Substance Abuse and Mental Health Services Administration

SAMHSA NEWS

SAMHSA's Award-Winning Newsletter

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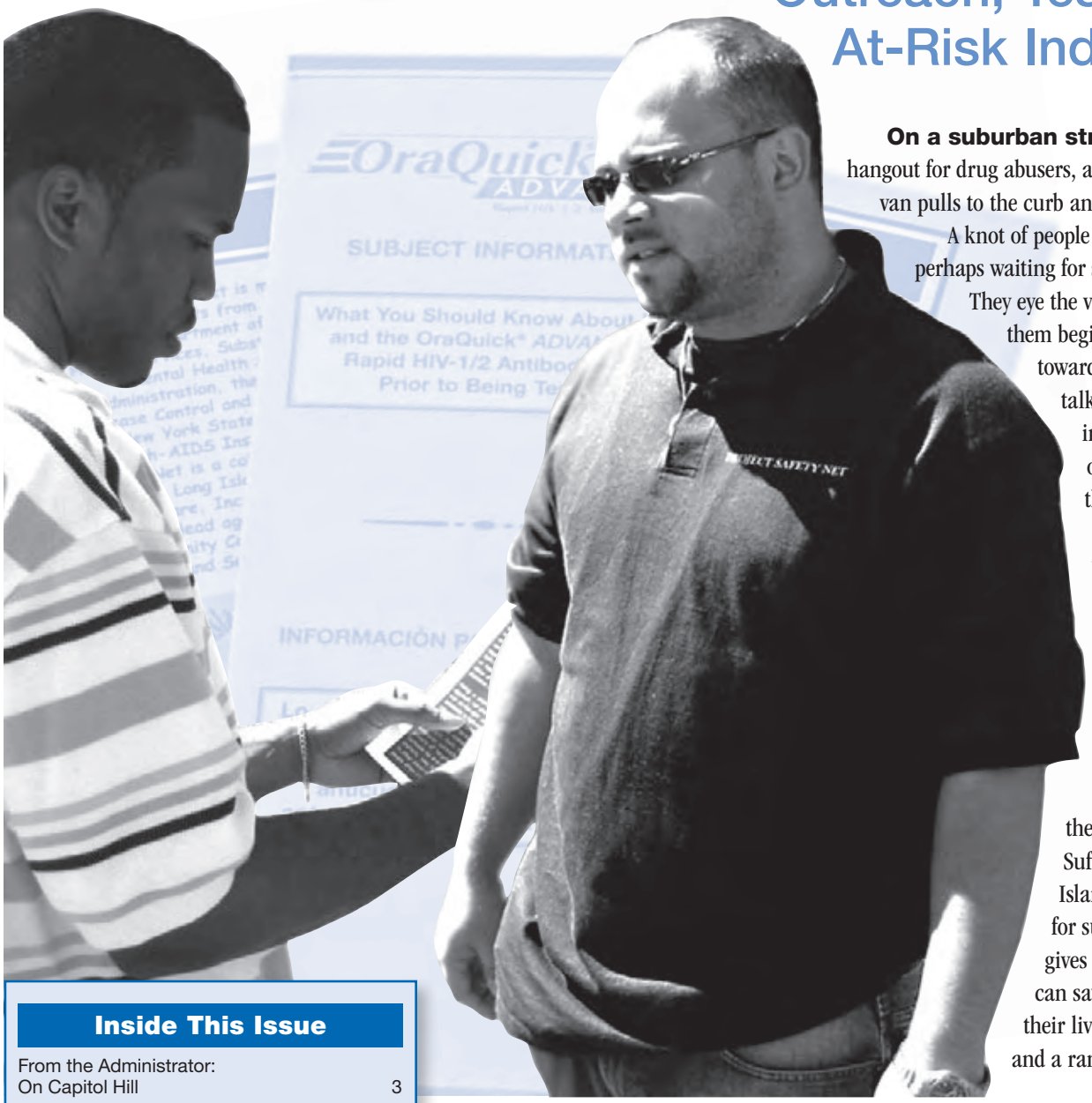
Expanding HIV Assistance:

Outreach, Testing for At-Risk Individuals



On a suburban street known as a hangout for drug abusers, a nondescript camper van pulls to the curb and stops.

A knot of people idles on the sidewalk, perhaps waiting for something to happen. They eye the vehicle, and a few of them begin moving casually toward it. Soon they are talking with the people inside. Before long, one of them has stepped into the van.

It is a scene that an uninformed onlooker might think would arouse the suspicion of the local police. Instead, it has their hearty approval. Four days a week, this unmarked vehicle plies the streets of Nassau and Suffolk counties on Long Island, NY, on the lookout for substance abusers. It gives them something that can save rather than destroy their lives: free HIV testing and a range of other services

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including referrals to drug treatment, health care, housing, and more.

Riding in the vehicle are two trained health educators on the staff of Project Safety Net, a program of the Long Island Association for AIDS Care (LIAAC), a 75-person agency that is one of the oldest and largest providers of HIV services in the region. LIAAC is a SAMHSA grantee under the Targeted Capacity Expansion Grants for Substance Abuse Services and HIV/AIDS Services (TCE/HIV) and the Rapid HIV Testing Initiative (RHTI) programs. (See *SAMHSA News,* page 4.)

"Rapid testing is one of SAMHSA's true legacies," said Beverly Watts Davis, SAMHSA's HIV/AIDS Matrix Lead. "It's one of the important initiatives that's changing the way we do business. Rapid testing changes people's knowledge of their health status so they can improve what they do about it. There are also other important rapid testing initiatives underway at SAMHSA, including successful faith-based initiatives and programs at minority education institutions reaching underserved populations in very innovative ways. I am looking forward to sharing these programs with our constituents in the future."

Outreach staff members post a flyer announcing the HIV outreach van's daily locations in Long Island, NY.

Services to the People

The SAMHSA TCE/HIV and RHTI grant programs "really changed the way we delivered services," said LIAAC Executive Vice President for Operations, Jeffrey Friedman, M.A. In an area with sparse public transportation and a high cost of living that keeps many low-income Long Islanders from owning cars, LIAAC formerly worked from fixed locations and waited for clients to come to them. But then a SAMHSA TCE/HIV grant awarded in 2001 permitted the organization to buy a van, furnish it as a mobile office, and train outreach counselors.

Four days a week the vehicle goes to "the street, shelters, bus depots, and train stations, to really meet people where they are and bring services to them," Mr. Friedman said. The counselors spend the fifth day in the office, completing the paperwork that carefully documents their activities.

Those they serve under this SAMHSA grant are mainly at-risk African Americans and Hispanics, with a history of substance use, who live in Nassau and Suffolk counties.

In its early days, LIAAC's outreach program, Project Safety Net, offered a 48-hour HIV test that required a second meeting to inform the client of the result. Then, in 2004, SAMHSA made rapid testing for HIV available under RHTI, introducing a new 20-minute HIV test, along with training in its use.

LIAAC was "one of the first to sign up," said David Thompson, SAMHSA's HIV Team Leader. The new version "works much better," according to Juanita Cabral, a Project Safety Net counselor who administers the tests. Clients avoid several days of anxiety, and counselors no longer need to meet a second time to give the test results.

Building Trust

Every year, nearly 2,000 high-risk people connect with Project Safety Net and more than 300 learn their HIV status through rapid HIV testing. This level of acceptance results from a great deal of work. At first,

Resources on HIV/AIDS

Visit the Federal Government's gateway for comprehensive information at **www.aids.gov.**

SAMHSA

- For SAMHSA's current Action Plan on HIV/AIDS & Hepatitis, which includes purpose, performance measures, policy and program parameters, and key activities, visit **www.samhsa.gov/Matrix/SAP_HIV.aspx.**
- SAMHSA's Center for Mental Health Services (CMHS) offers a quarterly newsletter, *mental health AIDS*. To read current and archived issues, visit **http://mentalhealthaids.samhsa.gov/index.asp.**

Other HHS Agencies

Centers for Disease Control and Prevention (CDC)

- For basic information, visit **www.cdc.gov/hiv.**
- For current statistics and data, visit **www.cdc.gov/hiv/topics/surveillance/basic.htm.**

Health Resources and Services Administration (HRSA)

- For the HIV/AIDS Bureau, visit **http://hab.hrsa.gov.**

counselors went to the streets dressed in caps, shirts, or jackets bearing the Project Safety Net logo. But LIAAC soon discovered that it had substantially underestimated the difficulty of reaching and winning the confidence of high-risk individuals.

In the stigmatized world of HIV/AIDS, LIAAC decided early on that Project Safety Net logos and identifiable markings would be removed from the van. However, Project Safety Net's official outfits have discreet logos that clients can recognize. This helps to brand the program in the community.

LIAAC also underestimated the effort to recruit and retain staff members who could succeed at a task that has a high emotional content, especially when clients must receive bad news about their HIV status. For counselors, frustrations also increased when individuals did not engage with the important services offered.

LIAAC initially assumed that simply parking the mobile office in places where high-risk people hung out would put program staff in touch with the target population. They soon learned, however, that not everyone at these locations was a high-risk person and that connecting with the right individuals required patiently building social networks.

To build trust, staffers learned to meet substance abusers through introductions from other substance abusers and to build relationships with local "gatekeepers," such as owners of nearby retail businesses, who could know the local people and could provide connections.

Even after counselors make contact with at-risk individuals, persuading them to agree to testing and services takes an average of 3 to 4 encounters—and sometimes as many as 10—with each individual.

Peer Ambassadors

To reach certain population subsets, LIAAC counselors must use special strategies. Men who have sex with men, for example,

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From the Administrator

On Capitol Hill

Terry L. Cline, Ph.D.

On May 8, I testified in support of SAMHSA's reauthorization on Capitol Hill.

My message to Congress was clear: with appropriate help, individuals with mental illnesses, substance use disorders, and co-occurring disorders can and do recover. These conditions are chronic illnesses; relapses are possible; and the recovery process can be protracted. However with the right services and treatment, the potential for recovery can unfold. Also, with the right efforts ahead of time, we can prevent substance abuse and promote mental health.

SAMHSA's strategic focus on strengthening delivery systems is essential. By identifying areas of greatest need through data collection, filling those needs through evidence-based service delivery, and then measuring effectiveness through national outcome measures, SAMHSA can work to expand the availability and quality of services for people who need them.

The cornerstone of the Nation's substance abuse prevention and treatment activities is the Substance Abuse Prevention and Treatment Block Grant. SAMHSA also funds an array of discretionary grants to build treatment capacity, including the Screening, Brief Intervention, Referral and Treatment program, and the Access to Recovery Program, an innovative Presidential initiative.

In addition, SAMHSA funds the Strategic Prevention Framework grant program to accomplish the President's goal to reduce youth drug use across the Nation.

SAMHSA's Center for Mental Health Services is leading the Federal effort to achieve the vision of a transformed mental health system called for by the President's New Freedom Commission on Mental Health. To achieve the six goals outlined by the Commission, SAMHSA has worked to ensure that the principles of mental health transformation are present throughout all SAMHSA grant activities including the Community Mental Health Services Block Grant as well as discretionary grant programs.

Our continued commitment to a transformed system has a direct impact on improving services for suicide prevention, school violence prevention, and children's mental health.

Our success hinges on the use of evidence-based practices, which combine the best of research with the delivery of services. SAMHSA funds the National Registry of Evidence-Based Programs and Practices, a Web-based decision support system developed by scientific experts.

With these programs in place, SAMHSA will continue to pursue its mission to build resilience and facilitate recovery for people with or at risk for mental or substance use disorders.

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

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often express a feeling of "AIDS fatigue," which comes from having heard so much about the problem that they don't want to think about it any more.

By working through a "peer ambassador" who carries the message, counselors have succeeded in convincing many of these resistant individuals to reconsider their earlier opposition to testing. Some gay men of color proved especially resistant, despite suffering an increasing rate of HIV infection, because of traditional disapproval of homosexuality prevalent in many black churches.

Project Safety Net staff learned to work with church leaders on long-term efforts to lessen the stigma attached to HIV. They worked to solve the problem of lack of health insurance by developing memoranda of understanding with certain agencies able to provide services to uninsured clients.

LIAAC also learned that Project Safety Net needs staffers who have a passion for service rather than merely a desire for a job to earn money. The knowledge that her work is "really helping the community," for example, motivates Ms. Cabral. Also

Two SAMHSA HIV/AIDS Programs Reach Those in Need

Two SAMHSA-funded programs serve as effective partners in the outreach effort to build awareness and bring rapid testing and other services to people at high risk for HIV/AIDS.

"Directly, 28 percent of all AIDS transmission can be attributed to substance abuse according to data from the 2005 HIV Surveillance Report compiled by the Centers for Disease Control and Prevention (CDC)," said David Thompson, HIV Team Leader at SAMHSA's Center for Substance Abuse Treatment (CSAT).

These two SAMHSA grant programs—key tools in this effort—are the Targeted Capacity Expansion Grants for Substance Abuse Services and HIV/AIDS Services (TCE/HIV) and the Rapid HIV Testing Initiative (RHTI).

Currently, the TCE/HIV program, funded by CSAT, has approximately 120 5-year grantees around the Nation. And RHTI includes approximately 35 SAMHSA-supported agencies, funded as SAMHSA grantees or through state block grant programs. (See *SAMHSA News* online, November/December 2004.)

Both of the programs are funded under SAMHSA's Minority AIDS Initiative, which helps provide prevention, treatment, and mental health services programs to populations who are at risk for HIV or are currently living with HIV.

According to a recent survey from CDC, an estimated one in four Americans who are infected with HIV are unaware of their HIV status. "That means approximately a quarter of a million people don't know whether or not they are infected with HIV," Mr. Thompson added. "And many of them come through the doors of SAMHSA-funded service providers." That gives SAMHSA the potential to have a significant impact on helping at-risk people with rapid testing and then connecting them with the services they need.

SAMHSA's TCE/HIV grantees enhance and expand substance abuse treatment and/or outreach and pretreatment services in conjunction with HIV/AIDS services in African American, Latino/Hispanic, and other racial or ethnic communities highly affected by both substance abuse and HIV/AIDS.

RHTI provides outreach and substance abuse treatment agencies with the materials and training needed to use an FDA-approved HIV screening test, which delivers reliable results in about 20 minutes, rather than the 48 hours required by earlier tests.

This shortened wait period is crucial. About one-third of individuals who test positive for HIV each year at publicly funded testing sites never return for their test results. With rapid testing, there's no need to come back. Preliminary results are available literally in minutes; however, a final confirmation test is required for all preliminary-positive tests.

Finding People Where They Are

The TCE/HIV and RHTI programs are bringing improved outreach and substance abuse treatment services to high-risk populations by finding people in their own neighborhoods where they spend time or where they receive substance abuse treatment.

For example, one SAMHSA TCE/HIV and RHTI grantee in Long Island, NY, uses a "low-visibility" camper van to help reach those individuals—at risk for AIDS and substance abuse problems—who have difficulty accessing services because of sparse public transportation. (See cover story.)

Mr. Thompson explained that grantees must also undertake activities such as education, referrals, actual substance abuse treatment, case management, tracking, housing, and followup.

For more information, visit the SAMHSA Web site at **www.samhsa.gov.**

essential to counselors' success are direct experience with or membership in the affected ethnic communities, "street smarts," and the ability to fit in with the target populations. Also important are thoroughness in collecting and handling data, doing HIV testing to exacting standards, providing accurate and appropriate counseling, and safely managing the van.

These qualities all come into play as counselors work with clients both on the street and in the van, which provides a private, personal, and non-threatening setting for education and counseling.

Awaiting test results with a client, Ms. Cabral said, "I use the time to educate the people and ask questions about their substance abuse history. I let them know about services and how to protect themselves and how to reduce their risk." She also talks about the need for retesting those in the "window period" of several months between the time a person first acquires the infection and the test is able to detect its presence. Any positive result on the rapid test requires confirmation by the more sensitive 48-hour test, which is done in a lab.

In that case, the counselors collect the necessary sample of oral fluid and arrange an appointment with the person to present the results.

Hundreds of individuals each year also receive referrals to substance abuse treatment and other needed medical and social services as well as risk-reduction and safer-sex materials; free bags of nutritious, shelf-stable foods; and free personal care kits containing soap, a wash cloth, and other necessities. Based on what LIAAC learned under the first TCE/HIV grant, furthermore, "we are incorporating a preventative case management model," said Chief Program Officer Karen Ross, M.A.

Many who test positive cannot make effective use of referrals on their own because HIV is "just one more" in an overwhelmingly long list of problems. "Sometimes we hear someone say, 'I have X, Y, and Z going on in my life, plus I don't have money for food on the table.' Then we work on a regular basis with that individual. We follow up on referrals and help them get connected with services," Ms. Ross said.

A SAMHSA HIV minority outreach grantee explains to a client the simple procedure for a rapid HIV test that gives results in approximately 20 minutes.

Results

No matter what issue first brings a person into contact with LIAAC, its "no wrong door" policy assures that the full range of services is made available. "We fast-track people into our case management system and ensure that they get the benefits that they're entitled to, primary health care, and any other ancillary services that they need," Mr. Friedman said. A 6-month followup of clients shows self-reported drops in drug use that exceed 50 percent.

Because of the lessons learned during the first 5-year SAMHSA grant, LIAAC received a second 5-year grant from the Agency that will keep the van on the streets of Long Island making its lifesaving rounds.

—By Beryl Lieff Benderly

STD Rates and Drug Use

People who abuse alcohol and illicit drugs may be at higher risk for contracting a sexually transmitted disease (STD), according to *Sexually Transmitted Diseases and Substance Use*, a new report from SAMHSA.

Based on data from the 2005 National Survey on Drug Use and Health, the report showed that having an STD in the past year was more common among 18- to 25-year-olds than any other age group. Rates were especially high among people age 18 to 25 who used both alcohol and an illicit drug in the past month (3.9 percent) compared to those who used neither alcohol nor an illicit drug (1.3 percent), those who used alcohol alone (2.1 percent), and those who used an illicit drug without alcohol (2.1 percent).

People age 12 and older were surveyed about their use of alcohol and illicit drugs and whether they had been told by a doctor in the past year that they had a sexually transmitted disease, including chlamydia, gonorrhea, herpes, or syphilis.

Sexually Transmitted Diseases and Substance Use is available for download at **www.oas.samhsa.gov/2k7/STD/STD.pdf.**

PRISM Awards Spotlight Mental Health, Substance Abuse Issues

"ER," "House," "Dr. Phil" among Winners

Creating accurate portrayals of mental health issues such as depression and bipolar disorder as well as compelling stories about addiction and recovery continues to challenge the entertainment industry.

At the recent 11th annual PRISM Awards, SAMHSA helped honor the outstanding achievements of actors, films, television programs, and radio shows.

SAMHSA Administrator Terry L. Cline, Ph.D., joined with the Entertainment Industries Council, Inc. (EIC), and the FX Network to congratulate recipients at the awards ceremony in Los Angeles, CA, hosted by Melissa Rivers.

"ER" received honors for best Drama Episode, "House" was recognized for Drama Multi-Episode Storyline, and "Dr. Phil" took top honors for TV Talk Show Episode.

Two new categories were launched this year, with the new Mental Health Award going to an "American Dad" episode and the Bipolar Disorder Award going to the film, *Jelly Smoke.*

This year, *Thank You for Smoking* won in the Feature Film/Wide Release category, and *Sherrybaby* won in the Feature Film/Limited Release category.

Mariska Hargitay was recognized in the Performance in a Drama Episode category for her work on "Law and Order: Special Victims Unit," and Judith Light received honors in the Performance in a Comedy Series category for her role on "Ugly Betty."

HBO's multiplatform documentary programming initiative on addiction received the PRISM President's Award, which recognizes an industry project that raises awareness and leaves a legacy.

PRISM Award winners are selected through a submission-and-review process by members of the creative community and scientific experts. Winners are selected for their entertainment value, accessibility of their message, and scientific accuracy. This year saw a record 430 submissions for consideration.

For more information on the awards, visit **www.prismawards.com.** For more information about substance abuse and mental health issues, visit SAMHSA's Web site at **www.samhsa.gov.**

Eleventh Annual PRISM™ AWARDS

CELEBRATING THE ART OF MAKING A DIFFERENCE

Photos starting from the top left:

Director Jason Reitman accepts a PRISM Award for *Thank You For Smoking.*

Winning in the TV movie category, "On Our Very Own" award recipients included (left to right) Cameron Watson, Director; and Allison Janney, Actor.

To celebrate the PRISM Awards, SAMHSA Administrator Dr. Terry Cline (second from left) joins Tony Vinciquerra, Honorary Awards Committee Chairman and President and CEO of Fox Television Group (left); Melissa Rivers, Awards Host and EIC Board Director (second from right); and Brian Dyak, EIC President and CEO and Awards Executive Producer (far right).

Focusing on Children's Mental Health

School-Based Services Needed for Youth with Mental Health Needs

The second annual National Children's Mental Health Awareness Day focused on increasing services that allow children with mental health challenges to thrive at home, at school, and in the community.

SAMHSA's briefing, held on Capitol Hill on May 8, coincided with National Children's Mental Health Awareness Week and Mental Health Month (see *SAMHSA News* online, May/June 2006).

"Providing access to community-based services for children and youth with serious mental health needs is necessary for their success," said SAMHSA Administrator Terry L. Cline, Ph.D.

A coalition of national organizations joined SAMHSA to call for access to mental health services for children and youth with serious mental health needs and their families.

This year's briefing presented members of Congress with the latest SAMHSA information and research about issues that affect children and youth with mental health care needs. Speakers emphasized the need for children to have access to mental health care services and called for parity in service delivery.

The event emphasized the positive impact that effective school- and community-based mental health services have on children and youth as well as their families.

At the Capitol Hill briefing, A. Kathryn Power, Director of SAMHSA's Center for Mental Health Services, thanks Howie Mandel, comedian and host of television's "Deal or No Deal." Mr. Mandel has spent years successfully managing obsessive-compulsive disorder.

Speaking Out

Several honorary spokespersons shared their personal experiences and perspectives on the need for improvements to mental health services for children.

Consumers. Howie Mandel, well-known comedian and host of NBC's "Deal or No Deal," shared his story of managing obsessive-compulsive disorder and mysophobia (fear of germs). He spoke of the need for parity in mental health care and the barriers of stigma that face many youth and families.

"We take our kids to a dentist a couple times a year to get a cleaning, to get a checkup, to go get x-rays," said Mr. Mandel. "We want care to be preventative, but mental health is not part of the school curriculum. It would be great if that was in place."

Families. Deborah Marriott Harrison, an advocate for youth with mental illnesses and their families, shared her battle to secure services for her twin sons living with bipolar disorder. "I felt like I was drowning," Ms. Harrison said of her journey to get help for her sons. "Back then, I had to learn on my own what to do. But things are changing now."

Her son, Scott Harrison, shared his experience as a student with bipolar disorder. "Nothing could have prepared me for what I underwent. I'm speaking out so students now will have it better."

Youth. Marvin Alexander, a 20-year-old licensed social worker from Arkansas, was diagnosed with bipolar disorder, attention deficit-hyperactivity disorder, and oppositional defiant disorder as a child. He discussed the challenges of navigating the juvenile justice system as a young person. Mr. Alexander also talked about stigma, explaining that he didn't want to take his medication in school when he was first diagnosed. Now heading into a graduate program in social work, he said, "I see the benefit of treatment."

Marvin Alexander, age 20, explains how he met the challenges of bipolar disorder and stigma to earn a college degree.

"Mental health is essential to overall health, and that's especially true for children," explained Gary Blau, Ph.D., Branch Chief of the Child, Adolescent, and Family Branch at SAMHSA's Center for Mental Health Services (CMHS). "Everyone knows someone with mental health challenges. We all need to know that mental health issues are treatable."

For more information about this event and coalition members, visit **www.systemsofcare.samhsa.gov/nationalawareness/materials.aspx.**

—By Leslie Quander Wooldridge

Psychological First Aid in a Crisis

In the wake of a trauma of any kind—school violence, a crisis, or a natural disaster—attending to the emotional and psychological needs of survivors can be critically important.

The SAMHSA-funded National Child Traumatic Stress Network (NCTSN) and the National Center for Post-Traumatic Stress Disorder at the U.S. Department of Veterans Affairs recently posted online the second edition of *Psychological First Aid: Field Operations Guide.*

Photo by Erin J. Pond

The 189-page guide provides information for first-responders, disaster relief workers, crisis counselors, and volunteers to help survivors immediately in the aftermath of a traumatic event. (See *SAMHSA News* online, July/August 2006.)

Available online, the guide describes key steps for providing psychological first aid (PFA), including how to approach someone in need, how to talk to them, how to help stabilize someone, and how to gather information.

Appendices include resources about service delivery sites and settings, provider care, and worksheets and handouts that may be useful.

What Is Psychological First Aid?

Psychological first aid is an evidence-based approach and intervention, built on the concept of human resilience, to help survivors in the immediate aftermath of a traumatic event, crisis, or natural disaster. PFA can help everyone—children, adolescents, adults, elders, and families.

Designed to reduce the initial distress caused by these events, PFA acknowledges the seriousness of the experience of danger and the increased feelings of vulnerability that often follow. PFA fosters long- and short-term adaptability, basic functioning, and coping skills.

School-Based Violence

In the case of school-based violence, for example, students often fear that there will be a recurrence of the danger. An important aspect of PFA is to re-establish the "protective shield" of adults.

Crisis intervention team members can help students to understand and recognize common reactions to danger, help students verbalize their feelings, and help identify traumatic reminders that trigger renewed fears.

PFA, administered by a skilled school mental health professional, allows for the expression of difficult feelings and assists students in developing coping strategies and constructive actions to deal with fear and anxiety.

Objectives

Basic objectives of PFA include the following:

- Enhance immediate and ongoing safety and provide physical and emotional comfort for survivors.
- Establish a non-intrusive, human connection and compassionate manner.
- Help survivors tell you specifically what their immediate needs and concerns are and gather additional information as appropriate.
- Offer practical help—food, water, blankets—to help survivors cope effectively with the situation at hand.
- Connect survivors as soon as possible to social support networks, including family members, friends, neighbors, and community resources.

What To Do

- Politely observe first before approaching a survivor—don't intrude. Some signs that someone might be experiencing emotional distress and may need assistance include being disoriented, agitated, angry, or extremely withdrawn.
- Speak calmly and slowly in simple concrete terms. Don't use acronyms or jargon. Be patient, responsive, and sensitive. If communicating through a translator or interpreter, look at and talk to the survivor.
- When you are unsure of how to help, ask "How can I help?" And trust what the person tells you.

Working with Youth

- Talk to the adolescent as you would to an adult. Do not "talk down" or patronize.
- Help school-age children verbalize their feelings, concerns, and questions. Avoid extreme words like "terrified" or "horrified," because these may increase their distress.
- For young children, sit or crouch at the child's eye level, and match your language to the child's developmental level.

The full text of *Psychological First Aid: Field Operations Guide, 2nd Edition*, is available at **www.nctsn.org** or **www.ncptsd.va.gov.** For more information about SAMHSA's Disaster Readiness & Response program, visit **www.samhsa.gov/Matrix/matrix_disaster.aspx.**

—By Erin Bryant

Coping with Traumatic Events

Tragedy at Virginia Tech Prompts SAMHSA Response

"We cannot say with certainty that this tragedy could have been avoided," said A. Kathryn Power, M.Ed., Director of SAMHSA's Center for Mental Health Services.

Referring to the fatal shootings of 33 students and faculty on the campus of Virginia Polytechnic Institute and State University (Virginia Tech) in April, Ms. Power added, "We do know that communities can address many challenges when their members work together and have the means to do so."

To help communities respond, SAMHSA has posted a wide range of diverse resources and information on the Agency Web site that provide detailed information on how to cope and provide assistance with traumatic events such as the one at Virginia Tech.

In addition, the SAMHSA-funded National Child Traumatic Stress Network recently posted the second edition of *Psychological First Aid: Field Operations Guide*, as well as other related information. (See page 8.)

"We know that early intervention and prevention can stop mental illnesses from escalating," Ms. Power added. "SAMHSA can help communities reach out to those among them who need mental health services."

A partial list of resources is available below. For a complete listing, visit the SAMHSA Web site at **www.samhsa.gov.**

Tools for Surviving Grief

One- to three-page tip sheets from SAMHSA provide guidance to survivors, parents, educators, and emergency-response personnel. Tip sheets include:

- "Tips for College Students: In the Wake of Trauma"
- "Tips for Survivors of a Traumatic Event: Managing Your Stress"
- "Tips for Survivors of a Traumatic Event: What to Expect in Your Personal, Family, Work, and Financial Life"
- "How to Deal with Grief."

Visit SAMHSA's Web site at **www.samhsa.gov/MentalHealth/understanding_Mentalllness.aspx** to download individual documents in PDF format.

Understanding Mental Illness, Reducing Stigma

SAMHSA offers several online links with information on mental illnesses and the importance of reducing stigma.

- Learn the myths and facts about mental health at **www.allmentalhealth.samhsa.gov/myths_facts.html.**
- Violence and mental illness do not automatically go together. Read the facts at **www.samhsa.gov/MentalHealth/understanding_Mentalllness_Factsheet.aspx.**
- Learn more about living with mental illness by reading personal accounts from people sharing their experiences at **www.allmentalhealth.samhsa.gov/mystory.html.**
- Do you know the facts about stigma? Find out at **http://mentalhealth.samhsa.gov/publications/allpubs/OEL99-0004/default.asp.**
- Help reduce stigma and discrimination in your community by using the resource kit available at **http://mentalhealth.samhsa.gov/publications/allpubs/sma06-4176.**

—By Riggin Waugh

We Remember
For more information on the Virginia Tech tragedy, visit **www.vt.edu/remember**

Photo courtesy of Virginia Tech: Josh Armstrong, photographer

Improving Substance Abuse Treatment Around the Globe

Twenty-five million of the world's 15- to 64-year-olds are drug addicts or problem users, according to the *World Drug Report 2006* published by the United Nations Office on Drugs and Crime (UNODC).

UNODC does much more than compile statistics on this problem. The office seeks to improve substance abuse treatment in countries around the globe. Through its Treatnet initiative, UNODC has established an international network of resource centers to share information about state-of-the-art approaches to treatment and rehabilitation.

Another UNODC project focuses exclusively on Central America. (See page 12.) The common goal of both efforts? To train trainers about best practices in substance abuse treatment so that they can then improve the skills of treatment providers in their home countries.

"Our colleagues overseas want to find out what treatment approaches work, how to use them, and how they can adapt them to their own countries," explained Winnie Mitchell, M.P.A., International Officer at SAMHSA. "SAMHSA's work through the Addiction Technology Transfer Centers (ATTCs) was a major contributing factor to Treatnet, along with other work from India, the United Kingdom, Australia, and Canada."

In addition, UNODC, the World Health Organization (WHO), and other leading addiction treatment groups around the world had developed materials already. Specifically, SAMHSA's ATTC training network idea was helpful in UNODC's development of Treatnet.

Resource Centers

Launched in 2005, the Treatnet initiative began with the selection of 20 substance abuse treatment and rehabilitation organizations to serve as resource centers.

Participating countries include Australia, Brazil, Canada, China, Colombia, Egypt, Germany, India, Indonesia, Iran, Kazakhstan, Kenya, Mexico, Nigeria, Russia, Spain, Sweden, the United Kingdom, and the United States.

Representing both governmental agencies and nongovernmental organizations, the resource centers are spread across six continents. Participating countries include Australia, Brazil, Canada, China, Colombia, Egypt, Germany, India, Indonesia, Iran, Kazakhstan, Kenya, Mexico, Nigeria, Russia, Spain, Sweden, the United Kingdom, and the United States.

The initiative's ultimate goal, emphasized Ms. Mitchell, is to improve substance abuse treatment everywhere.

To achieve that goal, a consortium of 10 institutions led by the Integrated Substance Abuse Programs at the University of California Los Angeles (UCLA) has developed a curriculum for use in instructing trainers. They, in turn, can use the materials to train treatment providers in their home countries.

The four-volume training package, which includes manuals on screening, treatment, special populations, and administration, covers just about everything providers need to know to offer the best possible substance abuse treatment.

"We heard from and worked with a consortium of addiction experts from around the world to collect evidence-based practice materials and best-practice

Treatment Resources

- Addiction Technology Transfer Center National Office: **www.nattc.org**
- Caribbean Basin and Hispanic Addiction Technology Transfer Center: **http://cbattc.uccaribe.edu**
- National Institute on Drug Abuse/ SAMHSA/ATTC Blending Initiative: **www.nattc.org/aboutus/blendinginitiativenew.html**
- The Training Point: An Uncommon Learning Exchange for Addictions Trainers: **www.nattc.org/trainingpoint/index.htm**
- Treatnet Training Volumes: **www.uclaisap.org/internationalprojects/html/unodc/training-volumes.html**
- United Nations Office on Drugs and Crime: **www.unodc.org**

documents to provide the foundation for our training materials," said Richard A. Rawson, Ph.D., Associate Director of the Integrated Substance Abuse Programs, Principal Investigator of the Pacific Southwest ATTC, and a professor of psychiatry and biobehavioral sciences at UCLA.

"We synthesized materials from publications and reports from more than 15 countries. Among the most important resources were the Blending Initiative materials and SAMHSA's Treatment Improvement Protocols (TIPs) from SAMHSA's Center for Substance Abuse Treatment (CSAT)," Dr. Rawson said. The Blending Initiative, which helped inform the core curriculum, is a joint effort of SAMHSA, the National Institute on Drug Abuse, and the ATTCs. (See *SAMHSA News* online, September/October 2006.)

The "Screening, Assessment, and Treatment Planning" volume, for instance, features a module adapted from a Blending Initiative product called *Treatment Planning: Utilizing the Addiction Severity Index*. The "Elements of Psychosocial Treatment" volume borrows extensively from CSAT's TIPs, including those on motivational interviewing and stimulant use disorders.

The "Detoxification, Pharmacotherapies, and Special Populations" volume draws on SAMHSA and Blending Initiative materials on buprenorphine and methadone.

Still under development is a volume called "Program Management Strategies." This volume will include a module on clinical supervision based on the *Clinical Supervision One: Building Chemical Dependency Counselor Skills* curriculum developed by Steve Gallon, Ph.D., Principal Investigator of the Northwest Frontier ATTC, as a way to help supervisors ensure that their staff follow evidence-based practices. (See *SAMHSA News* online, March/April 2005.)

In addition to Dr. Gallon, Anne Helene Skinstad, Ph.D., of the Prairielands ATTC, and Nancy Roget, M.S., of the Mountain West ATTC, also helped develop the curriculum. "The ATTCs provided a well-tested and solid model for Treatnet," Dr. Gallon said.

The first three volumes feature instructor's guides plus PowerPoint presentations. The fourth volume will provide a brief overview, plus links to online materials. "We don't do training with that one, per se," explained Dr. Rawson. "Instead of a lecture format, that volume is more about giving people access to information they can use."

"Our colleagues overseas want to find out what treatment approaches work, how to use them, and how they can adapt them to their own countries."

—Winnie Mitchell, M.P.A., International Officer at SAMHSA

Trainings in the United Kingdom

Dr. Rawson and his team already put the training materials to use in intensive, 3-week, training-of-trainer events. Last winter, trainers from the Treatnet resource centers gathered at UCLA and at satellite sites in the United Kingdom and Australia for intensive training based on the three manuals.

Thomas Freese, Ph.D., Director of the Pacific Southwest ATTC and Director of Training at the Integrated Substance Abuse Programs, led the training of trainers in the United Kingdom.

"The professionals we trained were already so competent and capable and so excited and eager for the knowledge, it was clear that they were going to do a really excellent job using these materials in their home countries," said Dr. Freese.

Now those training participants have fanned out around the world to share what they've learned with frontline treatment providers. "I've been extraordinarily impressed by how much work the trainers have done," said Dr. Rawson. "They've already trained 500 people on much of the training package material."

To keep that momentum going, Dr. Rawson and his team are providing email and telephone mentoring to the trainers. "We're all learning together, sharing what we know, and working towards a common goal. As a global community, that's important."

—By Rebecca A. Clay

Expanding Treatment in Central America

Similar to the Treatnet initiative in other parts of the world (see page 10, 11), a training-of-trainers effort is underway in Central America.

"It's like a mini-Treatnet for Central America," explained H. Westley Clark, M.D., J.D., M.P.H., Director of SAMHSA's Center for Substance Abuse Treatment (CSAT). "The Central American project and the Treatnet project are synergistic."

Upcoming meetings this summer and fall will link the Central American and Treatnet projects, added Ivette A. Torres, M.Ed., M.S., Associate Director for Consumer Affairs at CSAT. She noted that this training assistance is expected to flow in both directions.

Evaluation data from the Central American effort could inform the global one, Ms. Torres explained. And Treatnet materials adapted for Spanish speakers will help the Central American centers spread the word about proven approaches to treatment.

In the Caribbean

The Caribbean Basin and Hispanic ATTC (Caribbean ATTC) in Puerto Rico plays an important role in the initiative's work.

Last summer, the Caribbean ATTC handled logistics for a 5-day training session, in San Juan, Puerto Rico, which brought together 40 trainers from more than 10 countries.

The ATTC launched the event by offering a 2-day workshop on adult learning principles, adapted from the more extensive Training Point professional development curriculum for trainers offered by the ATTC national office.

The Caribbean ATTC also arranged visits to two treatment centers, a faith-based facility for men and a facility for women. "The participants had a lot of questions," said María del Mar Garcia, M.S.W., M.H.S., Coordinator for Continuing Education at the Caribbean ATTC. "They wanted to know more about how to treat special populations such as women, adolescents, and people who are homeless."

The Caribbean ATTC continued its collaboration by helping with another training, which took place in March in San José, Costa Rica. Three ATTC faculty members offered presentations on neuropsychopharmacology and psychopharmacology in substance abuse treatment, organizational leadership and change, and administrative issues related to running a treatment program.

"In its first phase, the initiative did needs assessments," explained Ms. Torres. "Then they developed training modules." Another in the series of three train-the-trainer events took place in Guatemala.

Certification

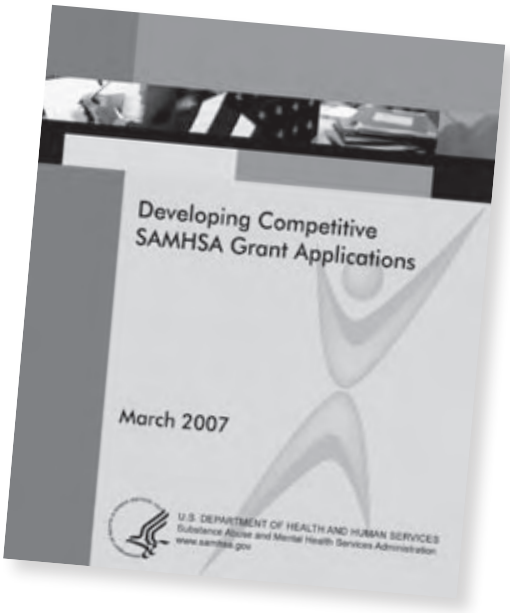
The Caribbean ATTC and its host institution, the Universidad Central del Caribe, are also helping with another of the initiative's projects: the development of minimum certification requirements for treatment providers in Central America. The hope is to "professionalize" the substance abuse field in the region, explained Ms. del Mar Garcia.

To achieve that goal, the Caribbean ATTC and the Universidad Central del Caribe are helping to develop a structure for the certification process. The first step was to create a consortium of Central American universities that will support the effort. At the training in Costa Rica, the Universidad Central del Caribe, six other universities, and UNODC centers in seven countries signed a collaboration agreement.

Now the Caribbean ATTC and the Universidad Central del Caribe will support the network by promoting collaboration as each country develops a certification mechanism and each university strengthens its curriculum.

By helping to ensure better-trained treatment providers throughout Central America, the Caribbean ATTC is expanding its influence. "Our collaboration with UNODC is a very good example of how the ATTC network in the United States affects not only the United States, but the entire world," said Project Coordinator Evelyn Feliberty, M.A., of the Caribbean ATTC. Visit this ATTC's Web site at **http://cbattc.uccaribe.edu.**

Grants: Manual Clarifies Application Process



Writing successful grant applications poses a significant challenge. To help organizations better prepare to compete for funding that can facilitate healthy changes in their communities, SAMHSA recently released a new technical assistance manual entitled *Developing Competitive SAMHSA Grant Applications.*

Designed to reach potential community-based grantees, the publication provides the practices needed to generate competitive, well-developed grant applications.

The manual will help grant applicants:

- Identify which grant opportunities are appropriate for their organizations.
- Assemble current project and community data for planning ideas.
- Review SAMHSA grant announcements and plan application strategies.
- Examine eligibility and screening criteria to meet organizational and formatting requirements.
- Assemble resources and writing teams.
- Write grant applications that respond to the required outlines and grant evaluation criteria.
- Anticipate peer-review responses.

Step-by-Step Assistance

The how-to manual is divided into six modules that guide applicants through the entire application process, beginning with an overview of SAMHSA and its Centers so applicants can ensure that their projects are aligned with the Agency's priorities.

The act of writing is only part of producing a successful grant application. The first four modules focus on activities such as understanding grant announcements, preplanning, and organizing.

Because the timeframe for grant application development is limited—usually 45 to 60 days—time spent in this phase will make the process of writing the application later on much easier.

The manual does not neglect writing guidance, though. The longest module, "Write Your Grant Application," provides a roadmap to effective writing. The module offers 12 handouts including those on developing an organization's statement of need, goals, objectives, and tasks, and preparing a project's proposed budget.

Applicants also will find other helpful handouts and checklists on subjects such as conducting a community assessment, creating a project notebook, formatting the document, and meeting application timelines, among many others.

For a free copy of *Developing Competitive SAMHSA Grant Applications,* 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) 07-4274. To download the free publication, visit SAMHSA's Web site at **www.samhsa.gov/Grants/TA.**

Modules at a Glance

SAMHSA's new grant-writing manual includes the following modules:

- **Module 1:** Know SAMHSA and Its Centers
- **Module 2:** Preplan and Organize
- **Module 3:** Link Your Project to SAMHSA Grant Announcements
- **Module 4:** Understand Grant Announcements
- **Module 5:** Write Your Grant Application
- **Module 6:** Study the Grant Application Review Process

For more information on SAMHSA grants, visit the Agency's Web site at **www.samhsa.gov/grants.** In addition, more than 1,000 grant programs, offered by all Federal grant-making agencies, are detailed on the Federal Government's grants Web site at **www.grants.gov.**

Treating Alcohol Dependence: Naltrexone Advisory

SAMHSA recently issued an advisory explaining the use of a new extended-release injectable form of naltrexone—a medication used to treat alcohol dependence—that only needs to be taken once every 4 weeks.

An effective extended-release form of naltrexone has been sought after for 30 years and may help patients who might otherwise skip the required daily doses of the existing oral naltrexone to continue consistent treatment.

"Taking medication daily can become a problem of medication adherence that decreases medication effectiveness," said addiction psychiatrist Kenneth Hoffman, M.D., M.P.H., of SAMHSA's Center for Substance Abuse Treatment, Division of Pharmacologic Therapies.

"A monthly dose of naltrexone, rather than a daily dose, can eliminate this problem. By removing medication adherence as a problem, both patient and treatment provider can focus on steps needed to maintain a successful recovery program," Dr. Hoffman said.

The SAMHSA advisory includes a table listing dosage, drug interactions, precautions, and potential adverse reactions for the new injectable naltrexone compared to the existing oral form. The advisory also addresses safety and efficacy questions about the new medication and includes tips on how substance abuse specialty treatment advisors can incorporate injectable naltrexone.

Approved by the Food and Drug Administration in April 2006, extended-release naltrexone (Vivitrol) is injected by the prescribing medical provider into a patient's muscle tissue, where it is absorbed into the bloodstream. The injectable naltrexone remains effective for about a month.

While the exact mechanism is unknown, both oral and injectable naltrexone work by blocking the opiate receptors in the brain that make drinking pleasurable.

"The addition of injectable naltrexone to the menu of available treatments provides another valuable option, especially for patients who have difficulty adhering to oral medication regimens," said Raye Litten, Ph.D., Associate Director of the Division of Treatment and Recovery Research at the National Institute on Alcohol Abuse and Alcoholism.

The SAMHSA advisory should help to make both clinicians and patients aware of this most recent treatment innovation.

Efficacy Study

To test the effectiveness of injectable naltrexone, researchers conducted a 6-month study. Alcohol-dependent patients were randomly assigned to take either 190 mg of Vivitrol, 380 mg of Vivitrol, or a placebo. All patients received addiction counseling in addition to medication.

The researchers found that patients treated with 380 mg of Vivitrol in conjunction with counseling had fewer days on which they drank heavily than those treated with a placebo.

Adverse Reactions

Few adverse reactions occurred during the clinical trials of injectable naltrexone. Both oral and injectable forms of naltrexone can cause serious withdrawal reactions from recent use of opioids such as heroin, and opioid-containing medications such as morphine and codeine. Doctors should ensure that patients have not taken opioids or opioid-containing medication in the 7 days prior to administering injectable naltrexone.

Rare but significant side effects have been reported. These include injection site reactions that do not improve over time, shortness of breath, yellowing of the skin or eyes, or suicidal ideation and behavior. Patients are encouraged to report these symptoms to their doctors immediately.

Patients should be informed about the potential benefits of the extended-release naltrexone and reminded that medication is just one part of a comprehensive approach to alcohol dependence treatment.

The SAMHSA advisory emphasizes that medications for alcohol use disorders do not replace counseling. Treatment with extended-release naltrexone is meant to be one part of a comprehensive management program that includes psychosocial support and participation in a "12-step" or other mutual-help group program.

—By Erin Bryant

Read the Advisory

"Naltrexone for Extended-Release Injectable Suspension for Treatment of Alcohol Dependence" is SAMHSA's spring 2007 *Substance Abuse Treatment Advisory,* Volume 6, Issue 1. The advisory is available in PDF format on the SAMHSA Web site at **www.kap.samhsa.gov/products/manuals/advisory/pdfs/0701_naltrexone.pdf.** For a print copy, contact SAMHSA's National Clearinghouse for Alcohol and Drug Information at 1 (800) 729-6686 or 1 (800) 487-4889 (TDD).

Recovery Month: Toolkit, PSAs Help Planning Efforts

Communities across the Nation are already planning for the 18th annual *National Alcohol and Drug Addiction Recovery Month* in September, celebrating the commitment of people in recovery from substance use disorders.

To support these outreach efforts, SAMHSA recently released a 2007 planning toolkit and promotional public service announcements (PSAs).

The Toolkit

With guidance from national partner organizations, SAMHSA's Center for Substance Abuse Treatment (CSAT) developed the user-friendly toolkit to guide planners through the process of coordinating, launching, and publicizing events.

Available in print and online in English at the *Recovery Month* Web site, the kit offers ideas for events, sample materials, helpful templates to customize local celebrations, and a glossary of frequently used terms.

The kit is divided into three sections:

Media Outreach includes samples of a media advisory, a news release, and PSAs that can be customized with local information for specific events.

Targeted Outreach offers general information about substance use disorders that can be distributed to the public and the media. Audience-specific fact sheets—such as those for employers, insurance providers, and policymakers—also are included.

Resources help community leaders reach out to planning partners. Materials include an outline for building community coalitions, a list of potential partner organizations, and lists of state contacts for information related to substance abuse.

Two new PSAs, "Celebrate" and "Cost," are available to radio and television stations nationwide on the *Recovery Month* Web site. Broadcasters are invited to request these ads, which are recorded in English and Spanish and available as 15- and 30-second spots.

The "Celebrate" PSA emphasizes that recovery from substance abuse disorders is something to be honored, not a hidden cause for shame. "Cost" begins on a somber note with the speaker listing all the things lost to alcohol and drug addiction—job, home, and health, among others—but ends with a hopeful message about recovery.

This Year's Message

The 2007 *Recovery Month* theme, "Join the Voices for Recovery: Saving Lives, Saving Dollars," aims to raise awareness of the financial and human costs of substance use disorders.

Fact sheets in the toolkit provide statistics on the amount of money spent treating substance abuse-related medical problems.

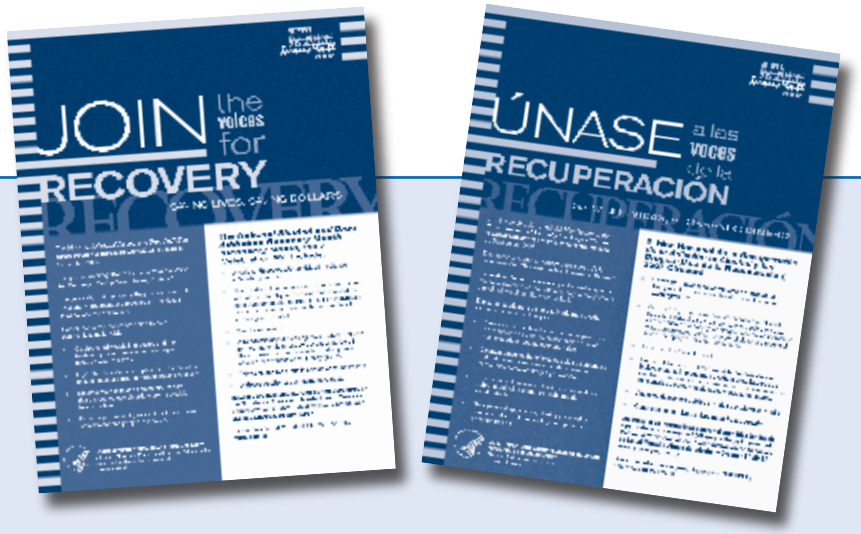
One fact sheet—"Employers: How Businesses Can Help Workers with Substance Use Disorders"—shows employers how they can benefit by investing in treatment and recovery. Ideas include supporting drug-free workplace initiatives and employee assistance programs and ensuring that health care insurance plans cover substance abuse treatment. Another fact sheet on offering cost-effective treatment is available for insurance providers.

Interspersed throughout the toolkit are personal testimonies from people in recovery that bring into sharp focus how addiction negatively affects individuals and their families, not only financially but on every level.

Recovery Month allows people of all ages who have battled substance abuse and achieved recovery to encourage others to seek treatment. Annual activities also help people understand that treatment is essential for those who enter recovery and their families. For more information on the event, visit SAMHSA's Web site at **www.recoverymonth.gov.**

To order a print copy of *Recovery Month* materials, call SAMHSA's National Clearinghouse for Drug and Alcohol Information at 1 (800) 729-6686 (English), 1 (877) 767-8432 (Español), or 1 (800) 487-4889 (TDD). The toolkit also is available online for free download at **www.recoverymonth.gov/2007/kit/default.aspx.**

The PSAs can be requested online at **www.recoverymonth.gov/2007/multimedia/psamenu.aspx.**



Flyers are available in English (**http://download.ncadi.samhsa.gov/prevline/pdfs/english_flyer_FINAL.pdf**) and Spanish (**http://download.ncadi.samhsa.gov/prevline/pdfs/spanish_flyer_FINAL.pdf**).

Depression: Reports Offer Statistics

SAMHSA's Office of Applied Studies (OAS) recently released two short reports on depression.

Links to Alcohol and Drug Use in Youth

According to a new report from SAMHSA, recent research suggests a strong connection between depression and the initiation of alcohol and illicit drug use.

Among youth age 12 to 17 who had not previously used alcohol, those who experienced a past-year major depressive episode (MDE) were twice as likely to have used alcohol for the first time during that same year as those who did not have a past-year MDE (29.2 percent versus 14.5 percent).

Among youth who had not previously used an illicit drug, those who experienced a past-year MDE were more than twice as likely to have used drugs for the first time as those who did not (16.1 percent versus 6.9 percent).

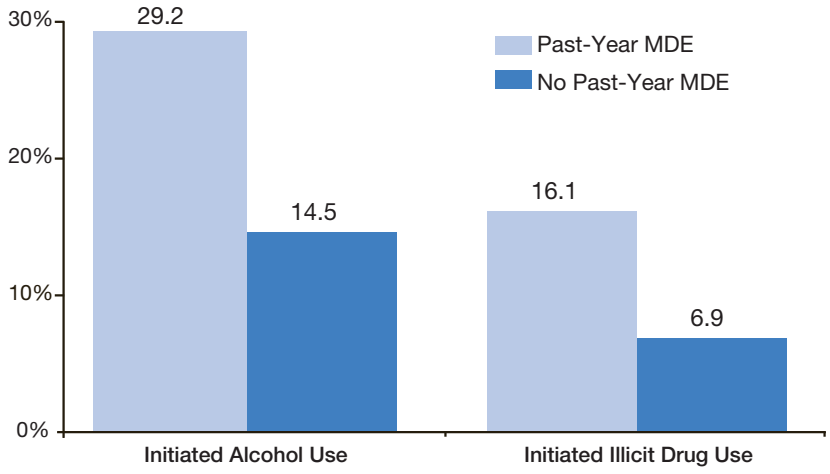
The SAMHSA report, *Depression and the Initiation of Alcohol and Other Drug Use among Youth Age 12 to 17,* is based on data from the Agency's 2005 National Survey on Drug Use and Health (NSDUH).

A major depressive episode is defined as a period of 2 weeks or longer during which a person has either a depressed mood or loss of interest or pleasure and at least four other symptoms that reflect a change in functioning, such as insomnia, lack of energy or appetite, difficulty concentrating, and poor self-image.

In 2005, 2.2 million youth age 12 to 17 experienced at least one MDE. Rates of occurrence varied by age—12-year-olds had the lowest rate (4.3 percent) of MDE occurrence and 17-year-olds had the highest (11.9 percent). Rates were relatively similar across racial and ethnic groups.

Depression and the Initiation of Alcohol and Other Drug Use among Youth Age 12 to 17 is available for download on SAMHSA's Web site at **www.oas.samhsa.gov/2k7/newUserDepression/newUserDepression.pdf.**

What the Data Tell Us



This chart illustrates that youth between age 12 and 17 were at least twice as likely to initiate alcohol or drug use if they had also experienced a past-year major depressive episode (MDE). For other charts and statistics, read SAMHSA's short report described above. (Source: SAMHSA, 2005 National Survey on Drug Use and Health.)

State-by-State Report

State estimates of past-year major depressive episodes are now available in a short report from SAMHSA's Office of Applied Studies.

The report, S*tate Estimates of Depression: 2004 and 2005,* focuses on data collected from both youth and adults.

The combined 2004 and 2005 data indicate that 8.9 percent of youth age 12 to 17 and 7.7 percent of adults age 18 or older experienced at least one MDE in the past year.

Few significant differences emerged in the study in rates of past-year MDE among youth or adults across states. Among youth age 12 to 17, rates of past-year MDE were highest in Idaho (10.4 percent) and lowest in Louisiana (7.2 percent).

Rates of past-year MDE among adults age 18 or older were highest in Utah (10.1 percent) and lowest in Hawaii (6.7 percent).

State Estimates of Depression: 2004 and 2005 is available on SAMHSA's Web site at **www.oas.samhsa.gov/2k7/states/depression.pdf.**

Other Reports on Depression

Each year, OAS releases statistical short reports on specific topics of interest. For more information on depression, see the following reports:

- *Depression among Adults* is available at **www.oas.samhsa.gov/2k5/depression/depression.pdf.**
- *Depression among Adolescents* is available at **www.oas.samhsa.gov/2k5/youthdepression/youthdepression.pdf** (see *SAMHSA News* online, January/February 2006).

For a complete list of short reports from SAMHSA's OAS, visit **www.oas.samhsa.gov.**

Homelessness Web Site Launched

SAMHSA's Homelessness Resource Center (HRC) has a new Web site, **www.homeless.samhsa.gov.**

Funded by the Center for Mental Health Services (CMHS), the HRC Web site is in "interim" mode right now as new features are added every week.

Soon, the site will include a full range of resources, such as a searchable knowledge database, special event announcements, Web casts, news, programs, and promising practices.

When it is completed, the HRC site will address critical topics in the homeless field from the perspectives of researchers, service providers, consumers, advocates, and policymakers.

For more information, visit SAMHSA's Web site at **www.homeless.samhsa.gov.**

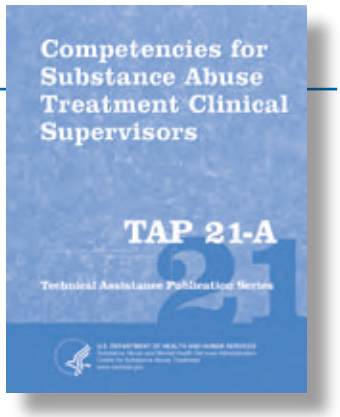
HIV/AIDS Brochure Available

SAMHSA's Knowledge Application Program (KAP) has published a brochure explaining the increased risk of HIV transmission among people who abuse substances.

The brochure, *Drugs, Alcohol and HIV/AIDS: A Consumer Guide for African Americans,* includes hotline numbers and Web sites to help people find health care and treatment. The publication accompanies *Substance Abuse Treatment for Persons with HIV/AIDS,* number 37 in the Treatment Improvement Protocol (TIP) series from SAMHSA's Center for Substance Abuse Treatment.

To download this free brochure, visit SAMHSA's KAP Web site at **http://kap.samhsa.gov/products/brochures/pdfs/tip_37_brochure.pdf.**

For Clinical Supervisors: Key Competencies



SAMHSA's Knowledge Application Program (KAP) recently released Technical Assistance Publication (TAP) 21-A, *Competencies for Substance Abuse Treatment Clinical Supervisors.*

The publication provides practical, user-friendly lists of competencies necessary for effective clinical supervision in substance abuse treatment programs. Step-by-step guidelines explain how to structure supervisory elements of both state and private treatment systems.

Competencies are presented in two parts—foundation areas and performance domains.

Foundation areas include leadership, critical thinking, and organizational management and administration. Performance domains identify specific responsibilities, such as counselor development and performance evaluation, that are essential to protecting client welfare, improving services, developing a competent staff, and fulfilling an organization's mission and goals.

For a free print copy, 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). Request publication number (SMA) 07-4243. This publication also is available for free download from SAMHSA's Web site at **http://kap.samhsa.gov/products/manuals/pdfs/TAP21A.pdf.**

Annual HBCU Conference Highlights Workforce Issues

Photo by Leslie Quander Wooldridge

SAMHSA Administrator Dr. Terry L. Cline (right) pauses to speak with SAMHSA's Center for Substance Abuse Treatment Director Dr. H. Westley Clark at the conference.

The 9th Annual Lonnie E. Mitchell National Historically Black Colleges and Universities (HBCU) Substance Abuse and Mental Health Conference, funded by SAMHSA, recently convened in Washington, DC, with several hundred participants in attendance.

This year's theme was "Establishing Excellence for Tomorrow: Strengthening the Substance Abuse and Mental Health Workforce."

Participants discussed opportunities for career development, collaborative initiatives, and individual involvement as counselors, clinicians, and other positions in the field.

The conference is designed to give students an opportunity to obtain new information and strategies to cope with substance abuse and mental health issues in African American communities. Sponsored through a SAMHSA grant to Morehouse School of Medicine, the conference includes partnership with more than 100 HBCUs.

The annual conference continues the legacy and work of the late Lonnie E. Mitchell, Ph.D., M.A., an esteemed educator, administrator, and psychotherapist who worked extensively in the areas of mental health and human services.

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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_____

_____

Name and title: _____

Address and affiliation: _____

_____

Phone number: _____ Email address: _____

Field of specialization: _____

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

- ❑ Expanding HIV Assistance: Outreach, Testing for At-Risk Individuals
- ❑ From the Administrator: On Capitol Hill
- ❑ STD Rates and Drug Use
- ❑ PRISM Awards Spotlight Mental Health, Substance Abuse Issues
- ❑ Focusing on Children's Mental Health
- ❑ Psychological First Aid in a Crisis
- ❑ Coping with Traumatic Events
- ❑ Improving Substance Abuse Treatment Around the Globe
- ❑ Expanding Treatment in Central America
- ❑ Grants: Manual Clarifies Application Process
- ❑ Treating Alcohol Dependence: Naltrexone Advisory
- ❑ *Recovery Month:* Toolkit, PSAs Help Planning Efforts
- ❑ Depression: Reports Offer Statistics
- ❑ In Brief . . .
- ❑ On the Web: Resources for Veterans, Families
- ❑ Staff in the News
- ❑ ***SAMHSA News*** online—for the current issue and archives—at **www.samhsa.gov/SAMHSA_News**

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Thank you for your comments!

On the Web: Resources for Veterans, Families

SAMHSA recently introduced a new Web page to highlight available resources for veterans and their families.

The new page—**www.samhsa.gov/vets**—provides needed information on prevention, treatment, and recovery support for mental and substance use disorders.

Veterans and their families face many challenges both before and after service members are deployed. Post-traumatic stress disorder, depression, substance abuse, and suicide are just a few of them. Veterans also may carry memories of trauma, injury, and mental health issues.

"Establishing mental health and substance abuse resources for veterans is a priority for SAMHSA," said SAMHSA Administrator Terry L. Cline, Ph.D. "We have a moral obligation to marshal resources to address the challenges that our service members and their families are facing. This new Web page will help us in our continued efforts to reach out and provide them with support."

Special Features

The new Web page features links to related brochures that describe mental health and substance abuse issues and offer guidance on finding help. It also provides links to relevant agencies, SAMHSA Web cast and conference materials, and statistical reports on veterans' issues.

Features include a self-help guide for dealing with the effects of trauma, advice for parents who are helping their children cope with fear and anxiety, and information on SAMHSA's National Suicide Prevention Lifeline at 1 (800) 273-TALK.

Continued Outreach

The Agency recently convened a meeting with the U.S. Department of Veterans Affairs, the U.S. Department of Defense, and various national veterans service organizations.

The points raised during this meeting will help SAMHSA to develop guidance materials for states, local communities, and providers to ensure a coordinated, national approach to providing mental health and substance use services.

To access the new SAMHSA Web page, Resources for Returning Veterans and Their Families, visit **www.samhsa.gov/vets.**

Staff in the News

Welcome
Dr. Kenneth S. Thompson

Kenneth S. Thompson, M.D., Associate Professor of Psychiatry and Public Health at the University of Pittsburgh and Western Psychiatric Institute and Clinic, recently joined the staff of SAMHSA's Center for Mental Health Services (CMHS) as Associate Director of Medical Affairs.

Dr. Thompson will provide comprehensive medical leadership in the diverse integrated planning, design, and implementation actions that relate to CMHS programs and objectives. He also will monitor the application of relevant American Medical Association and American Psychiatric Association professional standards to CMHS policies and programs.

For the past 15 years, Dr. Thompson has worked as a community psychiatrist in primary care and HIV clinics, state hospitals, disaster response teams, homeless outreach teams, and community mental health centers. He actively supports psychiatrists interested in public service, community mental health, and transformation of mental health services to support recovery.

Editor's Note

As an ongoing column, and as space allows, *SAMHSA News* will feature timely news and information about SAMHSA staff members.

SAMHSA NEWS

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