Substance Abuse and Mental Health Services Administration

SAMHSA NEWS

SAMHSA's Award-Winning Newsletter

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SOCIAL SECURITY BENEFITS:

OUTREACH, ACCESS, and RECOVERY for people who are homeless

People who are homeless and have serious mental illnesses need much more than housing. Besides a stable address and steady income, they also need access to the mental health and substance abuse treatment that could help them take the first steps to recovery.

Obtaining benefits from the U.S. Social Security Administration (SSA) can play a crucial role in access to housing and services needed for a homeless person's return to a life in the community. These benefits include Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI).

Why are these benefits so critical? Because in addition to providing a monthly income, SSI can offer eligibility for Medicaid. And that means a way to pay for treatment.

SAMHSA is a partner in a Federal interagency initiative—SSI/SSDI Outreach, Access, and Recovery (SOAR)—that helps homeless individuals, most of whom also have serious mental illnesses. SOAR helps them access these crucial benefits.

Launched in 2005 with SAMHSA's support, SOAR helps states and communities develop strategies and provide training to case workers who counsel individuals in preparing accurate and complete SSI or SSDI applications.

"The ultimate goal is to get more people into recovery," said A. Kathryn Power, M.Ed., Director of SAMHSA's Center for Mental Health Services (CMHS). "The results of SOAR are timely and measurable, and we will continue to track them."

SAMHSA's support of SOAR is part of an overall Agency effort to help people with serious mental illnesses. Other efforts include programs to prevent and reduce homelessness and efforts to help people with serious mental illnesses obtain employment.

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SOAR is supported by SAMHSA and the Health Resources and Services Administration—both within the U.S. Department of Health and Human Services. In addition, the U.S. Department of Housing and Urban Development supports the initiative in collaboration with many states and localities.

Barriers

SSA approves 37 percent of initial disability applications from all people who apply. For applicants who are homeless, however, that percentage may drop to 15 percent. Although appeals can increase the approval rate for all applications from 37 percent up to 53 percent, the process can take years.

"SOAR targets some of this country's most vulnerable and chronically disabled citizens," said Fran Randolph, Dr.P.H., Director of the Division of Service and Systems Improvement at CMHS. "The initiative helps people prepare accurate and complete applications so that SSA can determine their eligibility quickly and efficiently on the first submission. The determination process is not unnecessarily delayed by the need for individuals to submit multiple, time-consuming applications."

When homeless individuals start receiving benefits, state and local governments may be able to recoup the cost of providing general assistance, interim health insurance, or previously uncompensated health care.

And health care providers may receive Medicaid payments for services that otherwise would not be reimbursed. That's a special incentive for hospitals to support SOAR efforts. With Medicaid reimbursement, hospitals have more capacity to treat homeless people, who have little or no income and assets.

But even though it's to a community's advantage for homeless persons to receive the SSA benefits they need, there are many challenges.

Lack of Documentation. Sometimes, homeless individuals literally haven't even been able to make it through the door. For access to Federal buildings, people usually must show a driver's license, birth certificate, or some other form of identification. Many individuals who are homeless don't have such identification.

Also, when individuals can submit documentation of their disability along with their application, this speeds up the process considerably. Many people who are homeless have a hard time collecting that documentation.

Feelings of Hopelessness. Rejection may cause discouragement. "Many homeless individuals have lost hope after applying unsuccessfully again and again," explained Lawrence Rickards, Ph.D., Chief of the Homeless Programs Branch at CMHS. "Others have had negative encounters with bureaucracies in the past or have symptoms of serious mental illness—for example, paranoia. That makes asking for help difficult." And because these individuals lack

Online Resources on Homelessness

Homelessness is one of SAMHSA's priority program areas. For more information on this topic, visit **www.samhsa.gov/Matrix/matrix_homelessness.aspx.**

SAMHSA

- For more information on the SSI/SSDI Outreach, Access, and Recovery (SOAR) program, or to access related publications, tips, case studies, and worksheets, visit **www.pathprogram.samhsa.gov/SOAR.**
- To view a previous *SAMHSA News* article about SOAR, visit **www.samhsa.gov/samhsa_news/VolumeXIV_2/article9.htm.**
- SAMHSA's National Resource and Training Center on Homelessness and Mental Illness is online at **www.nrchmi.samhsa.gov.**

Other Federal Web Sites

For more Federal information on Social Security and disability benefits, visit the following Web sites:

- The official Social Security Administration (SSA) Web site, "Social Security Online," is available at **www.socialsecurity.gov.** And, for additional information, visit **www.socialsecurity.gov/homelessness** for SSA's program instructions and important links related to outreach to people who are homeless.
- The "one-stop" Web site created for people with disabilities is available at **www.disabilityinfo.gov.**

an address, they are not easy for the SSA to find—even if their applications are approved.

The SOAR Approach

That's where the SOAR initiative comes in. The project first helps states and communities strategize on how to ensure that crucial components for success will be implemented in local efforts. In each locale, the SOAR team begins by helping the community bring together key players to identify priorities and make a plan to adopt promising practices to enhance access to SSA disability benefits.

A critical part of the strategy process is to address workforce issues. Decision-makers need help understanding that current staffing levels—particularly of case managers who work with homeless individuals—may not be sufficient. Each case manager interviews applicants, observes their functioning, arranges for medical assessments, obtains prior records, writes summaries, and compiles applications. In short, Dr. Randolph noted, writing successful applications takes time. "Each agency may need more case managers assisting applicants," Dr. Randolph said. "That's a workforce challenge."

Training

SOAR also addresses another workforce issue—training. SOAR provides 4 days of detailed training for two to four trainers from each state. They learn how to conduct training workshops for frontline case managers in their home states. But, the training for trainers does not end there. SOAR sends a team of experts to the "home state" workshops. There, they advise new trainers on ways to fine-tune the training and ensure case managers get the information they need.

SOAR training uses a curriculum developed by SAMHSA called *Stepping Stones*

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From the Administrator

Terry L. Cline, Ph.D.

Obtaining Benefits, Attaining Recovery

Throughout my career—as a service provider, program administrator, Oklahoma's Commissioner of Mental Health and Substance Abuse Services, the Oklahoma Secretary of Health, and now, as the SAMHSA Administrator—I've heard many stories of recovery, hope, and success. I've also heard about the barriers that have prevented people from obtaining the help they need and have limited their horizons. One of these difficulties is finding a way to pay for treatment.

States face rising numbers of uninsured people and increasing costs of care, while too many individuals must cope with complicated paperwork and convoluted bureaucracies.

To stretch our dollars and make the best use of our resources, we must constantly re-examine well-established programs and procedures, and explore new and creative solutions.

The cover story in this issue of *SAMHSA News* describes an innovative effort linking individuals in need of treatment with Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) as stepping stones to recovery.

Since 2005, a Federal interagency initiative called SSI/SSDI Outreach, Access, and Recovery (SOAR) has helped states and communities develop strategies and provide training to caseworkers who assist individuals who are homeless and have mental illnesses in preparing applications. Because establishing eligibility for SSI is linked to eligibility for Medicaid, many clients are then able to pay for treatment.

At the same time, SAMHSA is pursuing other innovative efforts to reduce and prevent homelessness and to encourage and promote employment among people with serious mental illnesses and substance use disorders.

The Agency will continue to evaluate and document the results from all of these efforts to determine their usefulness, document the value to policymakers and funders, and build a consumer-driven system focused on recovery.

Terry L. Cline, Ph.D.
Administrator, SAMHSA

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for people who are homeless

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to Recovery: A Training Curriculum for Case Managers Assisting Persons Who Are Homeless Apply for SSI/SSDI Disability Benefits. The curriculum provides an overview of SSA's disability pr[illegible] plus a step-by-step guide to engag[illegible] applicants, gathering evidence of disability, and submitting successful applications for benefits.

Another SAMHSA publication for case managers is called *Stepping Stones to Recovery: A Case Manager's Manual for Assisting Adults Who Are Homeless with Social Security Disability and Supplemental Security Applications.* "It's a reference book," said Dr. Rickards, noting that the manual is designed to reinforce what case managers learned during the SOAR trainings. (See *SAMHSA News* online, March/April 2006.)

Preliminary Results

SOAR is currently working in the following 23 states plus Los Angeles County, CA, and the District of Columbia: Arizona, Colorado, Connecticut, Florida, Georgia, Hawaii, Indiana, Kentucky, Maryland, Massachusetts, Minnesota, Montana, Nevada, New Jersey, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Tennessee, Utah, Virginia, and Washington.

SOAR emphasizes the importance of documenting results and asks assisting agencies in these states to record and submit data on initial efforts. SOAR sites in 11 states have reported preliminary findings.

Before the SOAR initiative, with few exceptions, approval rates were only an

Promising Practices

The SSI/SSDI Outreach, Access, and Recovery (SOAR) initiative is identifying successful strategies that communities use to assist homeless persons with their Social Security Administration (SSA) disability applications. Several promising practices have already emerged from SOAR.

Improving Documentation

Most important are practices to improve the documentation that individuals and their case managers include in applications. "When you talk to case managers, they often don't understand why SSA denied the applications they submitted on behalf of homeless persons," explained Deborah Dennis, M.A., Vice President, Policy Research Associates. Ms. Dennis oversees SOAR for the interagency partners. "It's really a question of the information that Social Security has to work with," she said.

In the past, case managers would simply include a client's medical records, which typically document diagnosis, symptoms, and treatment. However, this information often does not provide enough medical evidence to link an applicant's impairments to the inability to work.

Including information about an individual's disability and limits on day-to-day functioning is the key to a successful application. Once case managers understand what documentation SSA needs to make a decision, it's easier to provide this information.

Building Relationships

Building strong relationships with SSA field office staff is also a good practice, especially if there's a question about the application process. In addition, building good relationships with the State Disability Determination Services offices is beneficial for getting answers to questions about the disability process.

Serving as a Representative

Having a case manager become an applicant's representative is another promising practice. Filling out the SSA-required form (the one-page Appointment of Representative form) allows a case manager to act on an applicant's behalf and to receive a copy of everything SSA sends to an applicant.

This practice makes it less likely that crucial communications will be lost or that deadlines will be missed.

For more information, visit SAMHSA's link to the SOAR Web site at **www.pathprogram.samhsa.gov/SOAR.**

estimated 15 percent for initial applications by people who were homeless. Preliminary data indicate the average approval rating for locations that participated in SOAR was 62 percent.

In Richmond, VA, for example, 78 percent of initial applications have been approved since case managers underwent SOAR training and agencies adopted recommended changes. Nashville, TN, has obtained approvals in 96 percent of initial applications. Also, the time it takes for SSA to make an initial decision has decreased in some locations. In Nashville, TN, for example, the time for an initial decision has decreased from 120 days to 59 days.

In addition, some states have seen a decrease in the number of so-called "consultative examinations," which SSA requires when it doesn't have enough information to make a decision. During these exams, physicians or psychologists who usually are unfamiliar with applicants meet to determine whether these applicants are actually disabled. If applicants don't seem disabled during the meetings—whether because they happen to be asymptomatic that day or simply because they're trying to make a good impression on a stranger—their applications will be denied.

These preliminary data from SOAR sites draw on a relatively small number of applications from people who are homeless. But, the results confirm that homeless SSI/SSDI applicants with disabling mental illnesses are getting the subsistence and health benefits they need to access housing and mental health services. Once homeless individuals have these benefits, they are another step closer to recovering their lives and their places in the community.

For more information about the SOAR initiative, visit SAMHSA's link to the SOAR Web site at **www.pathprogram.samhsa.gov/SOAR.**

—By Rebecca A. Clay

***Road to Recovery* Presents: Spanish-Language Web Cast**

Why are Latinos at special risk for substance abuse or dependence? And how can treatment providers help improve the health and well-being of the Latino community?

The answers to these and other questions are addressed in "Alcohol en la Comunidad Latina," the third in a series of nine *Road to Recovery* 2007 Web casts produced by SAMHSA's Center for Substance Abuse Treatment (CSAT). This hour-long Web cast is the first to be produced in Spanish.

The Web casts are part of SAMHSA's *National Alcohol and Drug Addiction Recovery Month* celebration, held annually in September.

Premiering in April, the Spanish-language program is hosted by Ivette Torres, CSAT's Associate Director for Consumer Affairs. The program examines specific issues for Latinos surrounding alcohol abuse and dependence. It also includes information on where to find help.

SAMHSA data show that in 2005, the rate of substance dependence or abuse among Hispanic persons age 12 and older was 9.3 percent, while the rate of binge alcohol use among Hispanics was 23.7 percent.

In addition, Latin American immigrants and their families face a number of challenges. Aside from overcoming language barriers, securing meaningful employment, and providing for their families, a wide range of encountered cultural differences can be stressful and can lead to an addiction to alcohol and/or drugs.

Recovery Month Web casts premiere the first Wednesday of the month and are archived for viewing at any time. To view the "Alcohol en la Comunidad Latina" Web cast, or previous programs, visit **www.recoverymonth.gov/2007/multimedia/webcastmenu.aspx.**

—By Ellen Robinson

JOIN the voices for RECOVERY

SAVING LIVES, SAVING DOLLARS

Other *Recovery Month* 2007 Web Casts

- **May:** "Helping Families Find Recovery"
- **June:** "The Financial and Medical Benefits of Treatment for Health Care Providers and Insurers"
- **July:** "Treatment and Recovery: Reducing the Burden on the Justice System and Society"
- **August:** "Improving the Bottom Line: Supporting Treatment Profits Employers and Employees"
- **September:** "Investing in Treatment: Policymakers' Positive Impact on Their Community"
- **November:** "Saving Lives, Saving Dollars: A National Showcase of Events."

Funding Opportunities

SAMHSA recently announced several grant funding opportunities for Fiscal Year 2007. Requests for Applications (RFAs) include the following:

- **Addiction Technology Transfer Center (ATTC) Grants** (Application due date: June 1, 2007)—15 grant awards, ranging from $500,000 to $550,000 per year for up to 5 years, to support the addiction treatment services workforce. The awards will be made to 14 Regional Centers and 1 National Coordinating Center. ATTCs assess the training and development needs of the substance use disorders workforce and develop and conduct training and technology transfer activities to promote the adoption of evidence-based practices in substance use disorders treatment. (TI-07-001, $7.8 million)
- **Mental Health Data Infrastructure Grants for Quality Improvement (State DIG)** (Application due date: May 3, 2007)—Up to 58 grant awards for up to 3 years, with up to $7.56 million available. These grants will implement and strengthen the annual collection of the Uniform Reporting System (URS) measures, which include the National Outcome Measures (NOMs), and fund State Mental Health Authorities to improve state and local data infrastructures for reporting and planning. The project supports SAMHSA's Center for Mental Health Services Mental Health Block Grant program. (SM-07-012, $7.56 million)
- **Alternatives to Restraint and Seclusion Grants** (Application due date: May 11, 2007)—Up to 8 grant awards, for about $214,000 per year for up to 3 years, to support states in their efforts to adopt best practices to reduce and ultimately eliminate the use of restraint and seclusion in institutional and community-based settings that provide mental health services. (SM-07-005, $1.7 million)

www.samhsa.gov/grants
www.grants.gov

- **Targeted Capacity Expansion Grants for Jail Diversion** (Application due date: March 27, 2007)—2 grant awards for up to 3 years with approximately $723,000 available for jail diversion. Awarded by SAMHSA's Center for Mental Health Services, these grants will promote the transformation of systems to improve services for justice-involved adults with mental illness. This program is intended to improve the capacity of systems to divert these individuals away from the criminal justice system to community-based integrated mental health and substance abuse treatment and other appropriate support services. (SM-07-004, $723,000)
- **National Child Traumatic Stress Initiative Community Treatment and Services Centers (CTS Centers)** (Application due date: May 31, 2007)—Up to 10 cooperative agreement awards, for $400,000 for up to 4 years, to improve treatment and services for children and adolescents exposed to a wide array of traumatic events. (SM-07-011, $4 million)
- **Suicide Prevention Hotlines** (Application due date: May 2, 2007)—1 cooperative agreement award, for up to 5 years, with up to $2.88 million in total funding available for networking, certifying, and training suicide prevention hotlines. (SM-07-009, $2.88 million)
- **Adolescents at Risk Supplements** (Application due date: May 1, 2007)—Up to 8 grant awards, not to exceed $232,250, for 1 year to expand activities funded under the initial Linking Adolescents at Risk for Mental Health grant. (SM-07-015, $1.86 million)
- **Physician Clinical Support System for the Treatment of Substance Use Disorders (PCSS)** (Application due date: May 1, 2007)—1 cooperative agreement award, for up to $500,000 for up to 3 years, to enhance the current PCSS. PCSS assists physicians in treating patients dependent on heroin opioids with FDA-approved buprenorphine products. (TI-07-007, $500,000).

Applications are available by calling SAMHSA's Clearinghouse at 1 (800) 729-6686, or by downloading information from **www.samhsa.gov/grants** or **www.grants.gov.**

Transforming Housing for People with Psychiatric Disabilities

According to a new report from SAMHSA, most board and care homes for people with psychiatric disabilities are currently indistinguishable from institutions, and residents are given very little opportunity for recreation and community involvement.

The publication, *Transforming Housing for People with Psychiatric Disabilities Report,* calls for improvements to conditions in existing homes and also an across-the-board reduction in reliance on them by many states.

The term "board and care home" describes living arrangements that provide shelter, food, and 24-hour supervision or protective oversight and personal care services to residents. Other terms describing such living arrangements include homes for the aged, residential care homes, adult foster care, and recently, assisted-living facilities.

By the mid-1990s, according to the report, the Federal Government estimated that 1 million people across the Nation lived in board and care homes.

The result of a study inspired by the President's New Freedom Commission on Mental Health, the report offers 10 detailed recommendations to improve the quality of life of residents of board and care homes (see box). The recommendations call for a recovery-oriented approach based on the principles of self-direction and community involvement.

For the complete report online, visit SAMHSA's Web site at **http://mentalhealth.samhsa.gov/publications/allpubs/sma06-4173.** Print copies are available by calling SAMHSA's National Mental Health Information Center (NMHIC) at 1 (800) 789-2647 (English and Español) or 1 (866) 889-2647 (TDD). Request publication number (SMA) 06-4173.

—By Kristin Toburen

Recommendations To Improve Board and Care Homes

SAMHSA's new report on transforming the board and care home system includes the following 10 recommendations:

- **Incorporate residents' needs into state *Olmstead** plans and establish reform coalitions.** Coalitions with a variety of members—including residents and legal advocates—should make thorough reviews and housing recommendations. Residents should be integrated into the community as much as possible.
- **Increase consumers' options for self-direction.** Residents' financial choices and flexibility should be increased. Federal agencies should work with states to foster consumer-directed services.
- **Improve methods of outcome measurement.** For residents, health and quality of life should be monitored and improved.
- **Strengthen peer support and community outreach and education.** Set aside grants for peer support and establish peer-run wellness centers in the community that provide access to health care, education, legal services, and transportation.
- **Reaffirm the role of protection and advocacy (P&A) agencies.** P&A agencies should have direct access to the homes, oversee their operation, and educate residents about their rights.
- **Modernize state regulations.** A central registry of board and care homes is recommended to ease housing approval. Also, homes need to include more residents in inspections and evaluations.
- **Expand and clarify the mandate of long-term care ombudsman programs.** Ombudsman programs should pay closer attention to the needs of residents and work more closely with P&A agencies.
- **Enhance access to physical and mental health care.** Health care should continue after residents leave board and care homes, and each resident should have a wellness recovery action plan.
- **Strengthen residents' rights.** State laws should require that residents have the full rights of tenancy, including a resident bill of rights. In addition, the use of seclusion and restraint must be prohibited.
- **Establish quality improvement measures.** State oversight agencies should develop incentives for best practices. And, homes should provide ongoing education and quality improvement plans.

Complete descriptions of each recommendation are provided in the report, which is available online at **http://mentalhealth.samhsa.gov/publications/allpubs.sma06-4173.**

Note:
* The Supreme Court's *Olmstead* decision requires that state and local mental health agencies provide access to housing and other services in the "most integrated setting" appropriate to the needs of people with psychiatric disabilities.

President's Budget Sustains Key SAMHSA Programs

The Fiscal Year (FY) 2008 budget proposed by President George W. Bush allocates $3.2 billion for SAMHSA—a budget that will allow SAMHSA to continue its mission to build resilience, promote recovery, and ensure a life in the community for everyone.

Although the proposed budget reflects a reduction of 5 percent from the FY 2007 Continuing Resolution, it sustains support for priorities identified by President Bush and Health and Human Services (HHS) Secretary Michael O. Leavitt. These programs include Access to Recovery and Mental Health System Transformation.

In addition, according to SAMHSA Administrator Terry L. Cline, Ph.D., "The President's budget affords us the opportunity to make bold new investments in screening, brief intervention, referral, and treatment in both medical and community settings, and in the treatment drug courts."

Substance Abuse

The FY 2008 budget includes $2.3 billion to prevent substance abuse and to provide treatment for the 33 million Americans with serious substance abuse problems. The budget requests level funding of $1.8 billion for the **Substance Abuse Prevention and Treatment Block Grant,** which is the cornerstone of states' and territories' substance abuse programs. SAMHSA's Block Grants serve nearly 2 million clients each year.

The proposed budget also requires states and territories receiving Block Grant funds to report client outcomes as outlined in SAMHSA's National Outcome Measures. (See page 9.)

The President's **Access to Recovery** initiative, which provides clients in substance abuse treatment with vouchers so they can access treatment and support services of their choice, is slated to be funded at $98 million in FY 2008. Some $25 million will support treatment for clients using methamphetamine.

A total of $32 million is proposed to support **substance abuse treatment to prevent criminal recidivism**—an increase of $22 million over FY 2007. Drug treatment courts are a successful alternative to incarceration, and they allow stakeholders to work together to give clients the treatment and resources they need to become fully functioning parents, employees, and citizens.

The FY 2008 funding increase will enable SAMHSA to more than triple the number of grants to treat clients of juvenile, family, and adult drug treatment courts.

SAMHSA will increase its funding of **substance abuse screening, brief intervention, referral, and treatment in medical and other community settings** by $12 million for a total of $41 million in FY 2008.

Mental Health

A total of $807 million is planned for mental health services, a decrease of $77 million from FY 2007. The **Community Mental Health Services Block Grant** will be funded at the same level as last year, $428 million. These block grants support comprehensive, community-

SAMHSA Budget Authority by Activity (Dollars in Millions)

	2006	2007	2008
Substance Abuse:			
Substance Abuse Block Grant	$1,757	$1,759	$1,759
Programs of Regional and National Significance:			
Treatment	399	375	352
Prevention	193	181	156
Subtotal, Substance Abuse	**$2,349**	**$2,315**	**$2,267**
Mental Health:			
Mental Health Block Grant	$ 428	$ 428	$ 428
PATH Homeless Formula Grant	54	54	54
Programs of Regional and National Significance	263	228	187
Children's Mental Health Services	104	104	104
Protection and Advocacy	34	34	34
Subtotal, Mental Health	**$ 883**	**$ 849**	**$ 807**
Program Management	$ 92	$ 97	$ 93
Total, Program Level	**$3,324**	**$3,260**	**$3,168**
Less Funds Allocated from Other Sources:			
PHS Evaluation Funds	-121	-126	-121
Total, Discretionary BA	**$3,203**	**$3,134**	**$3,046**
FTE	524	540	540

Source: U.S. Department of Health and Human Services Web site, "Budget in Brief," at **www.hhs.gov/budget/08budget/2008BudgetInBrief.pdf** (page 39, PDF format).

based systems of care for adults with serious mental illnesses and children with serious emotional disturbances.

The proposed budget allocates $34 million for **suicide prevention** activities, including suicide prevention for American Indian and Alaska Native youth, a 24-hour national hotline, and a Suicide Prevention Resource Center.

Another $76 million is proposed for school-based violence prevention that supports the **Safe Schools/Healthy Students initiative,** a collaborative effort with the Department of Education.

In addition, the budget includes $104 million for the **Children's Mental Health Services program,** $54 million for **Projects for Assistance in Transition from Homelessness,** and $34 million for **State Protection and Advocacy systems** to protect people with mental illnesses from abuse, neglect, and violations of their civil rights.

Performance Measurement

While not a separate line item in the SAMHSA budget, one of SAMHSA's most important activities is performance measurement and reporting. "Performance measurement creates a consistent framework for linking Agency-wide goals with a matrix of program priorities," said Dr. Cline.

According to SAMHSA's FY 2008 Congressional Justification, SAMHSA and the states have agreed on a set of National Outcome Measures. (For more information, see article below.) The data gathered allow SAMHSA to share with stakeholders the Agency's progress towards three strategic goals to increase:

- *Accountability* in measuring and reporting program performance
- *Capacity* in service availability
- *Effectiveness* in service quality.

For more detailed information about the President's FY 2008 budget, visit **www.hhs.gov/budget/08budget/2008BudgetInBrief.pdf.** SAMHSA's Congressional Justification is available at **www.samhsa.gov/Budget/FY2008/index.aspx.**

—By Craig Packer

National Outcome Measures: Update

The National Outcome Measures (NOMs) system—developed jointly by SAMHSA, the states, and the District of Columbia—tracks and measures real-life outcomes for people in recovery from mental health and substance abuse disorders. (See *SAMHSA News* online, July/August 2005.)

States are responsible for collecting their performance data across 10 domains such as resilience and sustaining recovery as well as quality of services provided (see *SAMHSA News* online, November/December 2005).

In the last 12 months, SAMHSA has made significant progress in completing the first three of five next steps for data quality improvements to the NOMs. All five next steps are set for completion by spring 2008.

In a recent letter to stakeholders, SAMHSA Administrator Terry L. Cline, Ph.D., outlined the progress, which includes the following:

- **Data Availability.** For substance abuse issues, the length of time from data collection to data availability for management analysis of substance abuse treatment information has significantly improved from 3 years to 15 months. And, in the coming year, provisional data files (for internal management purposes) will become available quarterly after only 6 months from the time of data collection.
- **Feasibility.** Mental health services stakeholders are examining the feasibility of implementing client-level outcome measures. Substance abuse stakeholders are currently linking client-level admission and discharge records. With an additional year of experience, the rate of matches they are able to achieve is expected to improve.
- **Data Standards.** Potential new measures are undergoing field evaluation for mental health symptomatology. Similarly for substance abuse, the measures for client perception and social connectedness are being finalized.
- **SOMMS Reporting.** A total of 45 states are currently enrolled in the State Outcomes Measurement and Management System (SOMMS) data collection program for substance abuse treatment. SAMHSA provides standard procedures, technical support, and funding for this reporting.

For the text of the complete report from the Administrator, visit SAMHSA's Web site at **www.NationalOutcomeMeasures.samhsa.gov.**

Underage Drinking: A *Call to Action*

Surgeon General Launches National Effort

In the first *Call to Action* against underage drinking, the U.S. Surgeon General's Office is increasing efforts to stop America's 11 million underage drinkers from using alcohol and to keep other young people from starting.

Noting the risks of underage drinking, the *Call to Action* outlines specific strategies. As part of the national effort, SAMHSA has released new public service announcements, billboards, and materials for the *Reach Out Now* program (see pages 11, 12) to help communities learn about and disseminate the message.

"Alcohol remains the most heavily abused substance by America's youth," said Acting Surgeon General Kenneth P. Moritsugu, M.D., M.P.H. "We can no longer ignore what alcohol is doing to our children."

Government and school officials, parents, other adults, and youth are working together to reach the goals set forth in the *Call to Action.*

"This is a research-based document," said Terry L. Cline, Ph.D., SAMHSA Administrator, who chairs the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD). "The *Call to Action* discusses underage drinking in the context of adolescent development, and it provides helpful suggestions for addressing the problem."

In addition to the *Call to Action,* the Acting Surgeon General soon will release several "Guides to Action" for use by families, communities, and educators. These short, colorful, easy-to-read brochures will present the science behind underage drinking in a way "that Americans can understand and apply to their own circumstances," Dr. Moritsugu said. "The Office of the Surgeon General is committed to provide the best scientific information in a way that people can use easily and take active steps to increase their health and wellness."

Facts

Those who start drinking before age 15 are five times more likely to have alcohol problems.

By age 14, 41 percent of children have had at least one drink.

Annually, more than 5,000 deaths of people under age 21 are linked to underage drinking.

Citation:
U.S. Department of Health and Human Services (HHS). *The Surgeon General's Call to Action To Prevent and Reduce Underage Drinking.* HHS, Office of the Surgeon General, 2007.

"Both the *Call to Action* and the guides will be valuable resources in assisting communities in raising awareness of the extent of underage drinking," said Dr. Moritsugu.

The Surgeon General's Call to Action To Prevent and Reduce Underage Drinking is posted at **www.stopalcoholabuse.gov.**

Goals

Developed in collaboration with SAMHSA and the National Institute on Alcohol Abuse and Alcoholism (NIAAA), *The Surgeon General's Call to Action To Prevent and Reduce Underage Drinking* identifies six goals to reduce the number of underage drinkers nationwide:

Goal 1: Foster changes in American culture that encourage healthy adolescent development.

Goal 2: Engage parents, schools, communities, and youth themselves in this national effort.

Goal 3: Promote an understanding of adolescence and risk taking as part of human behavior.

Goal 4: Conduct additional research on adolescent alcohol use.

Goal 5: Work to improve public health surveillance.

Goal 6: Ensure that policies at all levels are consistent with the national goal.

Online Resources

- The Federal portal for comprehensive information on underage drinking is available at **www.stopalcoholabuse.gov.**
- *Reach Out Now* is SAMHSA's source for underage drinking prevention materials. The program includes school-based "teach-ins" for fifth and sixth graders. Visit **www.teachin.samhsa.gov.**

Ads, Billboards Highlight Younger Children

Underage drinking is about high school kids, right? Unfortunately, the problem is appearing in children in middle school and elementary school, too. SAMHSA and the Ad Council have joined together to produce new public service announcements (PSAs) that reflect those age groups.

The PSAs support the Surgeon General's *Call to Action* nationwide (see opposite page). And as part of SAMHSA's continuing leadership role in the Federal underage drinking prevention effort, the Agency is collaborating with stakeholders to disseminate the PSAs and other materials in time for Alcohol Awareness Month in April. (See *Reach Out Now,* page 12.)

Brandon and Emily PSAs

Recently, SAMHSA released two new video PSAs to emphasize the young age at which children begin drinking.

"My name is Brandon. In 9 years, I'll be an alcoholic," says the young boy featured in the "Brandon's Story" PSA. After greetings from adult attendees at an Alcoholics Anonymous meeting, he adds, "I'll start drinking with the older kids and whatever they do, I'll do."

In "Emily's Story," a young girl says she'll be an alcoholic in 7 years. "I'll start drinking in eighth grade, but my parents won't really notice, 'cuz I'll do okay in school and everything will seem okay," she begins. She pauses before saying, "But everything won't be okay."

The new PSAs continue the national campaign launched in fall 2005. The campaign's objective is to help reduce or delay the onset of underage drinking. Specifically, the campaign targets parents of children age 11 to 15. Parents are encouraged to talk with their children early and often about alcohol, especially *before* they start drinking.

As Brandon says in one ad, "I know it will start with alcohol. I'm just not sure how it's going to end." Each of the ads, however, closes with the reminder that children who begin drinking at an early age are more likely to develop alcohol problems later in life.

SAMHSA's PSAs respond to underage drinkers and parents with one question: "Why take the risk?"

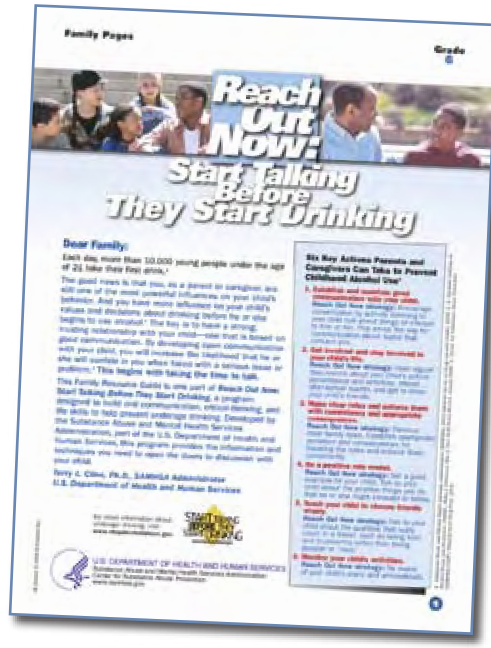
For more information on the campaign, or to view these PSAs, visit **www.stopalcoholabuse.gov.**

—By Leslie Quander Wooldridge

A new public service announcement (PSA), "Brandon's Story," is now available from SAMHSA and the Ad Council. Visit **www.stopalcoholabuse.gov.**

A young girl is featured in "Emily's Story," another new PSA to build awareness about underage drinking. Visit **www.stopalcoholabuse.gov.**

Reach Out Now Educates Teachers, Students



April is Alcohol Awareness Month, and SAMHSA and Scholastic, Inc., are collaborating once again to support *Reach Out Now,* SAMHSA's alcohol awareness and underage drinking prevention program that disseminates educational materials to national, state, local, and youth leaders.

The recent release of these 2007 *Reach Out Now* materials coincided with the release of the Surgeon General's *Call to Action* on underage drinking. (See page 10.)

Program materials are designed especially for use by fifth- and sixth-grade students, their families, and their teachers (see *SAMHSA News* online, March/April 2006). This March, classrooms across the Nation received packets that included a four-page set of lessons and activities for school use as well as a "take-home" packet for parents (see box below).

For Parents

Reach Out Now encourages parents to create a strong, trusting relationship with their child—one that is based on good communication. By developing open communication with a child, parents increase the likelihood that the child will confide in them when he or she is faced with a serious problem.

Reach Out Now packets for parents offer "Six Key Actions" to help prevent children from using alcohol. Parents are urged to:

- Establish and maintain good communication with their child.
- Get involved and stay involved in their child's life.
- Make clear rules and enforce them with consistency and appropriate consequences.
- Be positive role models.
- Teach children to choose friends wisely.
- Monitor children's activities.

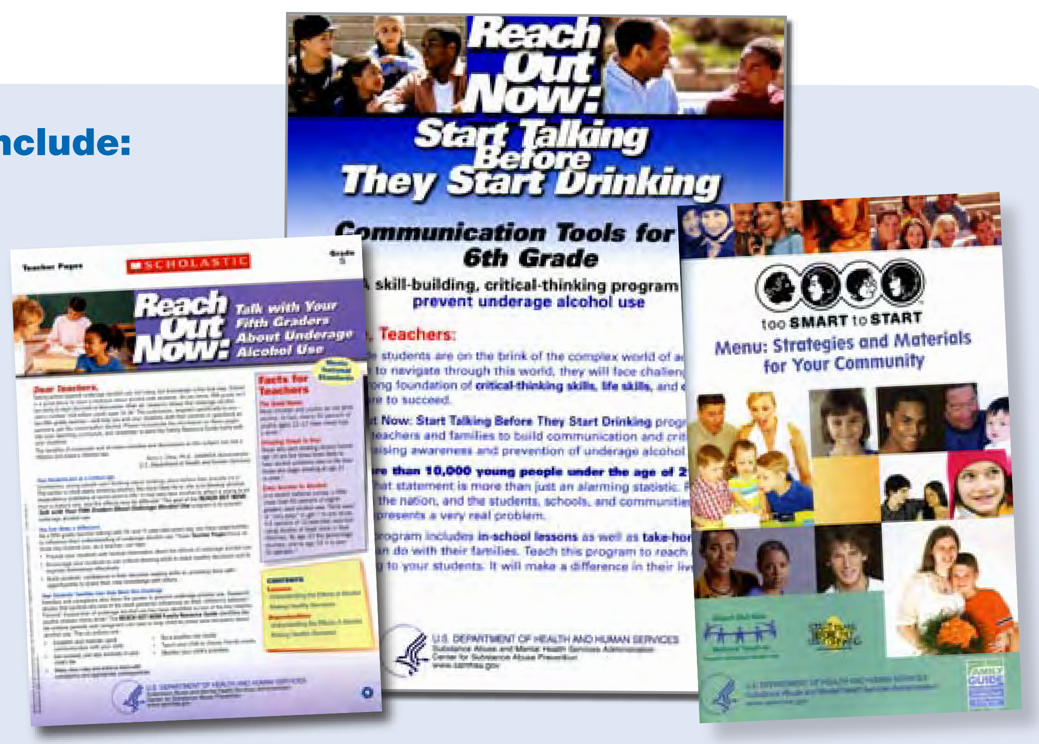
Annual *Reach Out Now* activities also include teach-ins, which allow national, youth, state, and local leaders to educate communities nationwide about the dangers of underage alcohol use. Teach-ins also encourage young people to make healthy decisions.

The 2007 *Reach Out Now* materials are available for free download on SAMHSA's Web site at **www.teachin.samhsa.gov.**

Program materials include:

- A lesson plan and talking points
- Resource guides
- True-false quiz and word-search puzzles
- Certificate templates for people who attend teach-ins
- Media kits and outreach materials.

These materials, and more, are available for free download at **www.teachin.samhsa.gov.**



Treatment Update: Increasing Motivation

To help counselors and care providers motivate substance users to begin and continue treatment, SAMHSA's Center for Substance Abuse Treatment (CSAT) recently released a new training manual, *Enhancing Motivation for Change Inservice Training.*

Based on Treatment Improvement Protocol (TIP) 35, *Enhancing Motivation for Change in Substance Abuse Treatment,* the new manual provides needed basic training support for treatment staff and peer counselors. The training is particularly valuable for new counselors or for clinicians who are unfamiliar with the basic concepts and strategies of motivational enhancement.

"This is the first of several TIP inservice training manuals being developed under the Knowledge Application Program," said Christina Currier, Knowledge Application Program Project Officer at CSAT. "The user-friendly format of the manual enables use by nonprofessional trainers, such as program supervisors, and encourages interaction with training participants."

What Is Motivational Enhancement Therapy?

Motivational enhancement therapy is client-centered counseling that helps individuals explore and resolve problems they have with change. Motivation-enhancing techniques help an individual participate in his or her own treatment for substance abuse. Results include reducing substance use, maintaining higher abstinence rates, and adjusting more easily in social settings.

The Manual

The trainer's manual includes 10 training modules and 1 followup module. Each module—1½ to 2 hours in length—includes presentation instructions, PowerPoint slides (which can be copied onto overhead transparencies), homework assignments, and participant handouts.

The training approach includes presentation, discussion, group or partnered practice exercises, and between-session assignments.

The training teaches participants about change theory and motivational strategies, ways to assess a client's readiness for change, and also helps participants develop overall skills for enhancing client motivation. Between-session exercises encourage practicing these new skills and integrating them into sessions with clients.

The flexible-module approach of the inservice manual allows the training to be delivered on consecutive days or offered over several weeks. Longer periods between sessions allow participants more time to practice techniques and integrate them into their counseling styles.

Highlights

SAMHSA's new training curriculum presents a thoughtful mix of key concepts and interactive exercises that reinforce the evidence-based knowledge offered in TIP 35.

For example, in the curriculum's third module, "Motivation and Intervention," the trainer explains reflective listening and demonstrates this complex and critical skill with a volunteer.

Participants then team with a partner to take turns offering simple reflections, repeating in their own words and in a neutral tone what they think the other person said.

On their paths to recovery, clients encounter the five stages of change—precontemplation, contemplation, preparation, action, and maintenance. In Module 4, "Basic Strategies of Motivational Enhancement," clients role play a counseling session. Based on the "story" performed, the "audience" identifies the correct stage of change.

To Order

For a free copy of *Enhancing Motivation for Change Inservice Training,* contact SAMHSA's National Clearinghouse for Alcohol and Drug Information at 1 (800) 729-6686 (English), 1 (877) 767-8432 (Español), or 1 (800) 487-4889 (TDD). Ask for publication number (SMA) 06-4190.

The training manual is available in PDF format from SAMHSA's Knowledge Application Program (KAP) Web site. The entire training manual is available at **http://kap.samhsa.gov/products/manuals/tip35c/pdf/p_complete_manual.pdf.** For separate modules, visit **http://kap.samhsa.gov/products/manuals/tip35c/index.htm.**

—By Riggin Waugh

TIP 35: Additional Resources

Online, SAMHSA's Knowledge Application Program offers a full-text version of TIP 35 as well as quick-reference tools:

- The *Quick Guide for Clinicians Based on TIP 35*—(SMA) 01-3602—is available at **http://kap.samhsa.gov/products/tools/cl-guides/pdfs/QGC_35.pdf.**
- *KAP Keys for Clinicians Based on TIP 35*—(SMA) 01-3603—is available at **http://kap.samhsa.gov/products/tools/keys/pdfs/KK_35.pdf.**
- A Spanish-language *fotonovela* based on TIP 35 is also available—(SMA) 06-4170.

Arab Americans & Muslims Assess Emotional Well-Being

"When my 14-year-old son was in sixth grade, and [the U.S.] declared war on Iraq, he said he wanted to go to sleep forever and never wake up," said Hindy Zayed Mokhiber, an American daughter of Palestinian immigrants and the mother of four children living in Northern Virginia.

She described her son's wrenching experience at a listening session on Arab American and American Muslim Youth Behavioral Health hosted by SAMHSA's Center for Mental Health Services (CMHS) on February 26.

"He does not stand alone in his feelings," Mrs. Mokhiber added. "He is not Iraqi, but he understands and feels for the country. He [also] had two cousins fighting in Iraq for the United States Army. There are children from other countries of Arab heritage who feel the same way."

The February listening session was a followup to the initial session held in early November 2001—just 2 months after the September 11 terrorist events (see *SAMHSA News* online, winter 2002). The goal was to gain more understanding of the emotional consequences of the resulting backlash against Arab Americans and American Muslims and to respond to their needs. The second listening session sought to identify the issues facing this group since 2001 and in particular, the issues for youth.

Participants included mental health service providers, researchers, representatives from prominent Arab American and American Muslim community organizations, clergy from both American Muslim and Arab Christian communities, and teenagers and young adults of Arab American or American Muslim descent.

Discrimination

Participants spoke about the discrimination that has continued into the present.

Tony Kutayli, J.D., of the American Arab Anti-Discrimination committee, described it this way: "Lots of Arab Americans and American Muslims feel that they were discriminated against twice following 9/11: as Americans and as Arabs and Muslims."

Imam Johari Abdul-Malik, the Muslim chaplain at Howard University and Director of the Outreach Program at the University's Dar Al-Hijrah Islamic Center, explained, "First there's the fear that every American has that something could happen again and they could be victims. Then, American Muslims fear that whether or not something happens, they have to be concerned about an attack from within, from their neighbor."

Participants cited the types of discrimination that they observed, including profiling and harassment at airports, phone taps, and the creation of lists of potential terrorists.

Imam Abdul-Malik, one of two participants who attended both the first and second SAMHSA listening sessions, said that the discrimination can be very subtle. "No one says [anything directly], but you won't get the job, the apartment, or the place on the team. But you can't prove that it's because of your background." He also compared the situation to that of Japanese Americans during World War II.

Almost all participants spoke about negative stereotyping by the media and entertainment industry. Mr. Kutayli pointed to the latest season of the hit television show "24" in which a character portraying an Arab articulates a desire to kill thousands of Americans. "Perception is reality for a lot of mainstream Arab Americans," he said.

At the recent listening session on Arab American and Muslim Youth Behavioral Health, participants included (left to right) Imam Johari Abdul-Malik, Dr. Radwan Khoury, Dr. Mona Amer, Abdi Wehelie, Lena Alhusseini, Dr. Sayyid Syeed, and Abdallah Boumediene.

Responses

Asma A. Ejaz, M.D., a practicing psychiatrist and chairwoman of the Domestic Harmony Committee of the Islamic Center of Long Island, NY, noted that some American Muslims have reacted by turning to the roots of their religion and culture and displaying more of their ethnicity.

Nahid Aziz, Psy.D., Associate Professor and Assistant Director of Training at Argosy University in Washington, DC, said that some of her own Muslim colleagues who had previously not worn a veil now choose to do so, to assert their Muslim identity.

But Dr. Ejaz also acknowledged that many people disassociate themselves from their roots for fear of reprisal and persecution.

Mona Amer, Ph.D., a postdoctoral fellow in psychology at the Yale University School of Medicine, agreed. In a focus group of Arab American youth that she conducted, she heard a 13-year-old boy say, "I don't want to go to school with Arab kids because, dude, being with Arabs brings you down."

Other participants identified the emergence of a new coping mechanism: Islamic comedy such as the television show "Little Mosque on the Prairie."

Youth participants included (left to right) Laila Mokhiber, Corey Rados, Mariam Obeidallah, Abdifatah Barre, and Jennifer Spendlove.

Refugees

Several discussants distinguished between the problems of refugees and other immigrants. Omar A. Eno, a doctoral candidate in African history at York University and Director of the National Somali Bantu Project at Portland State University-Oregon, spoke of the special problems of Somali Bantus distinct from those of other Somali immigrants.

He explained that the Bantu people were originally brought to Somalia from other parts of Africa as slaves in the 18th and 19th centuries, and they remain a persecuted minority to this day. During the Somali civil war in the 1990s, many of the Bantu went to refugee camps in Kenya. In 1999, the United States offered resettlement to approximately 15,000 Somali Bantu refugees. Mr. Eno described the Somali Bantu as doubly challenged, seeking acceptance among fellow Somalis and adjustment to American culture.

Youth

The listening session included four youth representatives: two students each from high school and college.

Kushalatah Jayakar-Ahmed, M.D., a psychiatrist and consultant in mental health at the Islamic Center of Long Island, said that many youth lead "double lives." Often they are "very good Muslim children at home and very American children outside of the home," she said. She cited the example of a girl who wears the Muslim *hijab* at home but removes the traditional head-covering when she is in public.

Abdifatah Barre, a high school junior from a Somali immigrant background, spoke of the "tug-of-war between tradition from parents and change." Many of the adult participants alluded to the concern of parents that their children would lose their ethnic and religious identity if they integrate too much into American culture. In addition, parents fear that their children may engage in risk-taking behavior such as using drugs.

But Fordham University student Corey Rados, a fourth-generation Lebanese American Orthodox Christian, cautioned participants to "consider the context of the larger society. . . . marijuana, alcohol are things that American college students do. Depression is prevalent in this entire age bracket."

Future Directions

Participants suggested many areas for improvement. Dr. Amer emphasized the need for more academic research on Arab American and Muslim mental health. Mr. Eno said that to counter media stereotypes and educate the public, he partners with community television in Portland, OR, for 2 hours every week to broadcast Bantu culture, traditions, dances, and interviews. Participants also expressed the need for community education efforts to reduce stereotyping and to sensitize schoolteachers, counselors, religious communities, and others to cultural issues.

Acknowledging the stigma of mental health problems among members of their own community, participants also called for educational efforts for Arab Americans and American Muslims. Abdallah Boumediene, the Operations Manager of the Arab Community Center for Economic and Social Services in Dearborn, MI, suggested having workshops for imams since so many people in distress go to their religious leaders first. This would help the imams "deal with issues outside a strictly religious realm," he said. He promoted the idea of working with existing community-based organizations to offer best practices that have already been developed.

Several participants emphasized the benefits of community centers for youth. Corey Rados spoke of the benefits of after school programs and clubs. "I'm very pro-sports," he said. "Another great way to help youth become more comfortable with themselves is through the arts—music, theater, art, and dance." In addition to creative expression, he said, "the arts are also a great medium to enrich people with your culture and learn more about the host culture."

SAMHSA staff members plan to use the information to guide development of a national summit on the needs of Arab Americans and American Muslims, projected for later this year.

For more information on the listening session, please phone Captain John Tuskan at SAMHSA's Center for Mental Health Services at (240) 276-1845 or email john.tuskan@samhsa.hhs.gov.

—By Deborah Goodman

Evidence-Based Practices: Online Registry

SAMHSA recently unveiled a new Web site for the National Registry of Evidence-based Programs and Practices (NREPP), part of the Agency's Science to Service Initiative.

Designed over a 3-year period with input from scientists, health care service experts, and members of the public, the updated NREPP system will reach organizations across the Nation and disseminate timely and reliable information about effective interventions to prevent and treat mental and substance use disorders.

The new system helps states, territories, community-based organizations, and others to identify service models that may address their particular regional and cultural needs, and match their specific resource capacity.

With its online debut, NREPP provides both descriptive information and ratings for use by multiple audiences including treatment counselors, drug clinics, mental health centers, physicians, and other health care providers.

"The new NREPP is a major advance in SAMHSA's work with the National Institutes of Health—specifically the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute of Mental Health—to translate substance abuse and mental health research findings into practice," said SAMHSA Administrator Terry L. Cline, Ph.D.

As more interventions become available through NREPP, the adoption of effective, evidence-based services will move more quickly, which will help expand SAMHSA's Science to Service Initiative, Dr. Cline said.

Key Features

The new NREPP system includes the following key features:

- **A searchable database** that can be customized by users to identify specific interventions based upon desired outcomes, target populations, and/or service settings.
- **Separate Web pages** that provide salient information about each NREPP intervention, including a brief descriptive summary and the complete contact information for the intervention developer.
- **Two independent ratings** (on a 0 to 4 scale) are provided by trained experts for each NREPP intervention. One rates the quality of the research evidence for intervention outcomes; the second rates the availability of actual materials and trainings. With these materials, typical providers in routine service settings can get the support they need to adopt the intervention.
- **A clearly articulated process**—including an annual *Federal Register* notice—for soliciting submissions to NREPP that address service needs and gaps in the substance abuse and mental health fields.

"The new NREPP system allows stakeholders to quickly identify and evaluate key outcomes for a variety of interventions," said Kevin Hennessy, Ph.D., Science to Service Coordinator at SAMHSA's Office of Policy, Program, and Budget. "The system will help users determine whether certain services would work well in specific local efforts to prevent or treat mental and substance use disorders."

NREPP currently contains approximately 25 interventions and is supported in the President's Fiscal Year 2008 Budget (see *SAMHSA News,* page 8). Because more than 200 interventions are currently in the queue for NREPP review, with additional interventions submitted each year, monthly additions of 5 to 10 new interventions are expected.

To view the new NREPP Web site, visit **www.nrepp.samhsa.gov.**

NREPP SAMHSA's National Registry of Evidence-based Programs and Practices

Starting Your Search

NREPP is a good place to start researching the interventions that might work for your organization.

The information provided through NREPP is best viewed as a starting point for further investigation. SAMHSA recommends that NREPP users consider all available information carefully, contact intervention developers, and consult additional resources before making decisions about the use of specific interventions.

For more information, visit **www.nrepp.samhsa.gov.**

Short Report Focuses on Inhalants

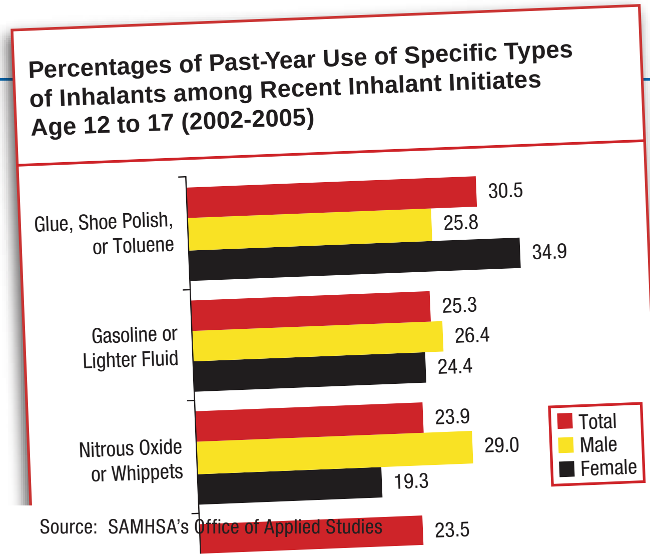
Timed to coincide with the 15th Annual National Inhalants & Poisons Awareness Week in March, SAMHSA released a new short report showing that inhalant use is increasing among girls age 12 to 17.

For specific inhalants, prevalence rates differed for males and females. (See chart at right.)

Rates of past-year inhalant use by girls increased from 4.1 percent in 2002 to 4.9 percent in 2005, according to the report, *Patterns and Trends in Inhalant Use by Adolescent Males and Females: 2002-2005.*

Overall, 1.1 million young people between the ages of 12 and 17 were estimated to have used inhalants in the past year.

Inhalants are common household products such as shoe polish, glue, aerosol air fresheners, nail polish, gasoline, and lighter fluids. The inhalation or "huffing" of these substances to get high can result in serious health problems, addiction, and "sudden sniffing death."



To view the complete report online, visit SAMHSA's Web site at **www.oas.samhsa.gov/2k7/inhalants/inhalants.cfm.**

New The DAWN Report

DRUG ABUSE WARNING NETWORK

Emergency room visits related to the nonmedical use of pharmaceuticals, including prescription and over-the-counter drugs, increased 21 percent from 2004 to 2005.

The latest estimates from SAMHSA's Drug Abuse Warning Network (DAWN) are available in a new report, *Drug Abuse Warning Network, 2005: National Estimates of Drug-Related Emergency Department Visits.*

The report shows that the total number of drug-related emergency room visits remained stable from 2004 to 2005. However, visits involving the nonmedical use of prescription or over-the-counter drugs increased from 495,732 to 598,542. The majority of these visits involved multiple drugs.

The full report is available on the SAMHSA Web site at **https://dawninfo.samhsa.gov/files/DAWN-ED-2005-Web.pdf.**

New Workforce Development Resources

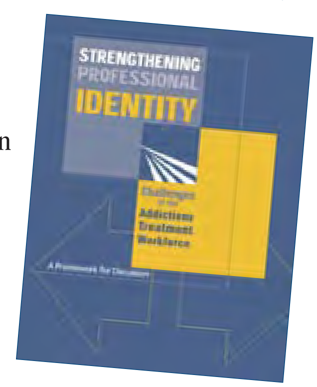
Training, recruitment, and retention of the workforce are ongoing challenges for providers of substance abuse and mental health treatment and prevention services. To help, SAMHSA recently released two new publications:

- *An Action Plan for Behavioral Health Workforce Development* offers an overview of key findings of a multiyear process that helped formulate recommedations for an Action Plan. The publication reviews workforce issues and identifies recommedations for goals, objectives, and action steps for strengthening the behavioral health workforce.

For full text: **www.samhsa.gov/Workforce/Annapolis/WorkforceActionPlan.pdf.**

For executive summary: **www.samhsa.gov/Workforce/Annapolis/ExecSummaryWorkforceActionPlan.pdf.**

- *Strengthening Professional Identity: Challenges of the Addictions Treatment Workforce* summarizes trends in addictions treatment and the challenges faced by the workforce. The publication also identifies recommendations for infrastructure, leadership and management, recruitment, education and accreditation, retention, and studies priorities.



For full text: **www.samhsa.gov/Workforce/WorkforceReportFinal.pdf.**

For more information on SAMHSA's Workforce Development efforts, visit the Agency's Web site at **www.samhsa.gov.**

We'd Like To Hear From You!

SAMHSA News strives to keep you informed about the latest advances in treatment and prevention practices, the most recent national statistics on mental health and addictive disorders, relevant Federal policies, and available resources.

Are we succeeding? We'd like to know what you think.

Comments: ____

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

- ❑ Social Security Benefits: Outreach, Access, and Recovery
- ❑ From the Administrator: Obtaining Benefits, Attaining Recovery
- ❑ *Road to Recovery* Presents: Spanish-Language Web Cast
- ❑ Funding Opportunities
- ❑ Transforming Housing for People with Psychiatric Disabilities
- ❑ President's Budget Sustains Key SAMHSA Programs
- ❑ National Outcome Measures: Update
- ❑ Underage Drinking: A *Call to Action*
- ❑ Ads, Billboards Highlight Younger Children
- ❑ *Reach Out Now* Educates Teachers, Students
- ❑ Treatment Update: Increasing Motivation
- ❑ Arab Americans & Muslims Assess Emotional Well-Being
- ❑ Evidence-Based Practices: Online Registry
- ❑ In Brief . . .
- ❑ Screening Tools Available Online
- ❑ ***SAMHSA News*** online—for the current issue and archives—at **www.samhsa.gov/SAMHSA_News**

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Thank you for your comments!

Screening Tools Available Online

A new SAMHSA Web site—**www.sbirt .samhsa.gov**—is offering updates and news about the Agency's screening initiative.

The Web site supports SAMHSA's Screening, Brief Intervention, Referral, and Treatment (SBIRT) program. The national initiative is funded by SAMHSA's Center for Substance Abuse Treatment (CSAT). (See *SAMHSA News* online, January/February 2006.)

The SBIRT site—home to a complete set of program-related tools—adds another facet of support to SAMHSA's screening and treatment efforts. "This new site will allow grantees across the Nation to have immediate access to SBIRT resources," said Tom Stegbauer, M.B.A., Lead Public Health Analyst at CSAT's Division of Systems Improvement. "We continue to focus on helping programs provide patients with access to treatment."

Access to Resources

The new Web site has various resources for SBIRT grantees, including training manuals, links to organizations and publications, and a list of references.

In addition, members of the public can learn more about the initiative by viewing the site's news updates and answers to frequently asked questions.

The SBIRT site will be updated as more tools, resources, and information become available. To access program resources, or obtain more information on the initiative and its grantees, visit **www.sbirt.samhsa.gov.**

What Is SBIRT?

SAMHSA's Screening, Brief Intervention, Referral, and Treatment (SBIRT) initiative delivers early intervention and treatment services to people with or at risk for substance abuse disorders. Screening is done by peer health educators in emergency rooms, trauma centers, and health clinics as people wait for services for other medical conditions. Friendly and nonjudgmental, the educators wear surgical scrubs just like other ER staff. Educators create "teachable moments" to encourage people to undergo screening. This process is particularly effective for those alcohol and drug users with nondependent substance abuse—a group the traditional system has largely ignored.

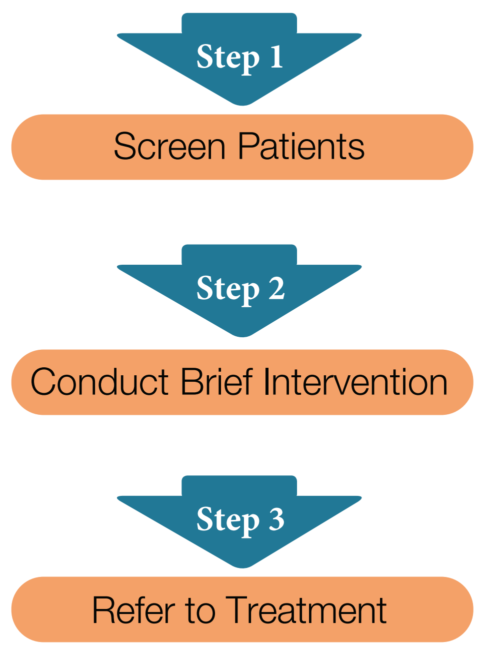
SBIRT: Step by Step

SBIRT follows a three-step process.

Step 1. Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment. It can be done through an interview and self-report.

Step 2. Brief intervention focuses on increasing a person's awareness of substance use as well as encouraging changes in behavior.

Step 3. Referral to treatment offers access to care for individuals who are in need of treatment for substance abuse.



SBIRT services can be used along with specialized and traditional treatment. Screenings take place in trauma centers, emergency rooms, community clinics, health centers, and school clinics. As of January 2007, SAMHSA grantees have screened more than 460,000 people.

What's New?

The SBIRT Web site recently posted a publication on alcohol screening in trauma centers.

Excessive drinking is a risk factor for injury, and a high proportion of at-risk drinkers end up in trauma centers. *Alcohol Screening and Brief Intervention (SBI) for Trauma Patients: COT Quick Guide* is designed to help trauma centers screen at-risk patients.

Trauma center staff can use the guide's helpful hints and ready-to-use screening instruments to take advantage of the teachable moment generated from an injury. Screening and brief interventions are associated with fewer hospital days and fewer emergency department visits.

The guide was prepared in part by the American College of Surgeons Committee on Trauma (COT) and SAMHSA's Center for Substance Abuse Treatment. To access a PDF of the guide, visit **http://sbirt.samhsa.gov/documents/SBIRT_guide_Sep07.pdf.**

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