans to develop materials and provide technical assistance to help various constituencies understand the law's provisions and the rights and responsibilities of those affected, he added.

"For consumers of mental health services, the parity law can make a difference," said A. Kathryn Power, Director of CMHS. "Whether it's access to counseling, medications, or building awareness about mental health, we are hopeful this law will help create more access to services."

—By Rebecca A. Clay

PBS's *This Emotional Life:* Documentary Launches a Campaign of Hope

Millions of Americans struggle to find more meaning in their lives every day.

To help, Vulcan Productions and NOVA/WGBH brought together a number of public and private organizations around a nationwide, multi-faceted project launched in conjunction with the recent PBS series, *This Emotional Life.*

The 2-year campaign aims to bring help and hope to those trying to improve their lives. The campaign includes SAMHSA, the National Alliance on Mental Illness, the Mayo Clinic, Blue Star Families, and other organizations.

"This is a unique opportunity to leverage the power of media to effect societal change—in this case, in the area of mental health and emotional well-being," said A. Kathryn Power, M.Ed., Director of SAMHSA's Center for Mental Health Services. "SAMHSA is working closely with the *This Emotional Life* team to make sure that the information, stories, and resources that make up this unprecedented project get to the people who need them most."

DOCUMENTARY & WEB SITE

What do an uncontrollably angry teen and a misunderstood lottery winner have in common? Or how about a young husband misunderstood by his wife and an elderly woman on her way to a senior center? They were all interviewed for the PBS series *This Emotional Life,* which premiered over 3 days in early January 2010.

This Emotional Life is a multi-platform endeavor that explores the science behind the human quest for emotional well-being, the barriers that stand in the way of this pursuit, and the importance of social relationships in surmounting life's challenges and finding happiness.

"The TV series is the cornerstone of a broader project to help people form better, deeper, and more profound human connections," said Richard Hutton, Senior Executive Producer of Vulcan Productions.

This Emotional Life is complemented by a Web site, **http://www.pbs.org/thisemotionallife,** which provides vetted resources to build social support networks around topics highlighted in the series, such as the importance of early attachment, how to heal strained or damaged relationships, post-traumatic stress disorder (PTSD), stress, depression, grief, resilience, and our pursuit of happiness.

TOOLKITS

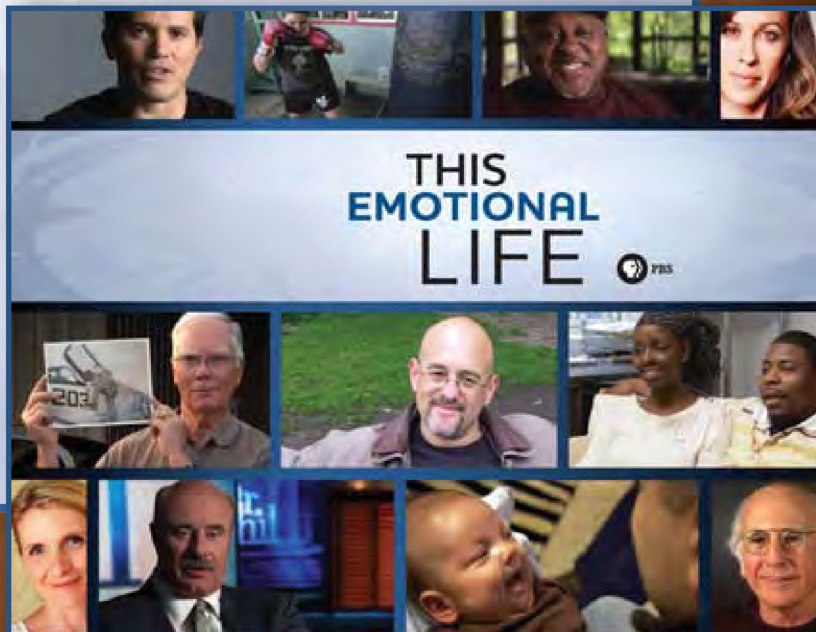
Vulcan Productions is developing two toolkits, one that addresses early attachment for parents of infants and a second that addresses the emotional challenges faced by military service members and their families during the deployment cycle.

SAMHSA is distributing and assembling the "Early Moments Matter" toolkit designed to educate parents and caregivers of infants about what attachment is and why it's important.

The toolkit also provides parents concrete advice on ways to build attachment, a key to healthy social and emotional development. It will be distributed in high-birthrate hospitals, pediatric doctors' offices, and community-based clinics, as well as through partners who serve expecting and new parents.

"The Family Guide to Military Deployment" will provide tangible resources and tools to the families and friends of some of the 1.8 million servicemen and women who have been deployed, helping them face the emotional challenges typical of pre-deployment, deployment, and post-deployment.

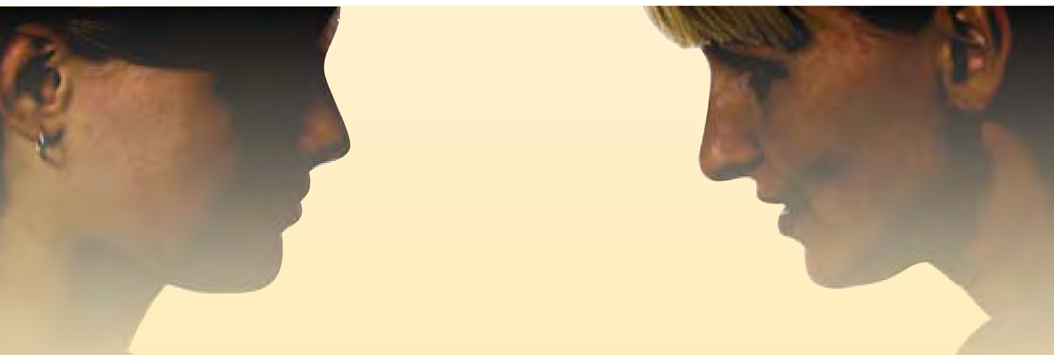
For details about the documentary and campaign, visit **http://www.pbs.org/thisemotionallife.** Visit SAMHSA's Web site for information about mental health and substance abuse at **http://www.samhsa.gov.**



What is happiness? To explore that question and others, this documentary aired on PBS over 3 nights in early January and launched a national 2-year campaign.

Preventing Underage Drinking

Resources To Start a Conversation



Game Helps Parents and Children Talk about Alcohol

A new DVD game designed to be played on a computer brings parents and children together to talk about the dangers of underage drinking.

Ready, Set, Listen!, developed by SAMHSA's Center for Substance Abuse Prevention (CSAP), offers a fun and interactive experience that introduces and reinforces the importance of family discussion on an important subject.

The game has two goals:

- To increase the number of conversations that parents and caregivers have with children age 9 to 13 about the harms of underage alcohol use.
- To increase the percentage of children, parents, and caregivers who see underage alcohol use as harmful.

The computer game evolved from a traditional board game format and is available in English and Spanish.

"SAFE HARBORS"

The game includes a set of "Safe Harbors," which are guidelines that focus on six principles:

1. Establish and maintain good communication with your child.
2. Get involved in your child's life.
3. Make clear rules and enforce them with consistency and appropriate consequences.
4. Be a positive role model.
5. Help your child deal with the need for peer acceptance.
6. Monitor your child's activities.

Some of the ideas included in the "Safe Harbors" encourage parents to get to know their child's friends and their parents; to allow for daily one-on-one time with their child; to ask for their child's opinions; and to help their child say no to alcohol offered by peers.

PLAYING THE GAME

The game works best when played with two to six players, both youth and adults together. Three types of game cards are also included.

- **Facts Cards** help players learn the facts about alcohol and clear up myths and common misconceptions.
- **Feeling Cards** open up communication between players by beginning a dialogue about underage drinking and what can be done to prevent it.
- **Challenge Cards** ask players to respond to made-up situations so they can discuss challenges and problems concerning alcohol.

The DVDs are available to order from SAMHSA's Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727). For the English-language version of *Ready, Set, Listen!* ask for publication number SMA09-4469. For the Spanish-language version, ask for publication number SMA09-4470.

For more information about SAMHSA's efforts to prevent underage drinking, visit **http://www.toosmarttostart.samhsa.gov.**

"Underage drinking is of concern to every family in America. SAMHSA's *Too Smart To Start* initiative is building awareness in communities across the Nation to keep our children safe."

—Frances M. Harding, Director
SAMHSA's Center for Substance Abuse Prevention

Underage Drinking: State Prevention Videos

Across the Nation, every state and territory is unique, and so are their approaches to prevent and reduce underage drinking. Since 2007, SAMHSA's Center for Substance Abuse Prevention (CSAP) has collaborated with 14 states and 1 territory to produce videos that support their local underage drinking prevention communications efforts.

Videos for nine additional states and one territory are currently in production and are expected to be completed by late summer 2010. By 2014, CSAP will assist the remaining states and territories in creating videos and will conduct follow-up surveys to monitor the efficacy of these efforts.

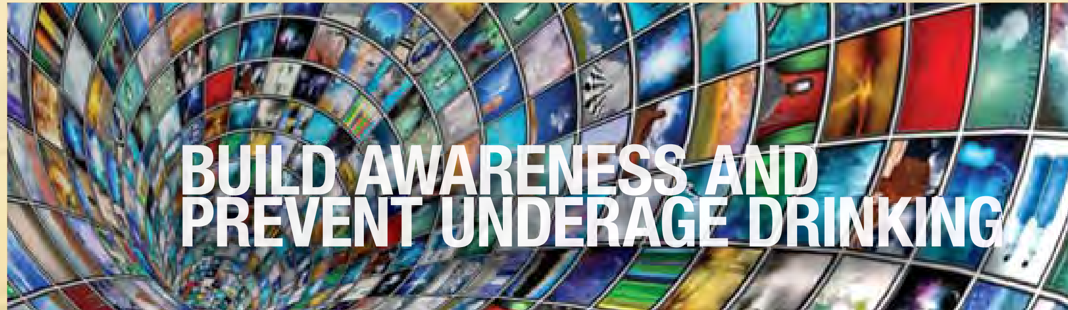
Currently, the following states and one territory have created videos: Arkansas, Connecticut, Georgia, Guam, Iowa, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, New York, Oklahoma, Texas, Utah, and Washington State.

Varying in length from 3 to 15 minutes each, the videos are categorized by target audience and key message points. For instance, you can see which videos emphasize community-based or youth-led initiatives or the consequences of underage drinking.

CHALLENGES & SOLUTIONS

Prevention professionals, educators, parents, and youth themselves can benefit from the ideas and facts presented on how to keep teens and young adults safe, healthy, and alcohol free.

What are the challenges? They are different for every state. Each video addresses specific barriers the state might face. For example, in *Underage Drinking: A Problem as Big as Texas,* the state's vast size and cultural diversity are discussed as factors that could hinder prevention efforts.



Guam's video discusses how alcohol is part of the island culture, often used at fiestas.

The solutions are varied as well. For instance, the Connecticut video describes efforts to educate retailers that sell alcohol about how to keep it out of underage hands. In the video from Washington State, teens give their perspectives on what they need to hear from their parents about alcohol use.

To watch the videos, visit **http://www.stopalcoholabuse.gov/StateVideos.aspx.** For more information about underage drinking prevention, visit SAMHSA's *Too Smart To Start* Web site at **http://www.toosmarttostart.samhsa.gov.**

How Does Turning 21 Affect Alcohol Use?

You may have seen stories in the media about people who try to consume 21 drinks on their 21st birthdays. But how much of an impact does turning 21 really have on a person's drinking habits?

A new report from SAMHSA's National Survey on Drug Use and Health (NSDUH) examines alcohol use before and after this landmark birthday.

DRINKING RATES

Rates of past-month and binge alcohol use were higher among young adults who had recently turned 21 than among those who were still 20 years old.

Rates of past-month and binge alcohol use among 21-year-olds declined and then stabilized in the months following their 21st birthdays, but their rates still remained higher than those for 20-year-olds.

Among young adults approaching their 21st birthdays (i.e., people surveyed in the 30 days prior to their 21st birthdays), 86.1 percent had used alcohol in their lifetime, including 62.8 percent who had initiated use before their 18th birthdays.

For more information, download *Alcohol Use Before and After the 21st Birthday* from SAMHSA's Office of Applied Studies (OAS) Web site at **http://oas.samhsa.gov/2k9/138/138AlcBefore21stBdayHTML.pdf.**

Suicide Prevention on Campus

Highlighting Current Grantees

Innovation in Gatekeeper Training

Avatar—the word is all over the media. But can technology help people learn how to identify someone in distress?

That's the strategy Joy Himmel, Psy.D., Director of Health and Wellness at Penn State Altoona, is employing to train campus gatekeepers—faculty, staff, and students—to recognize when someone needs help.

In 2008, Penn State Altoona received a Campus Suicide Prevention Grant from SAMHSA and is using the funds to set up innovative Web-based gatekeeper trainings for faculty and staff. Next on the list is reaching the 4,100 students who call the university home.

Dr. Himmel plans to use a gaming program to reach them. Much like in the online world of Second Life and on video game consoles like the Nintendo Wii, students will use an avatar. But they won't be playing a game—they'll be learning to communicate with at-risk students.

CONVENIENT ACCESS

"Many gatekeeper training products are designed in a workshop format," said Dr. Himmel, noting that these trainings can take anywhere from 1 to 6 hours to complete. "To reach a wider audience, I realized that Web-based venues were the way to go."

Using a product developed by Penn State University Park, she adapted a faculty and staff gatekeeper training for the Altoona campus. The product went live in fall 2009.

"Worrisome Student Behaviors: Minimizing Risk," features three vignettes that focus on school violence, trouble between classmates, and a student's erratic behavior, as well as commentary from Penn State counselors. Faculty and staff can visit the Web site whenever it's convenient for them—24 hours per day. The program takes under an hour to complete.

Also included are links to campus-based resources as well as information on how to refer a student to the Health and Wellness Center. More than 100 people have taken the training since October 2009. "We've seen great success in terms of university involvement," Dr. Himmel said.

STUDENT TRAINING

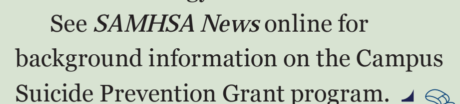
Currently in development and set for launch in May 2010 is a pilot program that allows students to enter a virtual environment of peers via the technology of avatars.

Two students out of five in the virtual space are identified as having difficulties in academic progress, attitudes, or behavior. Users can "talk" to these students and learn skills in identifying students at risk, approaching them, and referring them to resources. "It's very interactive," said Dr. Himmel. "If you ask one question, the student will give a certain answer, and then you have to decide how to respond."

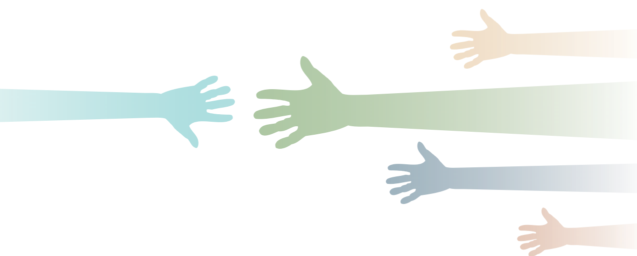
If users choose an answer that may not be the best thing to say in a given situation, she said, the program will give cues for better options.

Students especially are familiar with these types of online environments, Dr. Himmel said. "And critical information is brought directly to them, eliminating the need to carve out several hours for in-person training," she said. "I think this kind of technology is where we need to be."

See *SAMHSA News* online for background information on the Campus Suicide Prevention Grant program.



Photos courtesy of Penn State Altoona, Office of University Relations



"Our Campus Suicide Prevention grantees are generating critical new ideas for reaching students and helping them lead safe and healthy lives."

—Richard McKeon, Ph.D., M.P.H., Special Advisor for Suicide Prevention
SAMHSA's Center for Mental Health Services

Cultural Competency Matters

When they applied for a SAMHSA Campus Suicide Prevention Grant for Tufts University, Michelle Bowdler, M.S.P.H., and Bonnie Lipton, M.P.H., already had cultural competency on their minds.

"As an institution, Tufts really values diversity," said Ms. Bowdler, Senior Director of Health and Wellness Services. The university operates six culture centers:

- Asian/Asian American Center
- LGBTQ Center
- Latino Center
- Women's Center
- Africana Center
- International Center.

"When we wrote the grant proposal, we informed the center directors about our plans for cultural competency focus groups," said Ms. Lipton, Program Coordinator and Evaluator for Tufts Community Cares. "We asked them what mental health topics would resonate with their students."

FOCUS GROUPS

In spring 2009, Tufts held focus groups with each center, speaking to more than 50 students in total.

"We wanted to learn more about what mental health issues students are facing, how they cope, who they turn to for help, and what else the university can do to help," Ms. Lipton said.

Focus group questions related to five different areas:

- Perceptions regarding student mental health problems on campus
- Attitudes about informal help-seeking
- Attitudes about counseling services
- Beliefs about helping peers
- Ideas for enhancing help-seeking behavior for mental health problems.

All six groups discussed how much stress students experience. "Tufts is a rigorous school, so the students are under a lot of academic stress," Ms. Lipton said. "They also may feel they need to compete with their classmates."

GENERATING NEW PROGRAMS

As a result of this feedback, Tufts Community Cares sponsored stress management sessions at the Africana Center during finals in fall 2009. More sessions are planned, focusing on ways students can take better care of themselves.

"The focus groups allowed us to talk to students about what their culture, race, ethnicity, or religion might lead them to think about mental health care," Ms. Bowdler said. "That information is helping us to create programs and products that will be effective for suicide prevention."

For example, the Latino Center will hold a discussion with first-generation students about their experiences. Planning is under way for discussions open to all first-generation students at Tufts.

In addition, some members of the Asian American focus group expressed concern about how positive and negative stereotypes affect them. A general presentation and another focusing on women's mental health will be held in spring 2010.

CHANGING PERCEPTIONS

The focus groups had another positive effect on the students. In their evaluations, many students indicated that the discussion helped make them more willing to talk to someone.

Ms. Bowdler feels that Tufts is on the right track. "The simple act of inquiring how to respond to the needs of a specific community helps people feel more comfortable asking for help."

See *SAMHSA News* online, May/June 2009, for previous grantee highlights.

—By Kristin Blank

Photos courtesy of Tufts University

In photos above, Tufts University students celebrate "Mental Health Awareness Week."

Treatment Roundup

Updates on Substance Abuse Data, Admissions, & E-Therapy

Substance Abuse Treatment Facilities: New Data

A new SAMHSA survey is available on the characteristics and locations of facilities providing alcohol and drug abuse treatment services around the Nation.

The report, *National Survey of Substance Abuse Treatment Services (N-SSATS): 2008, Data on Substance Abuse Treatment Facilities,* presents findings from the 2008 N-SSATS, an annual survey of public and private facilities providing substance abuse treatment.

N-SSATS collects data on the location, characteristics, and use of alcohol and drug abuse treatment services throughout the United States and its territories. Most of the 212-page report comprises useful tables.

Specifically, the survey offers a snapshot of the substance abuse treatment delivery system, helps SAMHSA and state and local governments assess the type and level of services provided in treatment facilities, and provides information on how widely facilities and programs are used.

MAJOR FINDINGS

A total of 14,423 facilities completed the survey, with a response rate of 94.1 percent. The 13,688 facilities eligible for this report had a 1-day census of nearly 1.2 million clients enrolled in substance abuse treatment on March 31, 2008.

Facilities operated by private, nonprofit organizations made up the bulk of treatment facilities (58 percent). Private, for-profit facilities accounted for 29 percent, and the remaining facilities were operated by local governments (6 percent), state governments (3 percent), the Federal Government (2 percent), and tribal governments (1 percent).

The total number of substance abuse treatment facilities remained relatively constant between 2004 and 2008 (13,454 to 13,688), while the number of people in treatment increased slightly (from 1,072,251 to 1,192,490).

The proportion of clients in treatment for three broad categories of substance abuse problems—both alcohol and drug abuse, drug abuse only, and alcohol abuse only—changed very little between 2004 and 2008. Clients in treatment for both alcohol and drug abuse made up 45 to 46 percent of all clients. Clients in treatment for drug abuse only made up 34 to 36 percent, and those in treatment for alcohol abuse only made up 18 to 20 percent.

Thirty-nine percent of all clients in treatment had diagnosed co-occurring substance abuse and mental health disorders.

Clients under age 18 made up slightly more than 7 percent of all clients in treatment at the time of the survey.

National Survey of Substance Abuse Treatment Services (N-SSATS): 2008, Data on Substance Abuse Treatment Facilities is available in PDF format at **http://wwwdasis.samhsa.gov/08nssats/nssats2k8.pdf.** The report also may be ordered free of charge by calling SAMHSA's Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727). Request publication number SMA09-4451. ◢

Heroin Admissions

A new report from SAMHSA's Treatment Episode Data Set, *Characteristics of Adolescent Heroin Admissions,* included the following major findings:

- In 2007, there were just over 1,600 adolescent (age 12 to 17) substance abuse treatment admissions for heroin abuse.
- On average, adolescent heroin admissions were 14.8 years old when they first used heroin and 16.3 years old at admission to treatment, indicating approximately 18 months of use before entering treatment.
- More than half (56 percent) of adolescent heroin admissions had at least one prior treatment episode.

Download the full report at **http://www.oas.samhsa.gov/2k9/201/201AdHeroinTx2k9Web.pdf.** ◢

Providing E-Therapy

A new SAMHSA publication, *Considerations for the Provision of E-Therapy,* highlights key components needed for providers who want to incorporate technology into their substance abuse or mental health treatment programs.

The document gives an overview of issues related to E-therapy, including suggestions for potential uses, benefits and challenges, issues surrounding culture and race/ethnicity, legal and regulatory issues, and administrative considerations.

To order a copy, contact SAMHSA's Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727). Request publication number SMA09-4450. ◢

Violent Behaviors Involve One in Four Girls

Rates Differ by Family Income, School Attendance, Drug Use

When you think of violent behavior among teens, the first image that comes to mind may be a clump of boys fighting in a school hallway or in a park. But violent behavior among adolescent girls can be a problem as well.

A recent report from SAMHSA's National Survey on Drug Use and Health (NSDUH) shows that among girls age 12 to 17, 18.6 percent got into a serious fight at school or work in the past 12 months, 14.1 percent participated in a group-against-group fight, and 5.7 percent attacked others with the intent to hurt them seriously.

More than one-quarter (26.7 percent) of girls in this age group engaged in one of these types of violent behavior in the past year, based on averages for 2006 through 2008.

PREVALENCE DATA

Other key NSDUH findings indicate that the percentage of girls engaging in these violent behaviors varied by family income, substance use, and school-related characteristics.

Family Income. Prevalence of these violent acts in the past year decreased as annual family income increased. Violent behaviors were reported by 36.5 percent of adolescent females who lived in families with annual incomes of less than $20,000; 30.5 percent of those in families with annual incomes of $20,000 to $49,999; 22.8 percent with annual incomes of $50,000 to $74,999; and 20.7 percent with annual incomes of $75,000 or more.

Substance Use. Adolescent females who engaged in any of these violent behaviors in the past year were more likely than those who did not to indicate past-month binge alcohol use (15.1 versus 6.9 percent), marijuana use (11.4 versus 4.1 percent), and use of illicit drugs other than marijuana (9.2 versus 3.2 percent).

School Attendance. Adolescent females who were not currently enrolled in or attending school were more likely than those who were in school to engage in one of these violent behaviors in the past year (34.3 versus 26.7 percent).

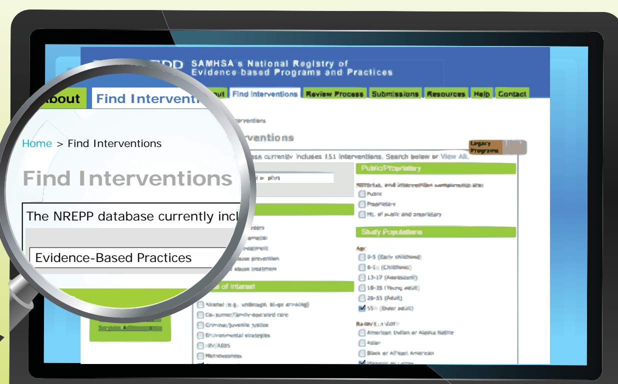
Grades. Among those who attended school in the past year, rates of violent behaviors increased as academic grades decreased. About one-sixth of girls who reported having an "A" average (16.0 percent) engaged in a past-year violent behavior compared with 26.0 percent of those with a "B" average, 38.5 percent of those with a "C" average, and 52.6 percent of those with a "D" average or lower.

CONTINUING CONCERN

Despite media attention on high-profile accounts of females' acts of violence, rates of these violent behaviors among adolescent females remained stable when comparing combined data from 2002 to 2004 with those for 2006 to 2008.

Download *Violent Behaviors among Adolescent Females* at **http://oas.samhsa.gov/2k9/171/171FemaleViolence.cfm.**

National Registry Highlights Comparative Effectiveness Research



Looking for evidence-based practices to use in your own program? SAMHSA has made the process easier by adding a new search feature to its National Registry of Evidence-based Programs and Practices (NREPP) Web site.

The feature allows people to identify NREPP interventions that have been evaluated in comparative effectiveness research studies.

Both the Obama Administration and the U.S. Congress have championed additional investments in comparative effectiveness research to enhance public understanding about which health care interventions are most effective in different circumstances and with different patients.

"The new NREPP feature can provide added information for states and communities seeking to determine which mental health and substance abuse prevention and treatment interventions may best address their needs," said Kevin D. Hennessy, SAMHSA's Science to Service Coordinator.

USING THE FEATURE

To use this new search feature, go to **http://www.nrepp.samhsa.gov,** click "Find Interventions," and click the checkbox labeled "Evaluated in comparative effectiveness research studies" under "Implementation History." Then, search for an intervention that fits your organization's needs.

For example, a search for "substance abuse" retrieves 64 options that have been evaluated in comparative effectiveness research studies, ranging in focus from behavioral couples therapy for alcoholism and drug abuse to a school-based anti-steroid program.

In fact, several highlighted interventions—including Adolescent Community Reinforcement Approach, Family Support Network, and Multidimensional Family Therapy—were included in a SAMHSA-funded comparison of different approaches to treating adolescent cannabis use.

A search for "trauma" yields eight interventions, focusing on trauma-informed substance abuse treatment for women, and for people with co-occurring disorders and post-traumatic stress disorder, for instance.

The NREPP database currently includes 151 interventions. For more information about how to use NREPP to identify specific interventions or how to submit an intervention for NREPP review, visit **http://www.nrepp.samhsa.gov,** call 1-866-43-NREPP (1-866-436-7377), or email NREPP@samhsa.hhs.gov.

About NREPP

SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) is a searchable online registry of mental health and substance abuse interventions that have been reviewed and rated by independent reviewers.

The purpose of this registry is to assist the public in identifying approaches to preventing and treating mental and/or substance use disorders that have been scientifically tested and that can be readily disseminated to the field.

NREPP is a voluntary, self-nominating system. There will always be some interventions that are not submitted to NREPP, and not all submitted interventions are reviewed.

NREPP publishes a summary for every intervention it reviews. A summary includes:

- Descriptive information about the intervention and its targeted outcomes
- Ratings for research quality and dissemination readiness
- List of studies and materials submitted for review
- Contact information for the intervention developer.

For more information, visit **http://nrepp.samhsa.gov.**

Call for Applications: 2010 Science and Service Awards

SAMHSA is seeking applications for its 2010 Science and Service Awards, a national program that recognizes community-based organizations and coalitions that have shown exemplary implementation of evidence-based mental health and substance abuse interventions.

Awards will be made in each of five categories:

- Substance abuse prevention
- Treatment of substance abuse and recovery support services
- Mental health promotion
- Treatment of mental illness and recovery support services
- Co-occurring disorders.

To be eligible, an organization must have successfully implemented a recognized evidence-based intervention, such as those that are published in scientific literature or appear on a Federal or state registry of evidence-based interventions.

Both public sector (e.g., state, local, territorial, tribal) and private sector organizations (including community-based organizations and/or coalitions) are eligible to compete for these nonmonetary awards. Developers of an evidence-based intervention or their research collaborators, previous award winners, and Federal agencies are not eligible.

Applications must be emailed by April 9, 2010, to Dr. Michelle Duda, Science and Service Awards Coordinator, at duda@unc.edu. For those without access to email, the application must be postmarked by midnight on April 9, 2010, and mailed to Michelle Duda, Ph.D., FPG Child Development Institute, CB #8040 UNC Campus, Chapel Hill, NC, 27599-8040.

Complete information is available at **http://www.samhsa.gov/scienceandservice**—click on "Application Materials and Cover Page for 2010 Awards."

Twitter, Facebook Now Include SAMHSA

What's the quickest way to send public health messages across the Nation? Twitter and Facebook are two familiar social media applications that spread messages at "viral" speed.

To join the conversation, SAMHSA recently signed on to Twitter. Follow **http://www.twitter.com/SAMHSAgov.**

The Agency also now has a Facebook page—visit **http://www.facebook.com/samhsa** to become a "fan" and receive updates.

"Tweets" and Facebook posts will include links to publications, grant announcements, initiatives, and press releases.

In addition, you can help raise awareness about substance abuse and mental health issues by reposting SAMHSA information to share with colleagues.

RECOVERY MONTH
PLANNING
PARTNER

Join the Voices for
recovery

september 2010
National Alcohol & Drug Addiction
Recovery Month

now more than ever!

Recovery: Now More Than Ever!

To kick off the 21st observance of *Recovery Month,* SAMHSA recently launched the redesigned 2010 Web site and introduced this year's theme: "Join the Voices for Recovery: Now More Than Ever!"

For a new blog, webcasts, lists of events, and helpful promotional materials, visit **http://www.recoverymonth.gov.**

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 or fax to 301-984-4416.

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Mental Health
- ❑ Suicide Prevention on Campus
- ❑ PBS & *This Emotional Life*
- ❑ Remembering Judi Chamberlin

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Remembering Judi Chamberlin, Mental Health Consumer Advocate

Judi Chamberlin, a courageous advocate for the fundamental rights and dignity of people with mental illnesses, died in January at her home in Boston. She was 65 years old.

Ms. Chamberlin was part of the SAMHSA-funded and NIH-funded Rehabilitation and Research Training Center at Boston University's Center for Psychiatric Rehabilitation.

"SAMHSA joins with others in expressing our sorrow over the loss of mental health champion Judi Chamberlin," said SAMHSA Administrator Pamela S. Hyde, J.D. "Her legacy will live on in the work of the individuals that she inspired to stand up and speak out to bring needed change to mental health systems around the Nation and the world."

Ms. Chamberlin helped found the National Empowerment Center—a SAMHSA-funded national technical assistance center to foster peer support services. She also co-authored the landmark 2000 National Council on Disability's report: *From Privileges to Rights: People with Psychiatric Disabilities Speak for Themselves.*

Judi Chamberlin supported the fundamental rights of people with mental illnesses and "psychiatric survivors."

Obituaries in the *Washington Post* and the *Boston Globe* as well as a tribute on National Public Radio tell the story of a woman who was energetic in promoting the tenets of mental illness recovery: self-determination, respect, peer support, and, most importantly, hope.

Through her writings, speeches, and personal advocacy, Ms. Chamberlin championed "psychiatric survivors." By emphasizing her message of hopefulness through individual and collective action, she showed that people with mental illnesses can overcome the challenges that face them.

"Judi Chamberlin rightfully challenged everyone—individuals, providers, and care systems, including SAMHSA, to foster greater consumer/survivor choice and voice," said A. Kathryn Power, M.Ed., Director of SAMHSA's Center for Mental Health Services (CMHS). She was unflinching in her efforts to ensure that "Nothing About Us, Without Us" was not just a mere slogan, but was ultimately the standard policy and practice, Ms. Power added.

"Like Dr. King and other civil rights leaders, Judi Chamberlin provided us with a vision for the future—a future in which a particular diagnosis or label does not define the worth of an individual," said Paolo del Vecchio, M.S.W., Associate Director for Consumer Affairs at CMHS.

"It is incumbent on us to honor Judi Chamberlin's life and legacy by redoubling our efforts—in communities across the country—and strengthening our commitment to ensure that this vision becomes a reality," Administrator Hyde said.

> "Although I've never been a teacher in a formal way, teaching in various formats has always been a big part of what I do, and it's something I love. Stimulating people to think, and helping them to articulate what they may not have had an opportunity to put into words, is extremely satisfying."
>
> —Judi Chamberlin, December 24, 2009
> From her blog at **http://judi-lifeasahospicepatient.blogspot.com**

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Rockville, Maryland 20857

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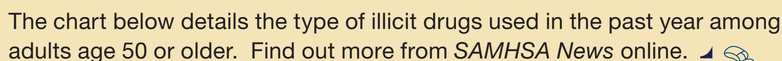
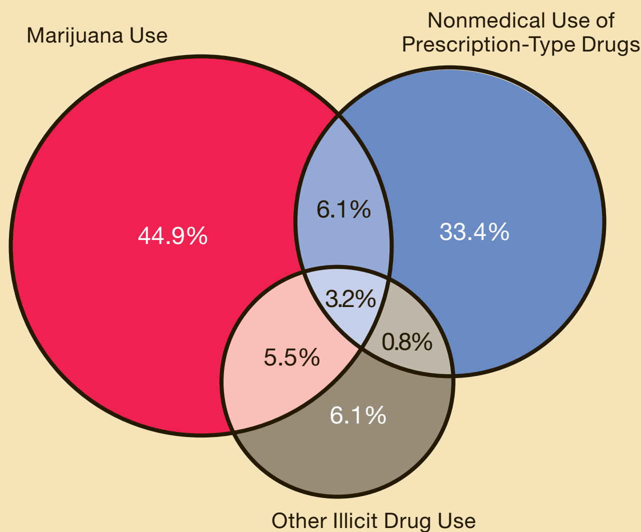
Older Adults & Illicit Drug Use



The chart below details the type of illicit drugs used in the past year among adults age 50 or older. Find out more from *SAMHSA News* online.



Source: SAMHSA, Office of Applied Studies. (December 29, 2009). *The NSDUH Report: Illicit Drug Use among Older Adults.* Figure 1: Type of Illicit Drugs Used in the Past Year among Adults Age 50 or Older Who Used Illicit Drugs in the Past Year: 2006 to 2008. Rockville, MD.

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

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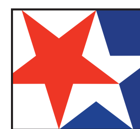

Community Prevention Day

See photos from the 2010 event entitled, "Prevention and Wellness: Bringing Substance Abuse Prevention into the Health Reform Discussion."

Funding Opportunities

Learn about the latest Requests for Applications for SAMHSA grant programs.