



Coordinating Care for Children with Serious Mental Health Challenges

Positive Outcomes for Families, Children, Youth in Systems of Care

Justin* was only 4 years old, but he and his family were already in distress. He had been kicked out of several childcare centers for biting, kicking, and hitting. He had destroyed property. His temper tantrums would go on for hours.

Needing help, his mother took him to the local medical school where they came up with a diagnosis, a set of recommendations, and a treatment plan. Justin's mother also took him to a mental health clinic where they provided a different diagnosis, recommendations, and treatment plan. Then the boy's school came up with a third diagnosis and plan.

"But when the mom chose one plan and began to follow it, the other two systems labeled her as 'resistant,'" recalled Rob Abrams, M.S.W., Project Director of Wraparound Oregon: Early Childhood at the Multnomah Education Service District in Portland, OR. "Nobody was getting along very well."

*pseudonym

 continued on page 2

IN THIS ISSUE

Systems of Care: Spotlight on Grantees in Oregon, South Dakota	4
Parents: Prevention Means Being Involved	9
State-by-State Report Shows Substantial Disparities	10
For Service Members, Reaching Out Makes a Difference	12
Tobacco Sales to Youth: Lower Than Ever	15





View

From Dr. Broderick

Promoting Mental Health and Well-Being for Children, Families

At SAMHSA, our vision is to promote the opportunity for all children and youth to live full and productive lives in the community—to have an education, preparation for employment, and meaningful relationships with family and friends. To achieve that vision, SAMHSA supports efforts to improve outcomes for children and youth with or at risk for mental health problems, substance use, and co-occurring disorders.

Children’s mental health is best understood across the developmental lifespan from birth through adolescence and within the context of their families, schools, communities, and cultures. The potential impact of adverse early childhood experiences on adulthood clearly demands that we look “upstream” and promote mental health early in life.

Efforts to promote mental health need to be structured along a continuum: identifying problems early, intervening appropriately, and ensuring access to treatment and other recovery services.

Parents and other caregivers are a child’s first and foremost teachers. They need to have confidence in their own parenting abilities and feel supported by schools and health care providers. Programs that address issues of parents and other caregivers increase the potential for positive health outcomes.

SAMHSA’s Comprehensive Community Mental Health Services Program for Children and Their Families, highlighted in this issue of *SAMHSA News*, illustrates the benefits of including families and youth as critical partners in decision-making. They must be an integral part of the process, not just recipients of services.

Children’s mental health is the foundation on which they build their future lives. It is up to policymakers, in concert with parents and others who can help influence the outcome, to ensure that children have every opportunity for mental well-being that will enable them to be contributing members of their families, their communities, and their Nation. ◀

Eric B. Broderick, D.D.S., M.P.H.
Acting Administrator, SAMHSA

Coordinating Care <<P.1

This is the type of scenario SAMHSA’s Comprehensive Community Mental Health Services Program for Children and Their Families is designed to prevent. Launched by SAMHSA’s Center for Mental Health Services (CMHS) in 1992, the program promotes a coordinated, community-based approach to care for children and adolescents with serious mental health challenges and their families.

A SYSTEM OF CARE

There are currently 59 active grantees, including Mr. Abrams’ program. They bring together everyone involved in a child’s life to formulate a plan—a “system of care.” With the child and family at the center of the decision-making process, a workable plan is created.

“The different child-serving systems, such as child welfare, juvenile justice, and education, need to speak to each other,” emphasized Gary M. Blau, Ph.D., Chief of the Child, Adolescent, and Family Branch at CMHS. “What we’re trying to do through this program and the grants we provide is avoid fragmentation and allow the communities that receive our funding to integrate their services. Our goal is to ensure a coordinated network of care.”

As a testament to the success of this integrated approach, last spring Harvard University’s Ash Institute for Democratic Governance and Innovation named this

Prevention Grants Totaling \$190 Million Awarded



SAMHSA recently announced 25 grant awards totaling \$190 million over 5 years to advance community-based substance abuse prevention programs as part of its Strategic Prevention Framework State Incentive Grant Program. Each award is for up to \$2.135 million per year for up to 5 years. Funds will be used to implement a five-step planning process known to support positive youth development, reduce risk-taking behaviors, build on assets, and prevent problem behaviors. The five

steps are: conduct needs assessments; build state and local capacity; develop a comprehensive strategic plan; implement evidence-based prevention policies, programs, and practices; and monitor and evaluate program effectiveness, sustaining what has worked well. Specific measurable outcomes will be used to indicate success of the grants.

For the complete list of grant awardees, visit *SAMHSA News* online. ◀



SAMHSA program one of the top 50 innovations in government.

MEETING CHILDREN'S NEEDS

Of children between ages 9 and 17, 5 to 9 percent have emotional disturbances severe enough to impair their functioning, according to SAMHSA's *Children's Mental Health Facts: Systems of Care* (see Resources). Yet most of them do not get the care they need because services are either too expensive or unavailable.

"Before this program, community-based services didn't really exist," explained Diane L. Sondheimer, M.S.N., M.P.H., C.P.N.P., Deputy Chief of the Child, Adolescent, and Family Branch at CMHS. Often the only choices parents had were the standard 50-minute hour with a psychologist or psychiatrist or a residential treatment program. "Still today, if parents can't get mental health treatment for their kids, they may have to give up custody to the state. The child may be sent out of the community—or even out of state—to receive care," she said.

The Comprehensive Community Mental Health Services Program for Children and Their Families is designed to transform the way mental health services and supports are delivered, allowing communities to provide coordinated treatment in the least restrictive way possible.

"A system of care is not a program," Dr. Blau added. "It's a philosophy."

Partnership is one of the core values behind that philosophy; everyone involved in a child's life collaborates to come up with a treatment plan for the child.

The child and family themselves are participants in that team, instead of simply being recipients of services. Because the teams are "family-driven" and "youth-guided," said Dr. Blau, the child and family can also choose to involve grandparents, teachers, coaches, neighbors, or others who might be of assistance.

As the team crafts the treatment plan, they focus on the child's strengths as opposed to the child's deficits, said Ms. Sondheimer. "In contrast to the traditional medical model, which tends to be deficit-based, our philosophy is to be strengths-based."

A system of care is not limited to traditional mental health services, Dr. Blau added. Grantees may also offer services such as respite care, tutoring, vocational counseling, legal services, peer-to-peer and family-to-family support systems, and therapeutic recreation.

The goal, said Dr. Blau, is to "wrap services around the child and family."

HELPING CHILDREN THRIVE

Data from the program's ongoing evaluation show just how effective this approach is.

- **Improved mental health.** Emotional and behavioral problems dropped significantly or stayed stable for 89 percent of children 2 years after entering a system of care. Suicide attempts also dropped significantly, with attempts among children age 14 to 18 dropping by

more than half within 6 months of entering a system of care and by more than two-thirds after 18 months.

- **Improved school performance.** The percentage of children attending school regularly increased from 74 to 81 percent 6 months after entering systems of care. Academic achievement increased as well, with the percentage of children with passing grades increasing 31 percent after 18 months in systems of care.
- **Fewer arrests.** Arrests fell by more than half, from 27 percent upon entering systems of care to 11 percent at 18 months. This resulted in a cost savings of \$829 per youth.

"Those outcomes are not just of interest to the mental health field, but to everyone," said Ms. Sondheimer. ▽

—By Rebecca A. Clay



See pages 4 and 5 for grantee highlights.

RESOURCES

To learn more about SAMHSA's Systems of Care program, visit <http://www.systemsofcare.samhsa.gov>. Other online information includes the following:

- *Children's Mental Health Facts: Systems of Care*, a two-page fact sheet, at <http://systemsofcare.samhsa.gov/newinformation/docs/SOCfactsheet.pdf>.
- En español, *Children's Mental Health Facts: Systems of Care* is available at http://systemsofcare.samhsa.gov/newinformation/docs/Span_SOC_7-20-06.pdf.
- *Working Together to Help Youth Thrive in Schools and Communities* is available at <http://www.samhsa.gov/children/docs/shortReport.pdf>.
- For a description of the Comprehensive Community Mental Health Services Program for Children and Their Families, visit <http://mentalhealth.samhsa.gov/publications/allpubs/CA-0013/default.asp>.
- For a grantee list, visit <http://systemsofcare.samhsa.gov/ResourceDir/Comprehensivehome.aspx>. ▽

Wraparound Oregon: Treating Very Young Children

Can very young children have mental health issues? “Absolutely,” says Rob Abrams, M.S.W., Project Director of Wraparound Oregon: Early Childhood at the Multnomah Education Service District in Portland. But many people still don’t believe that’s true.

“When people hear that we have 2-year-olds with severe depression in our program, they ask, ‘How can that be?’” said Mr. Abrams. “We hear that not only from the public, but also from professionals.”

Wraparound Oregon is one of nine current grantees in SAMHSA’s Comprehensive Community Mental Health Services Program for Children and Their Families that focus on building systems of care for children age 8 and under.

The Agency expanded the program to include this population in 2005 in response to reports from the field. “SAMHSA recognized that you can get much stronger and long-lasting results if you intervene early in a child’s development,” said Mr. Abrams.

With this age group, he explained, the emphasis is less on making formal diagnoses and more on identifying risk and protective factors. “When children are

really young—birth to age 3, for instance—we look at the interaction between the child and primary caregiver,” he said. “If there isn’t bonding going on, that’s what we begin to work on. We also look at the whole family, not just the child.”

How do you treat very young children? “We’re not going to take a 3-year-old to a therapist’s office for 50 minutes of talk therapy,” Mr. Abrams smiled.

Instead, the process begins with a family being assigned a facilitator and a “parent partner,” parents and grandparents who can make a strong connection to new participants because they have gone through the process themselves.

Next, the family works with an interdisciplinary team to uncover its strengths and needs. “Families come back and say, ‘We never knew we had these strengths,’” said Mr. Abrams. “That in and of itself is healing.”

The child, family, and team all work together to craft a mission statement and a plan for achieving their goals. That plan might include vocational training for parents, drug-free housing, or extra



Darcy Wilde, Family Team Facilitator, leads a group discussion.

support for teachers, whatever the child and family need.

Now in the fourth year of its 6-year grant, Wraparound Oregon: Early Childhood has data showing the program’s effectiveness.

- 78 percent of families said they got the help they wanted for their families and reported their families were doing better thanks to the program.
- 70 percent of children are doing better in childcare settings or school.
- 69 percent of children now get along better with their families.

In fact, the program has been such a success that the state recently passed legislation to bring this “wraparound” approach to the state level.

Mr. Abrams doesn’t have to look at the numbers to see success—he hears it from the families themselves. “One mom said, ‘Wraparound Oregon allowed me to see that I had the power within myself to make the changes needed,’” Mr. Abrams remembered. “That’s family-driven care, and it works,” he added. ▽



Left to right: Rob Abrams, Wraparound Oregon Project Director; Martha McCormack, Clinical Supervisor; Elaine Wallick, Child Welfare Liaison; Ally Linfoot, Family Coordinator; Sandy Bumpus, Training Coordinator

“Effective services and supports for families and caregivers help give very young children a solid foundation for a productive future.”

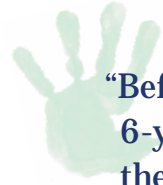
—Rob Abrams, M.S.W.

Tiwahe Wakan: Families Are Sacred

Meeting the Needs of Reservation Children



Local children learn lessons in safety from law enforcement's "crime dog."



“Before Tiwahe Wakan received a 6-year SAMHSA grant in 2005, there were very few services for young people on the reservation.”

—Angela A. Stokes, Ph.D.

Angela A. Stokes, Ph.D., is a psychologist, but the children she works with have problems that go far beyond the realm of mental health. One recent patient, for example, was an infant suffering from possible malnourishment.

“I know people tend to think of SAMHSA's Comprehensive Community Mental Health Services Program for Children and Their Families as a mental health program, but it's really not,” said Dr. Stokes, Project Director of Tiwahe Wakan, a grantee working in South Dakota's Yankton Sioux Reservation. “It's a care coordination program.”

Young people on the reservation face serious challenges, said Dr. Stokes. The reservation has extremely high rates of domestic violence, unemployment, and poverty, she noted. Families often have long histories of alcohol and drug abuse, and the community as a whole has experienced what Dr. Stokes calls “historical trauma.” As a result, many children experience anxiety, depression, or even post-traumatic stress disorder (PTSD).

But before Tiwahe Wakan received a 6-year SAMHSA grant in 2005, said Dr.

Stokes, there were very few services for young people on the reservation. And the services that did exist didn't always communicate with each other.

The Indian Health Service has a child therapist in the community, but that person focuses primarily on medication management. Therapists must come from Yankton or Sioux Falls, cities 1 and 2 hours away. “The kids would see the counselors, but those counselors would never talk to the Indian Health Service,” Dr. Stokes explained. “That was bad for kids.”

Now Tiwahe Wakan unites counselors, social workers, child welfare representatives, primary care physicians, court personnel, and anyone else charged with improving children's lives.

Together, they come up with a plan to get families whatever they need to thrive, whether that's food, stable housing, transportation to the clinic, or mental health and substance abuse services.

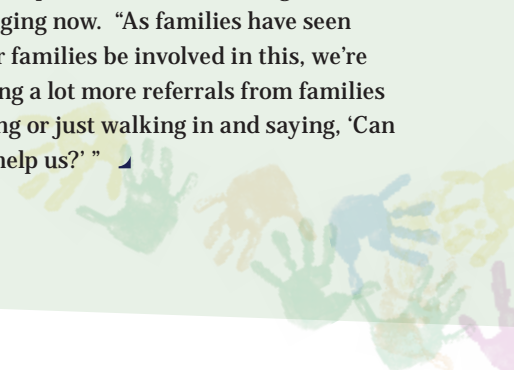
“We don't just coordinate mental health. We coordinate all the services a family needs,” said Dr. Stokes. “We try to put services and supports in for the family, so that the family can be

successful. That will ultimately lead to better quality of life for the young person.”

Families play a central role in the process, a commitment expressed in Tiwahe Wakan's meaning of *families are sacred*. “Parents or caregivers drive the process,” explained Dr. Stokes, noting that families work with coordinators to involve community elders, spiritual leaders, extended family members, and anyone else the family believes will be helpful. The family also decides what services they want for their children.

That emphasis on family involvement works, said Dr. Stokes, pointing to “very positive results in terms of decreases in symptoms.” It also helps reduce the stigma of seeking mental health and substance abuse treatment, she added.

At the project's beginning, Dr. Stokes explained, “a lot of families from the Native American communities were very suspicious and not trusting.” That's changing now. “As families have seen other families be involved in this, we're getting a lot more referrals from families calling or just walking in and saying, ‘Can you help us?’ ”



2010

2011

2012

2013

2014

Forecasting the Next 5 Years

Focusing on People-Centered, Recovery-Oriented Mental Health Services

“As a Nation, we’re deep in the conversation about health reform,” said A. Kathryn Power, M.Ed., Director of SAMHSA’s Center for Mental Health Services (CMHS). “That includes embracing the truth that mental health is key to overall health.”

In a recent interview, Ms. Power talked about her article, “A Public Health Model of Mental Health for the 21st Century,” published in the May 2009 issue of the journal *Psychiatric Services*.

“At CMHS, we wanted to make a strategic forecast going from 2008 forward to 2013 in the context of the new Administration, the discussion of health care reform, and what we see evolving in mental health services,” Ms. Power said. “The article describes the collective

thought process behind embracing change and accepting transformation of the health care system as part of our future. We’re already adapting the public health model. As a Nation, we’re turning our focus toward health and away from illness. That means person-centered care. Recovery-oriented care. Community-minded care.”

To get buy-in from the mental health field, CMHS initiated an extended dialogue among stakeholders.

Looking back at the past 5 years, they helped forecast the next 5 years. Recurring themes included recovery as the expected outcome for mental illnesses, a customer-focused workforce in place, consumers directing their own care, use of evidence-based practices as the expected

norm for services, and quality-driven, outcomes-focused systems operating to allow for continuous improvement.

“It’s all about applying what we’ve learned from our transformation work,” said Ms. Power.

For more information, visit <http://www.mentalhealth.samhsa.gov>.

Basic Strategies

“To move ahead, creating whole health, person-centered health care demands strategic change in several basic areas,” Ms. Power said, describing these strategies as a “natural outgrowth” of the CMHS vision. Specifically, the 8 forecast strategies are:

Public Health Strategy. *Build the information base and resources on the promotion of mental health and the prevention of mental illnesses.*

The concepts of mental health promotion and mental illness prevention rest on the knowledge that mental health exists on a continuum, with neither health nor illness existing in pure isolation from one another.

Policy Strategies. *Coordinate the role of mental health in evolving health reform, including the development of a national mental health policy.* Mental health needs to be a top priority for our national dialogue and legislative action. In addition, *link health determinants to policy development in mental health and general health care.* Without action to address the broader personal, social, economic, and environmental factors that affect health and well-being, both individual and community health suffers.

As a policy priority, CMHS should lead the way in development of a standard mental health insurance benefit package.

Practice Strategies. *Help states and communities adopt whole health, person-centered health care.* Great strides have already been made in adopting recovery-oriented, person-centered health care, but some regions still need help. In addition, there is a need to *educate, train, and support a 21st century workforce.* A culturally competent, multidisciplinary, high-tech health care environment is required.

Financing Strategy. *Cultivate leaders in the public and private sectors who are informed about all aspects of mental health financing.* CMHS is well positioned to help create shared objectives for public and private payers of mental health services to promote person-centered care.

Science to Service Strategy. *Disseminate evidence-based practice and practice-based evidence by mapping resources to need.* To address gaps in services, CMHS plans to make evidence-based practices available to those who need them most.

Leadership Strategy. *Empower and mobilize leaders to shape, inform, and guide the mental health and general health care fields.* Transformational leaders are needed for real change in the status quo. Those will include consumers, family members, and health care providers.

Performance Management Strategy. *Develop a performance management culture that uses data to make financing and programmatic decisions.* Results are key for programs that use public funds to provide health care services. Specific tools, reports, and surveillance are needed.

Technology Strategy. *Harness evolving technology to promote involvement in treatment, services, and policy.* Electronic communications, including the Internet, can promote health literacy, disseminate health messages, and support healthy behaviors.

“Looking ahead 5 years,” Ms. Power said, “the core change I hope to see is Americans wholeheartedly accepting the belief that mental health is essential to overall health and acting upon that truth. That’s the sea change we’re seeking.”

Citation: Power, A. K. A Public Health Model of Mental Health for the 21st Century. *Psychiatric Services*. 60:580-584 (May 2009).

Framing the Health Reform Discussion

Core Consensus Principles from the Mental Health and Substance Abuse Community



At a recent update on SAMHSA's health reform efforts, Acting Administrator Eric B. Broderick, D.D.S., M.P.H., presented the Agency's nine Core Consensus Principles, developed over the past months with extensive input from the field.

The meeting, held at HHS near the U.S. Capitol in downtown Washington, DC, included comments from Neera Tanden, Senior Advisor, HHS Office of Health Reform; Bill Emmet, Director, Campaign for Mental Health Reform; and Paul Samuels, Director, Legal Action Center. "We're excited by what SAMHSA has done in support of health reform," said Ms. Tanden. "We're seeing a strong interest in prevention. And we appreciate that SAMHSA is ensuring that the voices of those concerned with substance abuse and mental health issues are heard."

In developing the principles below, SAMHSA reached out to hundreds of

stakeholder and consumer groups and dozens of nationally and internationally recognized experts in the fields of mental health and addiction.

Their recommendations were requested on the most critical issues related to mental and substance use disorders facing the Nation, with an emphasis on identifying opportunities to ensure that imminent health reform efforts include prevention and treatment for these disorders.

Clear themes ran through the responses SAMHSA received from mental health and substance abuse professionals, consumers, and family members from every part of the country. Those themes are reflected in the language of the principles.

For more information, including the videocast of this meeting, visit SAMHSA's Web site at <http://www.samhsa.gov/healthreform>. ▽

—By Meredith Hogan Pond



Photo credits: SAMHSA News

Ensuring Health Reform Includes Prevention and Treatment of Mental and Substance Use Disorders

SYNOPSIS OF CORE CONSENSUS PRINCIPLES

Principle 1

Articulate a National Health and Wellness Plan for all Americans.

Principle 2

Legislate universal coverage of health insurance with full parity.

Principle 3

Achieve improved health and long-term fiscal sustainability.

Principle 4

Eradicate fragmentation by requiring coordination and integration of care for physical, mental, and substance use conditions.

Principle 5

Provide for a full range of prevention, early intervention, treatment, and

recovery services that embodies a whole-health approach.

Principle 6

Implement national standards for clinical and quality outcomes tied to reimbursement and accountability.

Principle 7

Adopt and fully utilize health information technology.

Principle 8

Invest in the prevention, treatment, and recovery support workforce.

Principle 9

Ensure a safety net for people with the most serious and disabling mental and substance use disorders. ▽

From top: (1) Neera Tanden, HHS Office of Health Reform; (2) Acting SAMHSA Administrator Eric Broderick (left), Bill Emmet (center) of the Campaign for Mental Health Reform, and Paul Samuels (right) of the Legal Action Center; (3) Dr. Broderick (center) and two attendees. ▽

Under the Influence: Fathers, Adolescents, and Alcohol Use

Does a Dad's Drinking Influence His Adolescent Children's Substance Use?

A recent statistical report from SAMHSA emphasizes the influence of fathers—in particular, the influence of a father's drinking habits on his children.

The report, *Fathers' Alcohol Use and Substance Use among Adolescents*, cites data from SAMHSA's 2007 National Survey on Drug Use and Health (NSDUH).

PREVALENCE

Almost 1 in 12 fathers living with adolescents age 12 to 17 had an alcohol use disorder, while 68.1 percent used alcohol in the past year but did not have an alcohol use disorder. A total of 24.1 percent of fathers did not use alcohol in the past year.

Past-year alcohol use among adolescents was lower for those who lived with a father who did not use alcohol in the past year (21.1 percent) than for those who lived with a father who used alcohol but did not have an alcohol use disorder (33.2 percent).

For adolescents who lived with a father with an alcohol use disorder, the rate of past-year alcohol use was 38.8 percent.

ILLICIT DRUG USE

Data show that adolescent illicit drug use was higher in households where the father drank alcohol. Of young people age 12 to 17 who lived with a father who drank alcohol in the past year but did not have an abuse disorder, 18.4 percent used illicit drugs.

That number increased to 24.2 percent for adolescents living with a father who did have an alcohol use disorder. Among those living with a father who abstained from alcohol in the past year, illicit drug use was lower: 14.0 percent.

PUBLIC AWARENESS

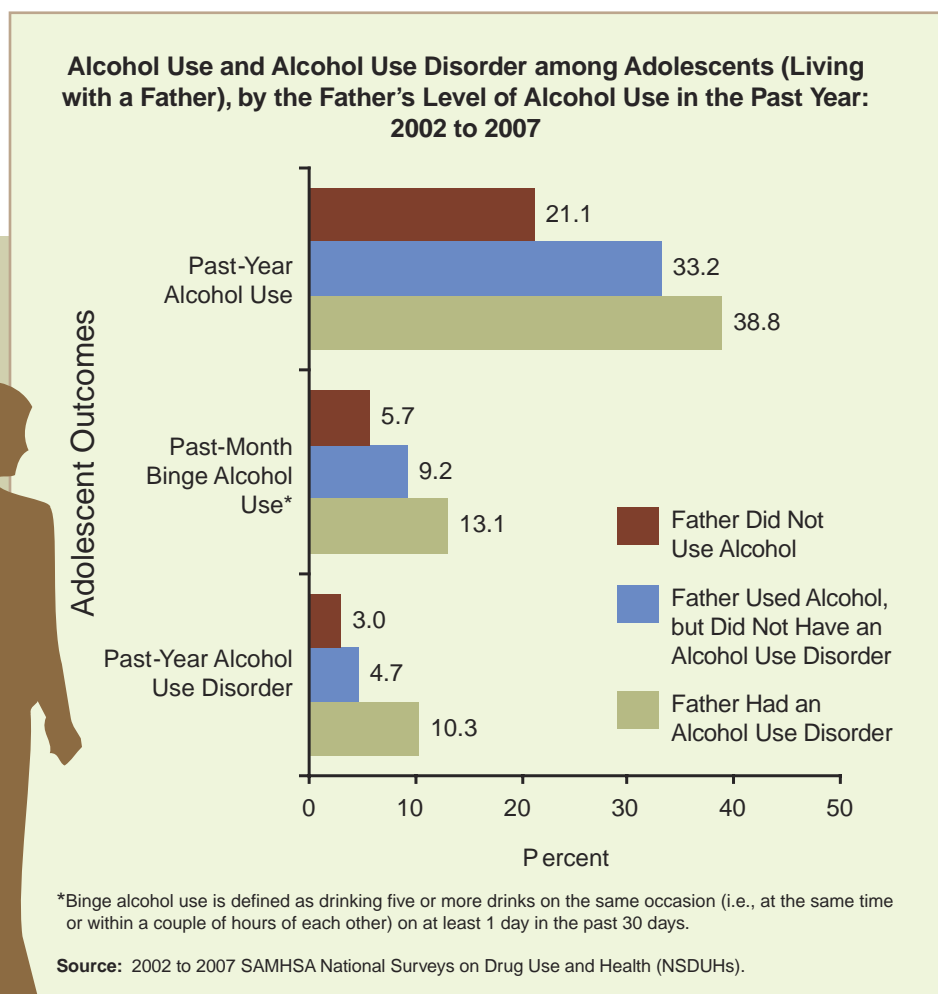
Public awareness is increasing about the impact of paternal alcohol use and abuse on children.

Data used in this report are based on responses from 11,056 fathers and 9,537 father-child pairs. The report was developed by SAMHSA's Office of Applied Studies (OAS).

To read or download *Fathers' Alcohol Use and Substance Use among Adolescents*, visit SAMHSA's Web site at <http://www.oas.samhsa.gov/2k9/108/FatherAlcUse.htm>.

Visit SAMHSA News online for related short reports. 

—By Virginia Hartman



Parents: Prevention Means Being Involved

Parents play an important role in preventing substance abuse among youth. Talking with a child about the dangers of substance use and showing disapproval of such behavior is a key factor. It's also essential to stay involved in a child's day-to-day activities.

In a new report from SAMHSA, *Parental Involvement in Preventing Youth Substance Use*, data from the 2007 National Survey on Drug Use and Health (NSDUH) support these assertions.

YOUTH PERCEPTIONS

In 2007, most youth age 12 to 17 believed that their parents would strongly disapprove of their having one or two drinks of an alcoholic beverage nearly every day (89.6 percent), smoking one or more packs of cigarettes per day (92.1 percent), and using marijuana or hashish once a month or more (93.3 percent).

The majority of youth also indicated that their parents were involved in their day-to-day activities.

For example, 86.2 percent said their parents always or sometimes let them know when they had done a good job, and 80.9 percent of those who were in school said their parents always or sometimes provided help with homework.

However, these perceptions among youth varied by age. In particular, perceptions of parental disapproval of substance use tended to decrease as the child got older.

For example, 95.8 percent of 12- and 13-year-olds thought their parents would strongly disapprove of their smoking one or more packs of cigarettes per day, but only 87.4 percent of 16- and 17-year-olds reported having that impression.

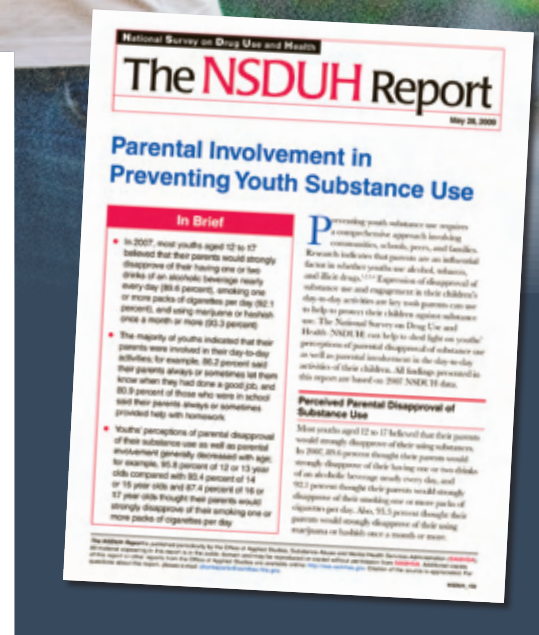
Youth perceptions of parental involvement also varied with age. For example, 90.7 percent of 12- and 13-year-olds indicated that their parents always or sometimes let them know when they were proud of something their child had done,



but only 82.2 percent of 16- and 17-year-olds answered yes to this question.

Parental involvement was measured in the form of children's reports about their parents saying that they were proud of them, having the children do chores around the house, limiting the amount of time they watched TV and went out with friends on school nights, and giving help with homework.

To download *Parental Involvement in Preventing Youth Substance Use*, please visit SAMHSA's Web site at <http://www.oas.samhsa.gov/2k9/159/ParentInvolvement.htm>. ↘



State-by-State Report Shows Substantial Disparities

Data Show Substance Abuse and Mental Illness Challenges Affect All States

A new report from SAMHSA provides state-by-state analyses of substance abuse and mental illness patterns in 23 different “categories” or measures, including illicit drug use, binge drinking, alcohol and illicit drug dependence, tobacco use, serious psychological distress, and major depressive episodes.

Patterns reveal wide variations in the levels of illicit drug use and other problems found among the states.

“Every state faces its own unique pattern of public health problems, especially related to substance abuse and mental health issues,” said SAMHSA’s Acting Administrator Eric B. Broderick, D.D.S., M.P.H. “By highlighting the exact nature and scope of the problems in each state, we can help state public health authorities

“By highlighting the exact nature and scope of the problems in each state, we can help state public health authorities better determine the most effective ways of addressing them.”

—Eric B. Broderick, D.D.S., M.P.H., Acting Administrator, SAMHSA

better determine the most effective ways of addressing them.”

Disparities in illicit drug use and alcohol dependence are good examples of how different specific state data are. Comparing Iowa and Rhode Island, among those age 12 and older, Iowa had less than half the current illicit drug use rate of Rhode Island (5.2 percent vs. 12.5 percent). On the other hand, Iowa’s

population age 12 and older had one of the Nation’s highest levels of people experiencing alcohol dependence or abuse in the past year (9.2 percent).

The report is based on SAMHSA’s 2006 and 2007 National Surveys on Drug Use and Health (NSDUH) using data drawn from interviews with 135,672 persons across the country.

Notable Findings Across the Nation

The District of Columbia had the highest rate of past-year cocaine use among those age 12 and older (5.1 percent). Mississippi had the lowest (1.6 percent).

Utah had the lowest rate of current underage drinking (17.3 percent). North Dakota had the highest (40 percent).

Tennessee had the highest rate of people age 18 and older experiencing a major depressive episode in the past year (9.8 percent). Hawaii had the lowest (5.0 percent).

The report also provides valuable data on the changes occurring within each of the states during the time since the last report (from the 2005 and 2006 NSDUH). For example, the report shows the rate of current tobacco use in Colorado rose from 26.5 percent to 29.8 percent during this period.

The full report, *State Estimates of Substance Use From the 2006-2007 National Surveys on Drug Use and Health*, is available on SAMHSA's Web site at <http://www.oas.samhsa.gov/2k7state/TOC.cfm>. Free print copies are available (limited quantity) from SAMHSA's Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727). Ask for publication number SMA09-4362. ↙

Vermont had the highest incidence rate of marijuana use among people age 12 and older (2.5 percent). Utah had the lowest (1.6 percent).

For More Information

Additional state data are available from SAMHSA's Office of Applied Studies (OAS) Web site. Visit <http://oas.samhsa.gov/statesList.cfm>.

Related and helpful links include:

SAMHSA's Substance Abuse Treatment Facility Locator at <http://dasis3.samhsa.gov>

OAS information at <http://oas.samhsa.gov/index.cfm>

Index to OAS topics on substance abuse and mental health at <http://oas.samhsa.gov/topics.cfm>. ↘

Discharges from Substance Abuse Treatment: Latest Statistics

Patient Completion Rate 47 Percent

SAMHSA's most recent Treatment Episode Data Set (TEDS) report on discharges from substance abuse treatment services provides important information about the approximately 1.5 million treatment discharges occurring at reporting state-licensed treatment facilities across the Nation.

TEDS 2006: Discharges from Substance Abuse Treatment Services is the latest in a series of yearly reports that not only provide overall figures for the 42 states that report discharge data to TEDS—an increase from previous years—but also break this information down into a wide variety of programmatic and demographic criteria that can help provide greater perspective on the experiences of those who have undergone substance abuse treatment.

Overall, the report found that the patient completion rate during 2006 was 47 percent among patients discharged from reporting facilities. These rates varied considerably depending on a number of factors, including the substance abuse problem being treated and type of service provided by facilities.

NOTABLE FINDINGS

The overall treatment completion rate was highest among clients discharged from hospital residential treatment (70 percent), detoxification (67 percent), and short-term residential treatment (59 percent). Treatment completion rates were lower in longer term and/or less-structured settings, such as long-term residential (44 percent) and outpatient treatment (40 percent).

The median length of stay for patients discharged from regular outpatient treatment was 87 days, but it was only 4 days for detoxification.

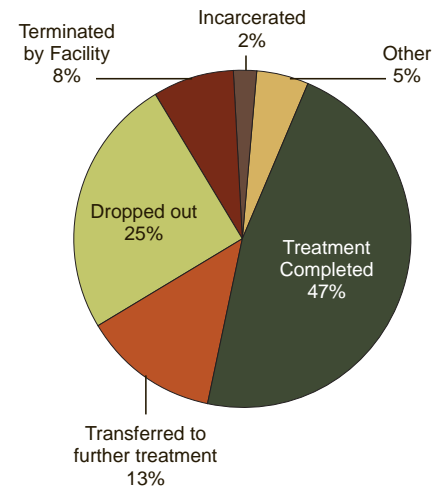
Completion rates tended to be higher among those discharged from treatment for primarily alcohol-related issues and for those who were employed.

ABOUT THE DATA

TEDS is an episode-based system, which means that its numbers for discharges do not directly correspond to the number of individuals discharged from treatment programs in a given year. For example, one individual who had undergone treatment twice during the same year would be counted as two discharges in the TEDS report.

TEDS 2006: Discharges from Substance Abuse Treatment Services is available on SAMHSA's Office of Applied Studies Web site at http://www.dasis.samhsa.gov/teds06/tedsd2k6_508.pdf. For a print copy, call SAMHSA's Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727). Ask for publication number SMA09-4378. ↘

Reason for Discharge: TEDS 2006



Source: Office of Applied Studies, SAMHSA, *Treatment Episode Data Set (TEDS)*. Figure 2.2. Data received through September 3, 2008.

Reaching Out Makes a Real Difference

Sometimes Success Means Admitting You Need Help

The Real Warriors Campaign sends a strong message to service members about the courage it takes to ask for help.

SAMHSA's partner, the Department of Defense's Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE), launched the multimedia public education campaign. It seeks to remove the stigma and other barriers that often prevent service members from obtaining treatment for psychological health issues and traumatic brain injury (TBI) in the same way that they receive treatment for physical wounds and illnesses.

The campaign theme is "Real Warriors, Real Battles, Real Strength," and the campaign Web site—<http://www.realwarriors.net>—features articles and resources as well as video interviews with service members, their families, and others dealing with psychological health or TBI issues.

The Web site currently features a profile and public service announcements (PSAs) on Sgt. Josh Hopper of the U.S. Marine Corps, who saw combat from the front lines during two tours in Iraq. While there, he experienced wounds and TBI from the blasts of improvised explosive devices (IEDS, or homemade bombs).

In the profile, Sgt. Hopper, his wife, and his former commanding officers discuss the challenges he faced as a result of post-traumatic stress disorder as well as the success of his subsequent treatment.

OTHER MATERIALS

The Web site also includes targeted information for all branches of the military and other key audiences, including active duty service members, National Guard and Reserve, veterans, families of service members, and health care providers.

Real Warriors multimedia programs will bring additional personal stories and

new ideas to life. Over time, this section of the Web site will grow to include:

- Profiles of warriors, their families, and caregivers
- Case studies of promising programs and approaches to psychological health
- News and other timely information
- Training materials and other resources.

Campaign materials include a brochure, information kit, media kit, partnership kit, conference exhibit display, and educational items. Multimedia include Real Warriors profiles, satellite news feeds (sound bites and b-roll), TV and radio PSAs, a campaign overview video, video Webcasts, audio podcasts, news clips, and training and informational videos.

Every page of the site lists the Veterans Suicide Prevention Hotline (1-800-273-TALK/8255; press 1 for veterans), a partnership between SAMHSA and the Department of Veterans Affairs.

For more information about the Real Warriors Campaign, visit <http://www.realwarriors.net>. ↴

—By Riggins Waugh

Overarching Goals

Create awareness about the resources available for mental health care treatment among service members, their families, their commanders, and the public at large.

Create understanding regarding the obstacles service members feel prevent them from seeking treatment for psychological health and TBI issues.

Create investment on the part of military leadership at all levels in the concepts of resilience and early intervention as well as the roles they play in successful treatment, recovery, and reintegration for returning service members and overall force readiness. ↴

REAL WARRIORS ★ REAL BATTLES
REAL STRENGTH

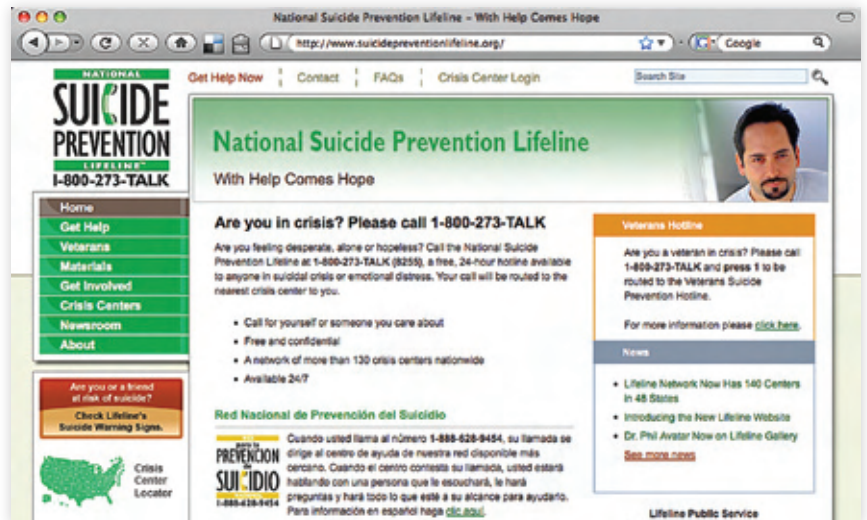


Additional Funding To Bolster Lifeline Crisis Centers

Effects of the economy are placing increased demands on crisis centers at the same time they face cutbacks from other funding sources.

SAMHSA is providing more than \$1 million in additional funding to its National Suicide Prevention Lifeline (1-800-273-TALK) through a fiscal year 2009 supplement, to be overseen by the Agency's Center for Mental Health Services.

Many Lifeline centers must cope with a sharp rise in the number of callers in crisis, often because of financial problems. At the same time, these centers are threatened with significant cutbacks in funding from state and local governments and other sources of support.



Lifeline Network: 140 Centers in 48 States

Lifeline's national network now has 140 crisis centers in 48 states. Lifeline connects callers to network centers that can provide referrals to local services, allowing the caller to access continuing care after a crisis. Data show calls into suicide crisis centers have increased during the past year—54,054 calls in the last recorded month—with between 20 to 30 percent of calls specifically linked to economic distress.

Web Site Redesign

If you haven't visited the Lifeline Web site lately, go now! Lifeline recently launched a new design to deliver clear messaging to people in crisis and to make the site easier to navigate. Check out brand new content about how to get involved in suicide prevention and tips on helping online friends in suicidal crisis. ▶

1-800-273-TALK | For more information, visit <http://www.suicidepreventionlifeline.org>. ▶

Advisory Released on Methadone

A new *Substance Abuse Treatment Advisory* from SAMHSA, "Emerging Issues in the Use of Methadone," presents information on the increase in deaths related to methadone, particularly in combination with other drugs or substances.

Clinicians will find updates on methadone's use and tips for ensuring patient safety, including educating medical staff, monitoring patient health during treatment, improving procedures for take-home medications, and reevaluating patient education procedures.

Download the advisory at <http://kap.samhsa.gov/products/manuals/advisory/pdfs/Methadone-Advisory.pdf>. ▶

Flu.Gov Updates

New guidance for schools for the fall flu season is available on **Flu.Gov**, the official HHS Web page for the latest information about H1N1 (Swine flu).

Formerly "pandemicflu.gov," the shortened URL, **Flu.Gov**, offers updates on plans for an immunization campaign, recent international related issues, reports from the July 2009 H1N1 Summit, and details on preparedness and community strategies for recovery.



Currently, **Flu.Gov** presents a video message from HHS Secretary Kathleen Sebelius announcing a contest for the best public service announcement about flu prevention. In addition, the site links to a state map with recent flu statistics. ▶

Update your online "Favorites" to



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.

Comments:

I'd like to see an article about:

Name and title:

Affiliation and field of specialization:

Address, city, state, ZIP:

Email address:

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

Cover Story

- Coordinating Care for Children with Mental Health Challenges
- Wraparound Oregon: Treating Very Young Children
- Tiwahe Wakan: Families Are Sacred

Parents, Youth, Families

- Under the Influence: Fathers, Adolescents, and Alcohol Use
- Parents: Prevention Means Being Involved

Focusing on Transformation

- Forecasting the Next 5 Years
- Core Principles: Framing the Health Reform Discussion

Statistics

- State-by-State Report Shows Substantial Disparities
- TEDS Statistics

Prevention & Recovery

- Tobacco Sales to Youth: Lower Than Ever
- For Service Members, Reaching Out Makes a Difference

EDITOR

Deborah Goodman

SAMHSA News Team at IQ Solutions, Inc.

MANAGING EDITOR
Meredith Hogan Pond

ASSOCIATE EDITOR
Kristin Blank

SENIOR DESIGNER
A. Martin Castillo

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.

SAMHSA News is free of copyright. All articles may be reprinted. Please give proper credit. (See below.)

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:

"This article [excerpt] appears courtesy of *SAMHSA News*, Volume 17 - Number 4, July/August 2009. *SAMHSA News* is the national newsletter of the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. *SAMHSA News* may be accessed at <http://www.samhsa.gov/samhsaNewsletter>."

SAMHSA's Administrator and Center Directors

Eric B. Broderick, D.D.S., M.P.H.
Acting Administrator

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

Find
Substance Abuse
& Mental Health
Treatment

SAMHSA's 24-Hour
Toll-Free Referral Helpline

1-800-662-HELP
www.samhsa.gov/treatment



Tobacco Sales to Youth: Lower Than Ever

States Encouraged To Integrate Tobacco Prevention Efforts

In the 12th year that SAMHSA has monitored retailer tobacco sales to youth under age 18, 26 states achieved a retailer violation rate (RVR) below 10 percent, and all states and the District of Columbia fell below the required 20 percent rate.

"In addition, the national weighted average RVR for all 50 states and the District of Columbia was 9.9 percent in Fiscal Year (FY) 2008," said Frances M. Harding, Director of SAMHSA's Center for Substance Abuse Prevention (CSAP).

"That rate is down from 40.1 percent in FY 1997," said Susan Marsiglia Gray, M.P.H., National Synar Program Coordinator at CSAP. Findings were released in a report entitled *FFY 2008 Annual Synar Reports: Youth Tobacco Sales*.

INTEGRATING EFFORTS

Recently, SAMHSA hosted the 10th National Synar Workshop, which was focused on encouraging states and jurisdictions to integrate their Synar work into comprehensive tobacco control efforts. Workshop speakers included Ms. Harding, Ms. Marsiglia Gray, and Federal partners from the National Institute on Drug Abuse, National Cancer Institute, Centers for Disease Control and Prevention, and the White House Office of National Drug Control Policy, as well as state Synar staff.

"Every state operates differently," said Ms. Marsiglia Gray. "But many states house Synar work in the substance abuse prevention department and other tobacco prevention efforts in the department of health. Ideally, these two areas should work together."

To put further emphasis on integration, CSAP co-located the Synar Workshop with the National Conference on Tobacco or Health (NCTOH), the premier national conference on tobacco control. CSAP supported two representatives from each state to attend the Synar Workshop and

also supported one participant from each state to attend NCTOH.

Research shows that states that do more than rely on reducing retail sales to prevent youth tobacco use—including raising the excise tax, enacting clean indoor air policies, and creating media campaigns—have better results, Ms. Marsiglia Gray said.

The FY 2008 Synar report highlights best practices used in four states—California, Hawaii, New Hampshire, and Texas. Their efforts include grassroots campaigns, comprehensive enforcement approaches, and state tobacco control programs that include prevention efforts to limit young people's access to tobacco.

RAISING THE BAR

The Synar Amendment, named for late Representative Mike Synar of Oklahoma, requires states, the District of Columbia, and the eight U.S. jurisdictions to keep RVRs below 20 percent or risk losing 40 percent of their Federal Substance Abuse Prevention and Treatment Block Grant funding.

At the workshop, Ms. Harding called for states to set even more rigorous standards. "CSAP recently set a new internal program goal to encourage all



states to reduce the sales rate to less than 10 percent, which is in keeping with the initial intent of the Synar legislation—to reduce minors' access to tobacco products," she said.

According to Federal data, tobacco use remains the leading cause of death and disease in the United States, with more than 400,000 deaths annually attributed to smoking.

To read the FY 2008 Synar report, visit <http://prevention.samhsa.gov/tobacco/synarreportfy2008.pdf>.

—By Kristin Blank

"The national weighted average RVR for all 50 states and the District of Columbia was 9.9 percent in Fiscal Year 2008."

—Frances M. Harding
CSAP Director



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



PUBLICATION ORDERS, SUBSCRIPTION REQUESTS, ADDRESS CHANGES, AND COMMENTS: BY EMAIL, FAX, PHONE, OR MAIL

To order publications, including extra copies of *SAMHSA News*, call SAMHSA's Health Information Network at **1-877-SAMHSA-7 (1-877-726-4727)** or email shin@samhsa.hhs.gov.

Email: SAMHSAnews@iqsolutions.com
Fax: 301-984-4416 (Attention – Kristin Blank)
Phone: 1-888-577-8977 (toll-free) or 240-221-4001 in the Washington, DC, metro area

Mail: *SAMHSA News* Updates
c/o IQ Solutions, Inc., 11300 Rockville Pike,
Suite 901, Rockville, MD 20852
(Attention – Kristin Blank)
Please always include your name and full address.

SAMHSA News online—<http://www.samhsa.gov/samhsaNewsletter>

Recovery Month

Celebrating 20 Years

September is *Recovery Month!* Communities around the Nation are pulling out all the stops to celebrate the triumphs of people in recovery with motorcycle rides, festivals, balloon releases, mayoral proclamations, and baseball games.

To help spread the word, *Recovery Month* recently launched a Facebook page. Get up-to-the-minute updates on events, public service announcements, and videos, and connect with other Facebook members who support recovery and treatment. Become a fan of the page and tell your friends and colleagues.

After your event, be sure to complete the "Customer Satisfaction Form" and submit pictures at <http://www.recoverymonth.gov>. ↵

TOGETHER WE LEARN, TOGETHER WE HEAL
CELEBRATING 20 YEARS

There's **More** 

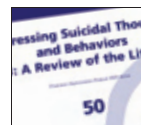
Go online to read more from *SAMHSA News* at <http://www.samhsa.gov/samhsaNewsletter>.

Read about . . .



Need Treatment? Many Young Adults Say No

Nearly 7 million Americans age 18 to 25 were classified as needing treatment in the past year for alcohol or illicit drug use, according to a recent SAMHSA report. Read the story online.



TIP 50 Literature Review

The literature review for TIP 50, *Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment*, is now available on SAMHSA's Web site. See *SAMHSA News* online for the link.