Substance Abuse and Mental Health Services Administration

SAMHSA NEWS

SAMHSA's Award-Winning Newsletter

September/October 2007, Volume 15, Number 5

Reducing Wait Time Improves Treatment Access, Retention

Seeking help for a substance abuse problem can be one of the most difficult decisions people ever make. Whether they're motivated by a frustrated spouse, a legal problem, or simply a desire to change their lives, their resolve can often be shaky. Just about anything can become an excuse to break an appointment or even drop out of treatment altogether.

Now SAMHSA's Center for Substance Abuse Treatment (CSAT) is helping states and treatment providers get rid of overwhelming intake forms, long waits for appointments, and other barriers to efficient services.

Launched in 2006, the 3-year Strengthening Treatment Access and

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Reducing Wait Time Improves Treatment Access, Retention

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Retention–State Implementation (STAR-SI) program promotes the use of an approach pioneered in the business world—"continuous quality improvement"—to get people into outpatient treatment and keep them there until they're better.

The grantees include state agencies in Florida, Illinois, Iowa, Maine, Ohio, South Carolina, and Wisconsin. In addition, three other state agencies have joined STAR-SI. Montana is funded through the Single State Agency, and Oklahoma and New York are funded by the Robert Wood Johnson Foundation. "The STAR-SI initiative is based on the idea that small changes can bring big rewards," said SAMHSA Administrator Terry L. Cline, Ph.D. "You identify a problem, test a solution, and move on to the next problem. It's an incremental approach that can have a huge impact."

A "Rapid-Cycle" Process

The STAR-SI program builds on findings from the Network for the Improvement of Addiction Treatment (NIATx), a joint initiative of CSAT and the Robert Wood Johnson Foundation (see "What Is NIATx?" below).

That original NIATx initiative began in 2003 to help grantees set an agenda for improving addiction services and adopting evidence-based treatment practices. A 3-year pilot project, it included CSAT's Strengthening Treatment Access and Retention (STAR) program, launched in 13 states, and the Robert Wood Johnson counterparts. (See *SAMHSA News* online, fall 2003.)

In that effort, grantees successfully increased client access and retention by making simple changes. These changes included everything from streamlining intake procedures and eliminating unnecessary paperwork to extending clinic hours and using incentives and "motivational interviewing" to engage clients during the early phases of treatment.

"When treatment providers make these small changes in the 'process' of delivering care, they can substantially improve outcomes," said CSAT Director H. Westley Clark, M.D., J.D., M.P.H. "Treatment providers are powerful agents of improvement and organizational change."

STAR-SI grantees now use the same model developed by their predecessors.

"We demonstrated the use of this quality improvement technology in treatment settings. But we wanted to move from the treatment level to the state level," said Frances Cotter, M.P.H., Quality Improvement Team Lead in CSAT's Division of Services Improvement.

Called process improvement, the incremental approach championed by NIATx consists of identifying a problem, setting a goal for improvement, pilot-testing possible solutions, and analyzing the outcome.

What Is NIATx?

The Network for the Improvement of Addiction Treatment (NIATx) teaches drug and alcohol treatment centers to use process improvement strategies to improve access to and retention in addiction treatment.

Less than 10 percent of Americans who need substance abuse treatment each year get the help they need, according to SAMHSA's 2006 National Survey on Drug Use and Health. NIATx seeks to change that.

A partnership among SAMHSA's Center for Substance Abuse Treatment, the Robert Wood Johnson Foundation, and other organizations, NIATx helps treatment providers break down barriers to care. The ultimate goal is to improve evidence-based treatment.

NIATx focuses on four specific goals: reducing the time between a request for help and a client's first treatment session, reducing the number of clients who don't show up for appointments, increasing the number of treatment admissions, and increasing the number of clients who make it to the fourth treatment session. To achieve these goals, participants tackle one barrier after another in a rapid cycle of identifying a problem, testing solutions, and evaluating results (see "What Is Process Improvement?" on page 4).

For more information about NIATx, visit **www.niatx.net,** which includes the *Resource Guide to Process Improvement* and other resources. ◗

NIATx
The Network for the Improvement of Addiction Treatment

Once one change has proven successful, the organization—whether it's an entire state agency or an individual treatment facility—quickly moves on to the next area that needs improvement.

The changes typically cost little or nothing and are put into effect just 3 or 4 weeks after a problem has been identified.

"We encourage people to make small, simple changes quickly," said NIATx Deputy Director Todd Molfenter, Ph.D. "Even if you're trying to lose weight or making other changes in your personal life, you rarely get things right the first time. You have to try different things and see how they work. That's what this process encourages."

Walk-Throughs

To identify problems, the agencies involved in STAR-SI start the process with a walk-through. (See page 5, "South Carolina.") Putting themselves in the shoes of clients and family members, staff experience the process of intake and engagement from the other side of the table.

What they discover can be startling. It may take way too long to get an initial appointment. There may be an overwhelming number of forms to fill out. The lobby may be unwelcoming and unappealing. Any of these factors may derail potential clients on their track toward their first treatment session.

Simple changes can help ensure that doesn't happen. Based on findings from the walk-through, a "change team" identifies a problem, brainstorms a solution, puts it into effect on a small scale, evaluates its impact, and tweaks things if necessary. The solution may entail allowing walk-ins, calling clients the day before their appointments, relocating intake interviews to a more private space, or simply giving the lobby walls a fresh coat of paint.

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From the Administrator

Terry L. Cline, Ph.D.

Striving for Quality . . . One Step at a Time

Improving the quality of treatment services for substance abuse and mental health is a constant challenge for communities across the Nation.

At SAMHSA, our mission includes helping prevention and treatment counselors, clinics, and health care providers develop ways to change their service systems to increase positive outcomes for their clients.

Process improvement is an ongoing effort and a collaborative one. One step at a time, using a scientific method, organizations try simple, cost-effective solutions to their biggest challenges. They keep the ones that work and discard the ones that don't.

SAMHSA, together with the Robert Wood Johnson Foundation and other leaders in the substance abuse prevention and treatment field, was instrumental in supporting the development of the Network for the Improvement of Addiction Treatment (NIATx). SAMHSA is using the NIATx model to improve client-based treatment services through "rapid-cycle" change (see *SAMHSA News* cover story).

The results are encouraging. When programs follow the NIATx model, significant improvements occur in a short time. For individuals in recovery, improvements to their treatment services can be lifesaving.

One SAMHSA grant program in particular, Strengthening Treatment Access and Retention–State Implementation (STAR-SI), has shown great potential in changing service systems.

STAR-SI state grantees are making simple, rapid, and cost-effective changes to their treatment services. It's making a difference in outcomes. In addition, as part of NIATx, STAR-SI programs share the benefits of research, innovative ideas, tools for improvement, and case studies.

At the launch of the 18th annual *National Alcohol and Drug Addiction Recovery Month* in September, SAMHSA announced a new initiative—ACTION (Adopting Changes To Improve Outcomes Now).

SAMHSA and the Robert Wood Johnson Foundation are supporting the ACTION Campaign to offer treatment providers the tools and assistance they need to offer clients quick access to services, improve client engagement and retention, and create a seamless transition between levels of care (see *SAMHSA News*, p. 5).

Through the ACTION Campaign and other efforts, SAMHSA will promote dramatic and measurable changes in service systems to help individuals and families affected by alcohol and drug abuse keep their families together, maintain their livelihoods and jobs, and continue to be productive members of their communities.

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

Reducing Wait Time Improves Treatment Access, Retention

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Dramatic Results

One key characteristic of the NIATx model is its basis in data. Instead of making changes based on gut feelings, participants collect baseline data and then rigorously evaluate the impact of proposed changes.

During the original NIATx initiative, CSAT's STAR grantees and their Robert Wood Johnson counterparts proved that the model substantially increased clients' access and retention.

At the end of the original grants cycle, the 39 founding members (including the STAR program) reported the following results:

- Waiting time between clients' first request for help and their first treatment session dropped by nearly 35 percent.
- The number of no-shows for appointments dropped by 33 percent.
- Grantees reported a 21-percent increase in admissions to treatment.
- Grantees saw an increase of more than 22 percent in treatment continuation.

The STAR-SI grantees hope to achieve similar results. They are tracking the number of treatment providers participating in STAR-SI, the number of clients admitted to treatment, the length of time clients stay in treatment, and the number of treatment sessions provided between intake and discharge. In addition, the grantees will collect data on at least two state-specific measures.

Collaborative Learning

One strategy for achieving STAR-SI's goals is peer-to-peer learning. Grantees and participating treatment agencies share success stories, ask for advice, and offer feedback to other STAR-SI participants both within their states and across the Nation. Grantees also benefit from coaching from NIATx consultants and peer mentors.

When states or agencies find a change to be successful, they put it into effect across their entire organization. States are gradually increasing the number of

What Is Process Improvement?

What's the best way to make changes in an organization? "In one small step after another," said Todd Molfenter, Ph.D., Deputy Director of the Network for the Improvement of Addiction Treatment (NIATx).

"What often happens when organizations want to change something is that they begin with a whole planning process that takes 6 months," said Dr. Molfenter. "The process takes so long that the effort loses energy. Or there's a lot of resistance, because the change you want to implement feels so final that people are afraid of it."

The NIATx model was created to prevent such problems. Based on years of research, this approach to process improvement relies on five key principles.

Key Principles

- **Understand and involve the customer.** Treatment providers should ask clients about what needs improvement and seek their advice on how to make things better.
- **Fix the key problems.** Focusing on the problems that keep the executive director awake at night helps garner support from the organization's leaders and ensure success.
- **Pick a powerful change leader.** Those in charge of organizational change must have authority, the respect of their colleagues, and sufficient time to devote to the initiative.
- **Get ideas from outside the organization or field.** Other organizations or even fields, such as the hospitality industry, can offer fresh perspectives.
- **Use rapid-cycle testing to establish effective changes.** The idea is to take on one small change at a time and see how it works. After making the change, the team evaluates the results, modifies the change if necessary, tests it again, and repeats the process until the change is good enough to be made permanent.

After each change, explained Dr. Molfenter, an organization has three basic options: If the change worked well, they can adopt it. If it worked all right but still needs a bit of fine-tuning, the organization can adapt it. And if it didn't work out at all, they can abandon it.

"This common-sense approach encourages organizations to experiment," said Dr. Molfenter.

agencies engaged in the effort. And CSAT is exploring the idea of expanding the effort to other phases of outpatient treatment.

"STAR-SI is currently applying process improvement methods to improving access and engagement, which is usually defined as the first 30 days of treatment," said Ms. Cotter. "Our future plans are to examine the effect of these methods at the next phase of treatment, which involves hand-offs from one level of care to another or from the criminal justice system to community-based treatment."

For more information about SAMHSA's Strengthening Treatment Access and Retention grant program and other substance abuse prevention and treatment programs, visit SAMHSA's Web site at **www.samhsa.gov.**

A Pledge To Change: The ACTION Campaign

The launch of the ACTION (Adopting Changes To Improve Outcomes Now) Campaign coincided with the launch of SAMHSA's *National Alcohol and Drug Addiction Recovery Month* in September.

The ACTION Campaign is committed to making a difference in recovery-oriented systems of care by providing rapid access to services, improving client engagement, and creating a seamless transition between levels of care.

The goal of this initiative is to improve the lives of 55,000 people affected by alcohol and drug abuse.

SAMHSA has joined many other organizations in the substance abuse field in support of the ACTION Campaign. Those include the State Association of Addiction Services (SAAS), the Network for the Improvement of Addiction Treatment (NIATx), and the National Association of State Alcohol and Drug Abuse Directors (NASADAD), among others.

For more information, visit the Campaign's Web site at **www.actioncampaign.org.**

STAR-SI in Action: South Carolina

Strengthening Treatment Access & Retention –State Implementation

As a would-be client, Carl Kraeff posed as a distraught man seeking substance abuse treatment at a local agency. His story: Because of his drug use and serious drinking problem, his "wife" was leaving him. He couldn't pay his rent. His life was ruined.

But no matter how melodramatic he made his tale, the agency's intake staff didn't seem interested.

"Everybody was very friendly and helpful, but every time I tried to interject a comment, they would ignore me and go on to the next question," said Mr. Kraeff. In real life, he is a management consultant in South Carolina's Department of Alcohol and Other Drug Abuse Services. "They were trying so hard to be efficient, but I felt like I was being processed. I wasn't treated like a person."

Fortunately, the agency involved is 1 of 21 in the state currently participating in SAMHSA's Strengthening Access and Retention–State Implementation (STAR-SI) initiative (see cover story).

Both the state as a whole and individual agencies are identifying problems like the one that concerned Mr. Kraeff, brainstorming solutions, and evaluating the results in a rapid-fire process of quality improvement.

Taking "Small Bites"

At the state level, one easy step was to streamline the intake forms that the state's network of treatment facilities are required to use.

Excessive paperwork was the number-one complaint of agency executive directors, explained Mr. Kraeff. With tweak after tweak, the mandatory paperwork shrank. By the time the process was over, the state had reduced the number of intake forms by 85 percent. The amount of time the intake process took had been halved. And the providers were happier.

But STAR-SI's impact is even more dramatic out in the field. Consider the example of the Lexington and Richland Alcohol and Drug Abuse Council (LRADAC), the Behavioral Health Center of the Midlands in Columbia.

Broken appointments were the first problem the center set out to tackle: Forty-four percent of would-be clients never made it to their first treatment session after they'd been assessed.

Simple changes helped solve the problem. Training in motivational interviewing techniques, for example, helped staff engage clients. The agency also made the waiting room more private. And the staff produced an orientation packet that included a welcome letter from the agency president, a "what to expect today" piece, and a booklet about the treatment program. "STAR-SI encourages you to take small bites," said Change Leader Gayle Aycock, M.Ed., Director of Quality Assurance at LRADAC.

For more information on STAR-SI, visit SAMHSA's Web site at **www.samhsa.gov.**

—By Rebecca A. Clay

Grant Awards Announced

SAMHSA recently announced a wide range of funding for new and ongoing grant programs for 2007.

These awards include $65 million in multi-year grants to 18 tribal organizations serving the mental health and substance abuse prevention and treatment needs of American Indians and Alaska Natives.

More than $49 million in multi-year grants were awarded to tribal service providers in 2006. These SAMHSA grants support many culturally relevant programs for promoting better mental health, substance abuse prevention and treatment, and recovery support.

All awards are contingent on the availability of appropriated funds.

Recent Grant Awards

SAMHSA recently announced grant awards for the following programs:

Targeted Capacity Expansion–HIV/AIDS—Nearly $159 million for 67 grant awards over 5 years to provide coordinated substance abuse treatment and HIV/AIDS services to African American, Latino/Hispanic, and other racial or ethnic communities highly affected by the twin epidemics of substance abuse and HIV/AIDS. Annual award amounts are $500,000 per year in total costs for treatment services and $400,000 per year for outreach and pretreatment services for up to 5 years. Total funding for year one is $31.8 million. [TI-07-004]

The Drug-Free Communities Program—Approximately $74 million over 5 years to 736 communities across the Nation. Of this amount, $8.9 million was awarded to 90 new anti-drug coalitions, and an additional $62.9 million to support 646 continuation grants. Individual awards are up to $500,000 over 5 years. A total of $2.4 million also was awarded for 34 grants for the Drug-Free Communities Mentoring Program, including $1.32 million to support 19 new grants and $1.08 million to support 15 continuation grants. SAMHSA administers these grants in partnership with the White House Office of National Drug Control Policy. [SP-07-001; SP-07-002]

Addiction Technology Transfer Centers (ATTC)—$39 million over 5 years for 15 grant awards to fund the ATTC program. The ATTC program supports the workforce that provides addiction treatment services to 3.9 million Americans age 12 and older who received treatment for alcohol or illicit drug problems in the past year. The ATTCs assess the training and development needs of the substance use disorders treatment workforce, and develop and conduct training and technology transfer activities to promote the adoption of evidence-based practices in substance use disorders treatment. Fourteen regional centers and one national coordinating center received these awards, which are for $550,000 per year for up to 5 years. Total funding for year one is $7.8 million. [TI-07-001]

National Child Traumatic Stress Initiative (NCTSI)—$28 million over 4 years for 15 awards, for 2 categories of grants to organizations that help children and adolescents deal with traumatic experiences. NCTSI comprises two categories of centers designed to address child trauma issues by creating a national network of grantees who work collaboratively to develop and promote effective community practices for children and adolescents exposed to a wide array of traumatic events. Awards include 5 Treatment and Service Adaptation Center grants for $600,000 for up to 4 years, and 10 Community Treatment and Services Center grants for $400,000 for up to 4 years. [SM-07-010]

Substance Abuse Treatment Capacity in Targeted Areas of Need—$24 million for 16 grant awards over 3 years for the Targeted Capacity Expansion program in targeted areas of need. This program is designed to address gaps in substance abuse services for persons with alcohol and drug use disorders and help communities meet the demand for such services. Each award is funded up to $500,000 per year in total costs. Total funding for year one is almost $8 million. [TI-07-008]

Mental Health Data Infrastructure Grants for Quality Improvement—$21 million for 55 grants over 3 years to help states and territories enhance their capacity to record and report on the performance of their mental health services. The program will implement and strengthen the annual collection of the Uniform Reporting System measures and fund state mental health authorities to improve state and local data infrastructure for reporting and planning. This project also supports the Center for Mental Health Services Mental Health Block Grant program. Each state and the District of Columbia will receive up to $142,200 per year, and U.S. territories will receive up to $71,100 per year. Total funding for year one is $7.2 million. [SM-07-012]

This year, SAMHSA's **Access to Recovery** program received 24 grant awards, totaling $98 million for up to 3 years. These grants will give states, territories, the District of Columbia, and tribal organizations broad discretion to implement voucher programs to pay for a range of effective, community-based, substance abuse clinical treatment and recovery support services. $2 million will be used to fund an independent evaluation of the program. [TI-07-005]

Services in Supportive Housing Program—$17.5 million for 9 grant awards over 5 years to help local organizations end chronic homelessness in their communities. The program serves chronically homeless individuals with serious psychiatric conditions and those with co-occurring mental and substance use disorders who live in supportive housing settings. Grant funds will support individualized services known to improve residential stability and reduce psychiatric symptoms. Individual awards are for up to $450,000 per year for up to 5 years. Total funding for year one is $3 million. [SM-07-014]

Peer-to-Peer Recovery Support Services—$11.2 million for 8 grant awards over 4 years to community-based organizations to provide and assess peer-to-peer recovery services for people struggling with drug and alcohol abuse. These services are designed to help prevent relapse and promote sustained recovery. Annual awards are for $350,000 per year for up to 4 years. First-year funding totals almost $2.8 million. [TI-07-002]

Co-Occurring State Incentive Grants (COSIG)—$5.5 million over 5 years for 2 grant awards for the Co-Occurring State Incentive Grant program. Awarded to the states of Delaware and South Dakota, these grants will enhance infrastructure to increase the capacity to provide accessible, effective, comprehensive, coordinated, integrated, and evidence-based treatment services to persons with co-occurring substance abuse and mental disorders, and to participate in a national evaluation of the COSIG program. Each award is for $550,000 per year over 5 years, subject to availability of appropriations. [TI-06-003]

Alternatives to Restraint and Seclusion—More than $5 million for 8 grant awards over 3 years to support states in reducing and ultimately eliminating the use of restraint and seclusion in institutional and community-based settings that provide mental health services. Grantees will be able to increase the number of programs that use alternative models to reduce or eliminate restraint and seclusion, including staff training models and other multi-faceted approaches, and collect data to measure the impact of these models. The 8 awards are funded up to $214,000 per year. Total funding for year one is $1.7 million. [SM-07-005]

Targeted Capacity Expansion for Jail Diversion—$2.1 million for 2 grant awards for up to 3 years. These grants will be used to divert people with mental illness away from the criminal justice system and into community-based integrated mental health and substance abuse treatment and other appropriate support services. The DeKalb County Diversion Treatment Court in DeKalb, GA, received $1 million over 3 years with $318,918 in the first year. The Monroe County Office of Mental Health, in Rochester, NY, received $1.1 million over 3 years with $361,500 in the first year. [SM-07-004]

Awards Pending

As *SAMHSA News* went to press, SAMHSA was about to award additional grants for 2007. For more information about the latest grant awards, visit SAMHSA's grants page at **www.samhsa.gov/grants.** To read press releases of award announcements, visit **www.samhsa.gov/newsroom.** The grants page also lists upcoming grant opportunities for Fiscal Year 2008.

SAMHSA has a related publication available, *Developing Competitive SAMHSA Grant Applications.* This manual is intended to help potential grantees acquire the skills and resources needed to plan, write, and prepare a competitive grant application for SAMHSA funding. To access the PDF of the manual, visit **www.samhsa.gov/Grants/TA/2007Modules/GranstApplicationManual.pdf.** For more information, see *SAMHSA News* online, May/June 2007.

For comprehensive information on all Federal grants, visit **grants.gov.**

"Access to Recovery provides individuals with substance abuse problems the flexibility needed to find their own path to recovery."

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

NSDUH Survey: Prescription Drugs Still a Concern

Youth Substance Abuse Declining

National Alcohol and Drug Addiction Recovery Month launched its 18th year with SAMHSA presenting new data that show a drop in illicit drug use among teenagers. Prescription drug misuse, however, is still a concern.

SAMHSA Administrator Terry L. Cline, Ph.D., introduced the Agency's new publication, *Results from the 2006 National Survey on Drug Use and Health: National Findings.* "The data tell us that we are moving in the right direction," he said.

According to the survey, illicit drug use among youth age 12 to 17 is at a 5-year low—9.8 percent in 2006 versus 11.6 percent in 2002. (See chart on page 9.) Specifically, the survey shows that current illicit drug use rates remained stable from 2005 to 2006 among youth age 12 to 17, including no significant change in marijuana use. However, rates of current use by 12- to 17-year-olds declined significantly from 2002 to 2006 for any illicit drug.

For example, significant declines in marijuana use among youth age 12 to 17 were evident for past-year use (from 15.8 to 13.2 percent) and lifetime use (from 20.6 to 17.3 percent). Most youth (59.8 percent) reported talking with a parent in the past year about the dangers of drug, tobacco, or alcohol use, with only 4.6 percent of youth who perceived strong parental disapproval actually using marijuana in the past month. And, notably, the level of current marijuana use among youth age 12 to 17 declined significantly from 8.2 percent in 2002 to 6.7 percent in 2006.

Nonmedical Use of Pain Relievers

Even though there have been some gains—particularly with regard to adolescent drug use—the survey also reveals the growing role of prescription drug misuse, especially among young adults.

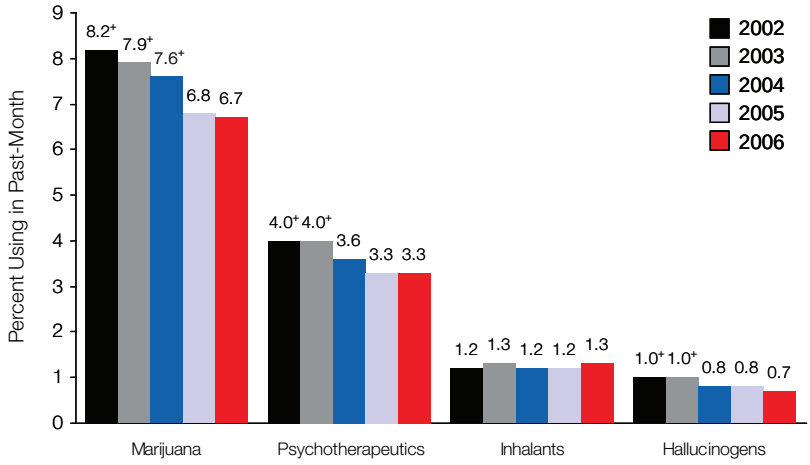
Past-month nonmedical use of prescription-type drugs among young adults age 18 to 25 increased from 5.4 percent in 2002 to percent in 2006. According to the surve across age groups, an estimated 5.2 mill persons were current nonmedical users of prescription pain relievers in 2006, which is more than the estimated 4.7 million in 2005.

And the report also reveals where most people age 12 and older obtain these drugs. Of those who used pain relievers nonmedically in the past year, 55.7 percent reported that they obtained the drugs from a friend or relative for free during the most recent time of use. This number follows similar data from the 2005 NSDUH report (see *SAMHSA News* online, September/October 2006).

5.8 5.6 5.5 5.8 6.1

"The abuse of prescription drugs for nonmedical reasons is of increasing concern," said Dr. Cline. "These are potent drugs that can have serious and life-threatening consequences if misused."

Past Month Use of Selected Illicit Drugs among Youths Aged 12 to 17: 2002-2006



+Difference between this estimate and the 2006 estimate is statistically significant at the .05 level.

Source: SAMHSA, *Results from the 2006 National Survey on Drug Use and Health: National Findings* (p. 21)

SAMHSA Administrator Dr. Terry L. Cline (at podium) presents new findings from the 2006 National Survey on Drug Use and Health at the *National Alcohol and Drug Addiction Recovery Month* briefing held at the National Press Club in Washington, DC. Dr. H. Westley Clark (at left), Director of SAMHSA's Center for Substance Abuse Treatment, looks on.

The Significance of Recovery

Highlighting SAMHSA's focus on building resilience and facilitating recovery for people with or at risk for mental or substance use disorders, a consumer spoke about his personal experiences with addiction at the press event.

Jared Hess, who was introduced to prescription painkillers at age 15 after experiencing chronic health problems, started using prescription painkillers nonmedically when he received a new prescription at age 18. Now in recovery for 4½ years, and working for Faces & Voices of Recovery, Mr. Hess said his experience shows that recovery from prescription drug addiction is a reality for millions of Americans.

"This addiction robbed me of every opportunity that I had," Mr. Hess said, noting that since he entered the recovery community, he's been able to have the life of his dreams. "Young people really are a large and important part of the recovery community, and it really is up to us to speak out and show other young people the miracle of recovery."

Other Survey Results

This initial report on the 2006 NSDUH also indicates that the use of cigarettes decreased from 2002 to 2006 for people age 18 to 25. However, the level of underage drinking for people age 12 to 20 remained unchanged since 2002, with this level at 28.3 percent in 2006.

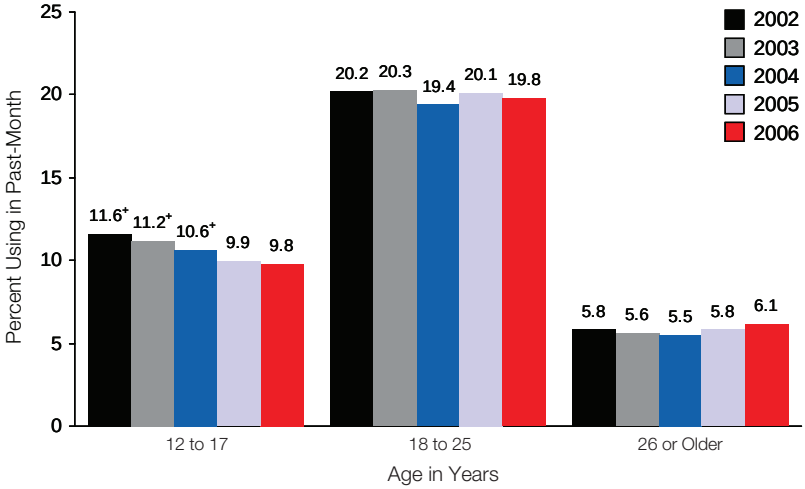
The report provides statistical breakdowns for various substances including marijuana, prescription drugs, cocaine, and heroin.

In general, the 2006 survey reveals that an estimated 22.6 million persons (9.2 percent of the population age 12 and older) may have had either substance abuse or dependency problems in the past year. Of these, 3.2 million were dependent on or abused both alcohol and illicit drugs, 3.8 million were dependent on or abused illicit drugs but not alcohol, and 15.6 million were dependent on or abused alcohol but not illicit drugs.

In addition, the survey reveals that 2.5 million people received substance abuse treatment at specialty facilities in 2006.

The survey also shows that the problems of substance abuse and mental illness are often intertwined. For example, 34.6 percent of people age 12 to 17 who had a major depressive episode in the past year had used illicit drugs, while the rate of illicit drug use by those who did not report a major depressive episode was 18.2 percent.

Past Month Illicit Drug Use among Persons Aged 12 or Older, by Age: 2002-2006



+Difference between this estimate and the 2006 estimate is statistically significant at the .05 level.

Source: SAMHSA, *Results from the 2006 National Survey on Drug Use and Health: National Findings* (p. 20)

More Information

Recovery Month recognizes the accomplishments of people in recovery, the contributions of treatment providers, and advances in substance abuse treatment. This year's theme, "Join the Voices for Recovery: Saving Lives, Saving Dollars," highlights the enormous benefits that recovery offers to individuals, loved ones, and society in general. (See event photo on page 10.)

The National Survey on Drug Use and Health is an annual survey of approximately 67,500 people, including residents of households and noninstitutionalized group quarters and civilians living on military bases. Online, the complete survey results are available on SAMHSA's Web site at **http://oas.samhsa.gov/NSDUHLatest.htm.**

Celebrating *Recovery Month!* Approximately 5,000 people in support of recovery attended Recovery Happens 2007! on the west steps of the State Capitol Building in Sacramento, CA, in early September. Attendees enjoyed a spirited kick-off rally, keynote speech, and meetings of Alcoholics Anonymous and Narcotics Anonymous inside the State Capitol Building. More than 600 events were scheduled nationwide throughout the month. For information, visit **www.recoverymonth.gov.**

TAP 29 Available

SAMHSA's Center for Substance Abuse Treatment recently released Technical Assistance Publication (TAP) 29, *Integrating State Administrative Records To Manage Substance Abuse Treatment System Performance.*

The new TAP is available in PDF format from SAMHSA's Knowledge Application Program Web site at **www.kap.samhsa.gov/products/manuals/taps/index.htm.** Limited print copies are available from SAMHSA's Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727) or 1-800-487-4889 (TDD). Request inventory number SMA07-4268.

Prevention Journal Spotlights Homelessness and Mental Illness

SAMHSA's Center for Mental Health Services (CMHS) supported the development of a special issue of *The Journal of Primary Prevention* (Volume 28, Numbers 3-4, July 2007) on homelessness and mental illness.

The 400-page special issue, "Homelessness and Mental Illness: Perspectives on Prevention," highlights promising and innovative strategies to reduce the risk of homelessness, help people transition into the community, and stabilize formerly homeless people in permanent housing.

Fifteen scholarly articles cover topics such as the emphasis on employment and work in ending homelessness, the occurrence of veterans experiencing homelessness, and community-wide strategies to prevent homelessness.

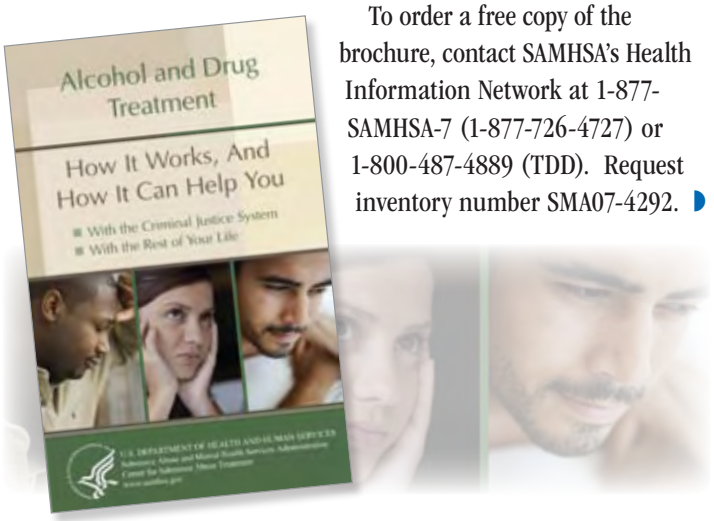
By raising awareness about effective homelessness prevention and intervention programs, this special issue can help local organizations make informed decisions about the approaches that will work best in their communities.

This publication results from collaboration between CMHS's Homeless Programs Branch and *The Journal of Primary Prevention*. Electronic versions of the articles are available free at SAMHSA's Homelessness Resource Center Web site at **www.homeless.samhsa.gov.**

Treatment and Criminal Justice: New Brochure Available

SAMHSA's Center for Substance Abuse Treatment recently released the new brochure *Alcohol and Drug Treatment: How It Works, and How It Can Help You* as a companion to Treatment Improvement Protocol (TIP) 44, *Substance Abuse Treatment for Adults in the Criminal Justice System.*

To download the brochure in PDF format, visit SAMHSA's Knowledge Application Program Web site at **http://kap.samhsa.gov/products/brochures/pdfs/CJA_ConsumerBrochure.pdf.**



To order a free copy of the brochure, contact SAMHSA's Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727) or 1-800-487-4889 (TDD). Request inventory number SMA07-4292.

Co-Occurring Disorders: Integrating Services

For a person with co-occurring mental health and substance use disorders, obtaining treatment services can be a challenge.

The process may involve navigating the often complicated shuffle between providers in separate service systems and needed referrals. Also, treatment providers may be saddled with overwhelming client loads, which sometimes compromise quality care.

To provide strategies to ease these burdens and show the benefits of combining services for mental and substance use disorders, SAMHSA's Co-Occurring Center for Excellence (COCE) recently released *Services Integration: Overview Paper 6.* Presented in question-and-answer format, the overview paper examines issues concerning the context, content, approaches, and processes that promote and inhibit services integration.

What Is Services Integration?

Services integration is the process of combining mental health and substance abuse services—as well as other health and social services—to meet the needs of persons with co-occurring disorders.

Individual providers, teams of providers, or entire programs can combine their services to offer integrated substance abuse and mental health screening, assessment, treatment planning, treatment delivery, and continuing care.

Benefits and Challenges

Mental health issues and substance use disorders often go hand in hand. For example, in 2006, adults age 18 or older with a major depressive episode (MDE) in the past year were more likely than those without an MDE to have used an illicit drug in the past year (27.7 percent versus 12.9 percent), according to SAMHSA's 2006 National Survey on Drug Use and Health.

Providing integrated services is fundamental to providing quality care. Failure to address co-occurring disorders in either substance abuse or mental health programs is tantamount to ignoring the needs of the majority of participants.

Clients receiving integrated services in addiction counseling settings are more likely to complete treatment and have better post-treatment outcomes, according to research findings. Additional benefits to consumers include:

- Better, integrated information rather than conflicting advice from several sources
- Improved access to services through "one-stop shopping."

Benefits to programs and care providers include:

- Opportunities for agency and professional growth
- Workforce development
- Less frustration and increased job satisfaction.

Services integration presents very few drawbacks for the consumer. However, the use of integrated services—as with any organizational change—can introduce challenges for clinicians and programs, which may be required to:

- Identify and respond to gaps in workforce competencies, certifications, and licensure.
- Modify record-keeping practices to accommodate co-occurring disorders.
- Modify facilities to meet additional needs (e.g., space for counseling).
- Reconcile differences in confidentiality regulations, policies, and practices between the substance abuse and mental health treatment fields.

Ultimately, the treatment benefits for consumers receiving integrated services greatly outweigh the moderate organizational challenges for programs or care providers.

COCE Overview Papers

This COCE series is intended to keep mental health and substance abuse administrators and policymakers up to date on the most current research and treatment practices. These papers offer concise introductions to state-of-the-art knowledge about co-occurring disorders and are anchored in current science, research, and practices.

Overview Paper 6 may be obtained free of charge by calling SAMHSA's Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727). Request inventory number SMA07-4294. Online, *Overview Paper 6* is available at **http://coce.samhsa.gov/cod_resources/PDF/OP6-ServicesIntegration-8-13-07.pdf.**

—By Erin Bryant

Overview Papers Available Online

The following COCE overview papers are available for free download on SAMHSA's Web site at **http://coce.samhsa.gov.**

Paper 1: *Definitions and Terms Relating to Co-Occurring Disorders*
Paper 2: *Screening, Assessment, and Treatment Planning for Persons With Co-Occurring Disorders*
Paper 3: *Overarching Principles To Address the Needs of Persons With Co-Occurring Disorders*
Paper 4: *Addressing Co-Occurring Disorders in Non-Traditional Service Settings*
Paper 5: *Understanding Evidence-Based Practices for Co-Occurring Disorders*
Paper 6: *Services Integration*
Paper 7: *Systems Integration*
Paper 8: *The Epidemiology of Co-Occurring Disorders*

For more information about other recent COCE overview papers, see *SAMHSA News* online, July/August 2007.

Workplace Report: Many Full-Time Employees Use Drugs

Most Americans who are illicit drug users or heavy alcohol users also hold full-time jobs, according to a new report from SAMHSA. This substance abuse can pose significant risks to workers' health and productivity.

The new report, *Worker Substance Use and Workplace Policies and Programs,* presents findings on substance use among workers as well as workplace drug policies and programs. Findings are based on data collected during 2002, 2003, and 2004 for the National Survey on Drug Use and Health (NSDUH).

Data analysis demonstrates that worker substance use is a serious problem, with an estimated 9.4 million full-time workers age 18 to 64 (8.2 percent) reporting illicit drug use in the past month. Among full-time workers using these substances, 3.0 million met criteria for illicit drug dependence or abuse. And 10.6 million were dependent on or abused alcohol.

The prevalence of past-month illicit drug use among full-time workers age 18 to 64 was estimated to be 8.2 percent and was highest among workers age 18 to 25 (19.0 percent). Food service workers (17.4 percent) and construction workers (15.1 percent) had higher prevalence of past-month illicit drug use than other occupational groups.

The prevalence of past-year alcohol dependence or abuse was highest among those age 18 to 25 (18.4 percent) compared with those age 26 to 34 (12.3 percent), 35 to 49 (7.8 percent), and 50 to 64 (4.0 percent). The report says that construction workers had the highest prevalence of past-month heavy alcohol use (17.8 percent), followed by workers in installation, maintenance, and repair (14.7 percent).

Absenteeism

Workers who abuse substances also face additional issues. Illicit drug use and heavy alcohol use are associated with higher levels of absenteeism and frequent job changes, the report says.

For example, nearly twice as many current illicit drug users skipped one or more days of work in the past month compared with workers who did not abuse drugs. Drug users also were far more likely to report missing 2 or more days of work in the past month due to illness or injury compared with workers who did not abuse drugs.

Drug Testing and Education

According to the report, about 43.8 percent of full-time workers reported having access at work to educational information about drug and alcohol use, 58.4 percent reported access to an employee assistance program, and 78.7 percent reported that their workplace had a policy about drug and alcohol use.

In general, people who reported past-month illicit drug use were less likely to work for employers that provided these programs.

In addition, drug testing programs were fairly prevalent. A total of 48.8 percent of full-time workers reported that their employers conducted testing for drug use.

Multivariate analysis suggests that illicit drug users are less likely to work for employers who conduct drug testing.

Unemployment vs. Employment

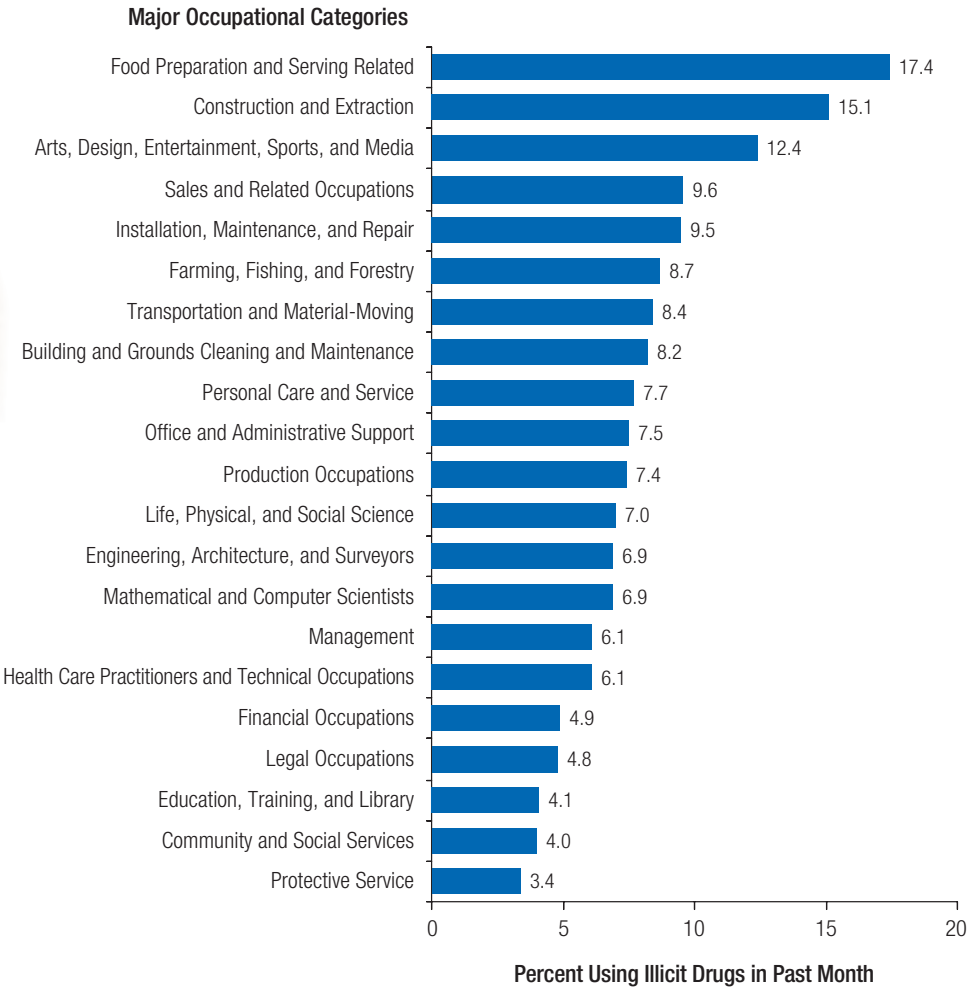
The prevalence of substance use behaviors and disorders is higher among unemployed persons than among full-time workers, part-time workers, and those with other employment status, according to the report.

Full-time workers make up about two-thirds of the population age 18 to 64 (114.7 million people). By virtue of sheer numbers, therefore, most substance users—and people with substance use disorders—are employed full time.

NSDUH provides data on substance use and related issues among the U.S. population. The annual survey estimates the usage prevalence of a variety of illicit drugs, alcohol, and tobacco, based on a nationally representative sample of the civilian, non-institutionalized population age 12 and older.

To download a complete copy of *Worker Substance Use and Workplace Policies and Programs* in PDF or HTML format, and view other workplace-related publications, visit SAMHSA's Web site at **http://oas.samhsa.gov/work2k7/toc.cfm.**

Past-Month Illicit Drug Use among Full-Time Workers Age 18 to 64, by Major Occupational Categories: 2002-2004 Combined



Source: SAMHSA, *Worker Substance Use and Workplace Policies and Programs* (p. 23). This chart shows that past-month illicit drug use is highest among full-time workers age 18 to 64 who work in food preparation and serving-related fields (17.4 percent) as well as those who work in construction (15.1 percent).

Workplace Helpline: Call 1-800-WORKPLACE

SAMHSA recognizes that substance abuse presents issues for employers and employees across the Nation. To help, a new toll-free number is available.

"Substance abuse is a serious problem for the health, well-being, and productivity of everyone in the workplace," said SAMHSA Administrator Terry L. Cline, Ph.D. "One important way SAMHSA is addressing this public health risk is with a helpline for employees and businesses dealing with problems related to substance abuse."

The helpline—1-800-WORKPLACE (1-800-967-5752)—provides advice on programs that can make a dramatic difference to everyone in the workplace, with information available on programs such as substance abuse policy development, supervisor and employee substance abuse education, employee assistance, and drug testing.

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 and new publications.

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

Comments: _____

_____

_____

I'd like to see an article about: _____

_____

_____

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:

- ❑ Reducing Wait Time Improves Treatment Access, Retention
- ❑ From the Administrator: Striving for Quality . . . One Step at a Time
- ❑ A Pledge To Change: The ACTION Campaign
- ❑ STAR-SI in Action: South Carolina
- ❑ Grant Awards Announced
- ❑ NSDUH Survey: Prescription Drugs Still a Concern
- ❑ In Brief . . .
- ❑ Co-Occurring Disorders: Integrating Services
- ❑ Workplace Report: Many Full-Time Employees Use Drugs

Staff in the News

- ❑ New Members Named to CMHS Advisory Council
- ❑ Presidential Award Bestowed
- ❑ Science and Service Award Winners

- ❑ ***SAMHSA News*** online—for the current issue and archives—at **www.samhsa.gov/SAMHSA_News**

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Thank you for your comments!

New Members Named to Advisory Council

SAMHSA's Center for Mental Health Services (CMHS) recently announced the appointment of four new members to its National Advisory Council.

The appointees include a veteran mental health advocate, an Academy Award-winning actress, a child and adolescent psychiatrist, and an expert in managed mental health care policy and mental health systems.

Chaired by CMHS Director A. Kathryn Power, M.Ed., the Advisory Council meets twice a year and advises and consults with the leadership of SAMHSA, CMHS, and the U.S. Department of Health and Human Services regarding activities and policies carried out by the Center.

King Davis, Ph.D.

As the Executive Director of the Hogg Foundation for Mental Health, Dr. Davis promotes improved mental health for the people of Texas through the support of effective mental health services, research, policies, and education. Dr. Davis previously served as the Commissioner for the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse and as the Director of the Virginia Community Mental Health Services.

Ledro R. Justice, M.D.

An expert in child and adolescent psychiatry, Dr. Justice has been practicing general psychiatry for more than 30 years. With experience in academia, the military, and several private facilities, he is currently a consultant with West Moreton Child and Youth Mental Health Services, in Ipswich, Queensland, Australia.

James P. McNulty

Mr. McNulty currently serves as the Coordinator for the Office of Consumer and Family Affairs for the Division of Behavioral Health in Rhode Island's Department of Mental Health, Retardation, and Hospitals. He was formerly CEO of a mental health advocacy organization and has been extensively involved in volunteer advocacy in the field of mental illness.

Anna Patty Duke Pearce

An Academy Award-winning actress, Ms. Pearce has used public forums such as "Larry King Live," "The Oprah Winfrey Show," and National Public Radio to speak about the possibility of recovery and overcoming the challenge of stigma common among individuals living with mental illness. She travels the country as an advocate, participating in fundraisers and speaking out to the public about mental health.

Presidential Award Bestowed

Anna L. Marsh, Ph.D., Acting Director of SAMHSA's Office of Applied Studies, was among the honorees on September 28, when President Bush announced the winners of the 2007 Presidential Rank Awards. Ms. Marsh received a Meritorious Rank Award for sustained accomplishment in her field.

These awards are given to a very select group of career civil service executives whose integrity, strength, and leadership have earned them one of the most prestigious honors in Government.

Recipients are selected after nomination by their Agency.

Science and Service Award Winners

SAMHSA's new Science and Service Awards program recognizes organizations that have improved their communities by providing evidence-based interventions. Read more about this new awards program in *SAMHSA News* online, September/October 2007, or visit **www.samhsa.gov/scienceandservice.**

Back row (l to r): Virginia Hoft, Executive Director, Santa Fe Adolescent Services; Vanessa Quach, Program Coordinator, Santa Fe Adolescent Services; Dr. Kevin Hennessy, Science to Service Coordinator, SAMHSA; Dr. Terry L. Cline, Administrator, SAMHSA; Dr. Brian Hepburn, Executive Director, Maryland Department of Health and Mental Hygiene; Christine Johnson, Maryland Department of Health and Mental Hygiene; and Steven A. Reeder, Maryland Department of Health and Mental Hygiene.

Front row (l to r): Cora Moseley, Program Coordinator, Santa Fe Adolescent Services; Margaret MacLeod, Morrison Child and Family Services; James R. Vollendroff, King County Mental Health, Chemical Abuse and Dependency Services Division; Melanie Kinley, Thresholds; and Timothy S. Devitt, Thresholds.

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