Substance Abuse and Mental Health Services Administration

SAMHSA NEWS

SAMHSA's Award-Winning Newsletter

July/August 2008, Volume 16, Number 4

Homelessness Services: Web 2.0 Connects Providers Online

Web 2.0. It's the latest computer buzzword. But how can it be of use to service providers who work with people who are homeless?

Young and well educated, but overworked and underpaid, these providers operate in programs with few resources for expensive computer hardware.

But when they go home at night, they log on to their personal computers and visit Facebook and MySpace to relax and connect. Tech-savvy and computer literate, they are ripe for SAMHSA's Homelessness Resource Center (HRC), a virtual community located at **www.homeless.samhsa.gov.**

Homelessness Resource Center

Using innovative Web 2.0 technology (see page 8), SAMHSA's HRC gives service providers support—ways to share ideas, get advice, or just chat.

"The site also offers information designed to help service providers avoid burnout and continue being as effective as possible in both their professional and personal lives," said Deborah Stone, Ph.D., SAMHSA's Project Officer for HRC and a social science analyst in the Homeless and Co-Occurring Disorders Branch at SAMHSA's Center for Mental Health Services (CMHS). "A provider in San Francisco may not know about a

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HHS Secretary Taps SAMHSA Administrator for New Post

Dr. Cline Named Health Attaché to Iraq

SAMHSA Administrator Terry L. Cline, Ph.D., will become the Department's new Health Attaché and representative at the U.S. Embassy in Baghdad, Iraq, effective August 31, according to a recent announcement by Secretary of Health and Human Services (HHS) Mike O. Leavitt.

Dr. Cline will leave his post as SAMHSA Administrator, and RADM Eric Broderick, D.D.S., M.P.H., SAMHSA's Deputy Administrator, will become the Agency's Acting Administrator. In addition, Kana Enomoto will become SAMHSA's Acting Deputy Administrator.

"Terry's experiences as a caregiver, manager of state-level health systems, and builder of strong collaborative relationships make him an excellent choice to help the Federal Government advise Iraq as it rebuilds its health care system," Secretary Leavitt said. "I appreciate Terry's commitment to improving health care globally, and welcome him to this important new role."

As Health Attaché, Dr. Cline will help coordinate HHS programs in Iraq and provide advice to the U.S. ambassador, the HHS Secretary, and others. He will also be a liaison to Iraq's Ministries of Health, Higher Education, and Social Affairs. He will work closely with international organizations, private

Vets Suicide Prevention Hotline Helps 55,000+ in First Year

The Veterans Suicide Prevention Hotline, 1-800-273-TALK, is providing immediate, often life-saving help to veterans and their loved ones.

More than 22,000 of the 55,000+ calls came to the hotline directly from veterans. Other calls came from those seeking help for veterans who are friends or family members.

The first-of-its-kind hotline, launched in summer 2007, is a collaborative effort of SAMHSA and the U.S. Department of Veterans Affairs (VA) to meet the special needs of veterans who are in personal crisis.

Among the specialized services provided is the capability of connecting veterans to their local VA Suicide Prevention Coordinator for priority followup and monitoring to ensure that they receive ongoing care at local VA medical centers.

The hotline provides national, around-the-clock access to crisis counseling and behavioral health services for all veterans and their families. By calling 1-800-273-TALK (8255) and pressing "1" at the prompt, the caller is automatically connected to a VA-operated call center staffed by specially trained professional crisis workers.

To hear the greeting veterans receive when they call the Lifeline, visit **www.mentalhealth.va.gov/va_greeting_3.mp3.**

For more information, read *SAMHSA News* online, January/February 2008, or visit **www.suicidepreventionlifeline.org.**

As *SAMHSA News* went to press, SAMHSA was convening "Paving the Road Home: The National Behavioral Health Conference and Policy Academy on Returning Veterans and Their Families." The next issue of *SAMHSA News* will present highlights from the conference. A Webcast of the conference will be available soon on the SAMHSA Web site at **www.samhsa.gov/vets.**

partners, and other Federal agencies engaged in health-related activities.

An Effective Leader

Since December 2006, Dr. Cline has led SAMHSA, the Agency responsible for improving the accountability, capacity, and effectiveness of the Nation's delivery systems to prevent substance abuse, treat addiction, and provide mental health services. SAMHSA is funded at approximately $3.3 billion per year.

A few of SAMHSA's accomplishments during this time period included:

- Emphasizing the public health approach to preventive substance abuse and mental health services
- Reinforcing to Congress the importance of mental health parity as described in the President's New Freedom Initiative
- Building public awareness on underage drinking and other health concerns of the Surgeon General
- Increasing availability of grants to American Indians and Alaska Natives and other special populations
- Encouraging communities around the country to improve substance abuse and mental health services for returning veterans and other at-risk populations
- Supporting the President's Access to Recovery program
- Expanding SAMHSA's program on Screening, Brief Intervention, and Referral to Treatment.

Prior to this appointment, Dr. Cline served as Oklahoma's Secretary of Health and Commissioner of the Oklahoma Department of Mental Health and Substance Abuse Services. He was also a provider at a community mental health center, and he served as an instructor in clinical psychiatry at Harvard Medical School.

Dr. Cline received his bachelor's degree from the University of Oklahoma, and a master's degree and doctorate in clinical psychology from Oklahoma State University.

From the Administrator

Continuing Commitment to a Healthy Future

Terry L. Cline, Ph.D.

It has truly been an honor to serve our country as the SAMHSA Administrator.

At SAMHSA, with a vision of "A Life in the Community for Everyone," our goal is to strengthen communities, reunite families, and improve the quality of life for hundreds of thousands of individuals. We have a continuing commitment to let the Nation know that substance abuse and mental health issues are treatable, and recovery is the expectation rather than the exception.

Looking to the future, SAMHSA has taken steps to strengthen the behavioral health system. At the same time, we are increasing awareness and the ability of the general health sector to prevent and treat mental and substance use disorders. SAMHSA continues to emphasize collaborative efforts:

- Across disciplines to create a larger context for the care of the whole person
- With primary care practitioners and behavioral health providers to look beyond their individual disciplines
- Among the scientific community and the broader public and between the substance abuse prevention and treatment and mental health service community and consumers.

As a result of these efforts, SAMHSA has helped move the Nation closer to treating substance use and mental disorders with the same urgency as other illnesses.

We are advancing a whole health approach that considers the mental, emotional, behavioral, spiritual, and physical health of an individual as the cornerstone of good public policy.

For the future of this Nation, our work at SAMHSA will continue to be of significant value to our communities, our families, and our friends here and abroad.

As I leave SAMHSA, exciting technological advances are increasing our ability to connect to each other around the country. This issue of *SAMHSA News* highlights SAMHSA's Homelessness Resource Center and its new Web 2.0-based virtual community for service providers.

Thank you all for sharing a little piece of SAMHSA history with me and for welcoming me into your lives. I look forward to continuing my service to our great Nation as Health Attaché to the U.S. Embassy in Baghdad, Iraq.

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

National Guard Focuses on Mental Health, Substance Abuse

Lieutenant Colonel Johnny Boatman is haunted by the suicide of a National Guardsman suffering from depression. He's also convinced that a new program could have saved the young man's life.

"If he had been getting mental health services locally, maybe there could have been more frequent visits and better followup," said LTC Boatman, Chief of Substance Abuse Prevention for the National Guard Bureau in Crystal City, VA.

Connecting National Guard (Guard) members to mental health and substance abuse services in their own communities is the purpose of the Guard's new Prevention, Treatment, and Outreach program.

Launched in 2007 at the direction of the Assistant Secretary of Defense, the program aims to keep Guard members from falling through the cracks. According to LTC Boatman, the program draws heavily on SAMHSA's resources and help.

The National Guard's status as "citizen soldiers" means their health care benefits differ from those of other soldiers on active duty often right by their side.

For those who have served in Iraq or Afghanistan, the military's TRICARE benefits end soon after they return from active duty. These vets also have limited U.S. Department of Veterans Affairs (VA) benefits for a few years.

According to LTC Boatman, these benefits often aren't enough. For one thing, he says, VA facilities are "simply overwhelmed." For another, post-traumatic stress disorder (PTSD), drinking or substance abuse disorders, and other problems often surface long after benefits have run out. There's also the problem of Guard members who haven't been deployed, but who nonetheless need mental health or substance abuse services.

"This is a readiness issue," said LTC Boatman, noting that Guard members with untreated problems will not be prepared to respond to tornadoes and other crises at home, let alone deploy to Iraq or Afghanistan. "We need to do all we can to provide them with quality services," he said.

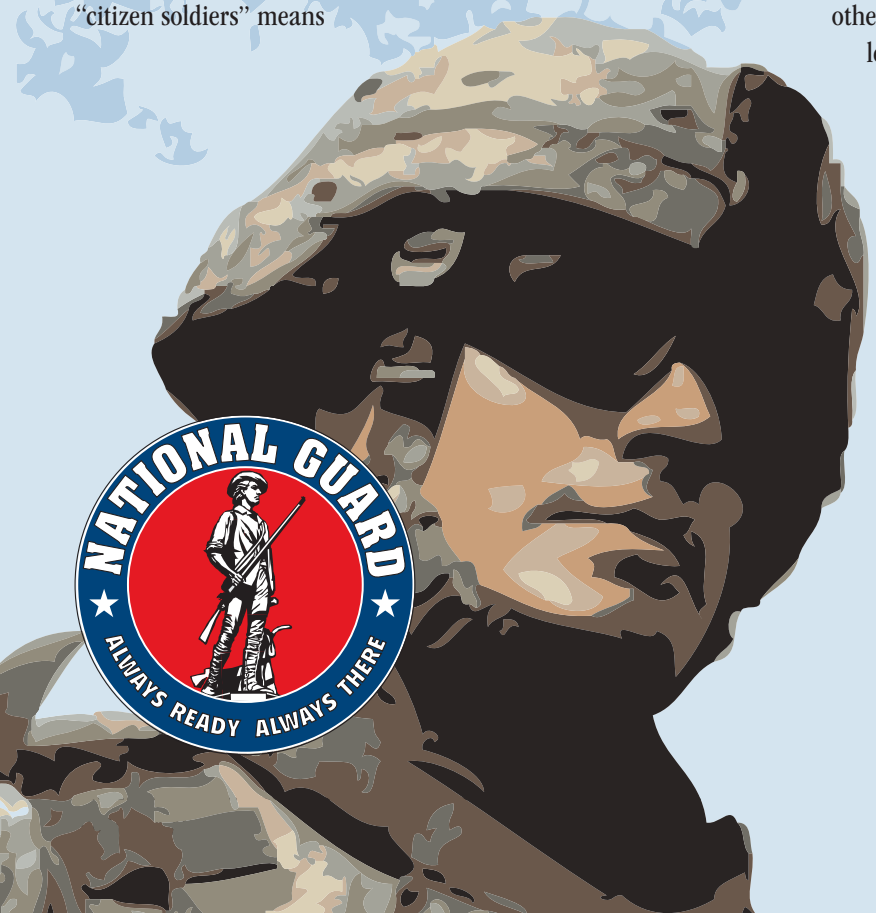
With SAMHSA's Help

To ensure access to care for citizen soldiers, the National Guard created the Prevention, Treatment, and Outreach program. The program currently operates in 35 states. LTC Boatman hopes he'll eventually have the funding to expand the program to all states and territories.

"SAMHSA played a major role in assisting the Guard in creating this program," he explained. To develop its strategy, the National Guard met with SAMHSA Administrator Terry Cline, Ph.D.; Center for Substance Abuse Treatment Director H. Westley Clark, M.D., J.D., M.P.H.; and Senior Advisor on Substance Abuse Beverly Watts Davis.

"What we're doing is really helping them piece together a web of community services," explained Ms. Davis.

At the heart of the Prevention, Treatment, and Outreach initiative is a six-module



Soldiers of the Arkansas Army National Guard's 875th Engineer Battalion and the Missouri Army National Guard's 110th Engineer Battalion stand together during a transfer of authority for a critical route clearance mission in Iraq. *U.S. Army photo by Staff Sgt. Chris A. Durney*

training program called Team Readiness, developed by Joel Bennett, Ph.D. The program draws on the SAMHSA model program, Team Awareness. The Guard worked with SAMHSA and the program's developer to adapt this workplace training program to meet specific needs. "We needed to make it more Guard-friendly," said LTC Boatman, citing as an example the need to incorporate military terminology.

Team Readiness assists in the reintegration process for returning National Guard members and their dependents. The peer-to-peer assistance features referrals to local resources that can help screen for and treat PTSD, substance abuse, and other problems. "Guardsmen and women will confide in another enlisted person more than they will an officer," says LTC Boatman. "There's no stigma attached when you're talking to a peer."

The Team Readiness program isn't the only component of the Prevention, Treatment, and Outreach initiative. The initiative also provides drug and alcohol classes that help participants understand how substance abuse jeopardizes their health, their families, and their mission.

The National Guard doesn't provide mental health and substance abuse treatment; however, it does help connect members to services. "We rely on SAMHSA's treatment locator," said LTC Boatman. "SAMHSA also has a hotline number we give out."

The initiative also reaches out to families and offers referrals to relatives concerned about a Guard member's health. There's even a camp for children to help them cope with the feelings and stress of having their parents deployed.

"There's no way we would have been able to develop the program without SAMHSA's help," said LTC Boatman.

—By Rebecca A. Clay

Resources for Returning Veterans and Their Families

SAMHSA

www.samhsa.gov/vets

This SAMHSA Web page includes:

- How to find treatment for mental health and substance abuse issues
- Publications about coping with trauma
- Webcasts and conferences on recovery
- Statistical reports and more.

www.oas.samhsa.gov/veterans.htm

SAMHSA's Office of Applied Studies offers several statistical reports dedicated to veterans. They include *Serious Psychological Distress and Substance Use Disorder among Veterans*. For the full report, visit **www.oas.samhsa.gov/2k7/veteransDual/veteransDual.cfm.**

U.S. Department of Veterans Affairs (VA)

VA's National Center for PTSD offers fact sheets, tips, and guides on coping with war trauma or a loved one's return from deployment at **www.ncptsd.va.gov/ncmain/veterans.**

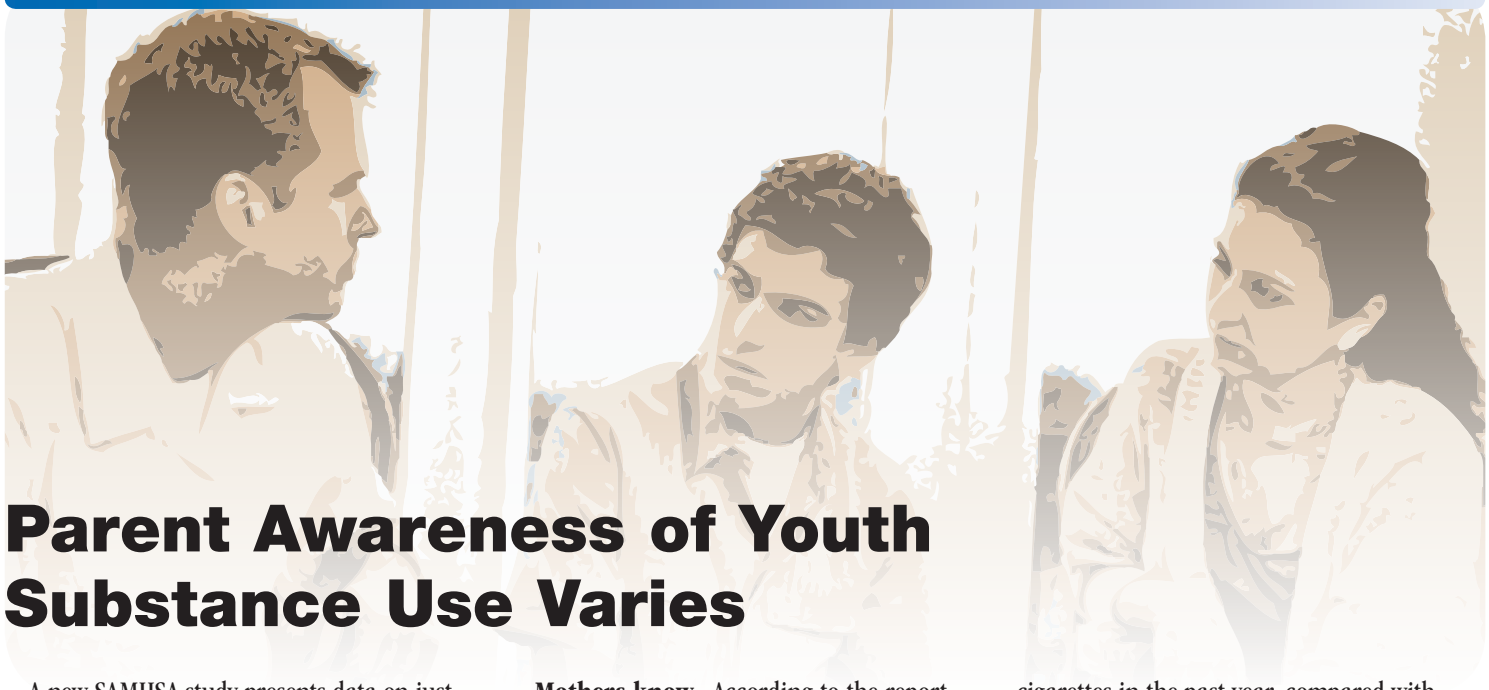
For information on suicide warning signs and links for specialized topics, visit **www.mentalhealth.va.gov.**

For more resources and the *SAMHSA News* January/February 2008 article on returning veterans, visit *SAMHSA News* online at **www.samhsa.gov/SAMHSA_News/VolumeXVI_1/article2.htm.**

Left: A U.S. Army soldier with 102nd Infantry Regiment, Connecticut National Guard, hands crayons to an Afghan boy during the humanitarian aid portion of a medical civic-action program in Afghanistan. *U.S. Army photo by Sgt. Joey L. Suggs*

Center: Young American Day—Capt. William Kopp shows the instruments of an F-15 Eagle to a young visitor during Young American Day on August 12 at the Oregon Air National Guard Base in Portland. *U.S. Air Force photo by Senior Airman John Hughel, Jr.*

Right: Staff Sgt. Rashie Burnett, along with other California Air National Guard personnel, clears out shrubs and thickets in the forest outside of Paradise City, CA, during fire-line training. *U.S. Air Force photo by Master Sgt. Dan Kacir*



Parent Awareness of Youth Substance Use Varies

A new SAMHSA study presents data on just how many parents know about their children's drug and alcohol use.

The combined data—based on SAMHSA's National Survey on Drug Use and Health (NSDUH) from 2002 to 2006—are presented in a new short report, *Parent Awareness of Youth Use of Cigarettes, Alcohol, and Marijuana.*

NSDUH includes a sample of parents and children living in the same household—that is, a child age 12 to 17 and his or her biological, step, adoptive, or foster parent—and asks youth and parents about alcohol and illicit drug use.

Youth were asked if they used these substances during the past year. Parents were asked whether they thought their children used these substances during the same time period. Parents were considered to be "aware" of their children's substance use if both the parent and child in each pair reported that the child used a specific substance during the past year.

Statistics

Data from the 2006 NSDUH indicate that in the sample of youth age 12 to 17, a total of 17.0 percent used cigarettes in the past year, 32.9 percent used alcohol, and 13.2 percent used marijuana.

Mothers know. According to the report, mothers were more knowledgeable about their children's substance use than fathers. Mothers in one-parent households had the highest rates of awareness of their child's past-year substance use. The next highest rate of awareness was for mothers in two-parent households, followed by fathers in two-parent households.

One-parent or two-parent households. In general, adolescent substance use was higher within one-parent households than within two-parent households. For example, 20.2 percent of youth age 12 to 17 in mother-child pairs within one-parent households used cigarettes in the past year, compared with 16.8 percent of youth in mother-child pairs within two-parent households.

Age. Parent awareness of children's use of cigarettes and alcohol increased as the children's age increased. For example, only 33.4 percent of mothers in mother-child pairs with children age 12 to 14 who used alcohol in the past year were aware of their children's alcohol use. However, 60.5 percent of mothers with children age 15 to 17 who used alcohol in the past year were aware of their use.

To download this report, visit SAMHSA's Web site at **http://oas.samhsa.gov/2k8/parents/parents.cfm.**

Reading List for Parents

Several *SAMHSA News* articles provide parents with more data on potential substance abuse issues involving youth.

Adolescents Do *What* Every Day?, November/December 2007

In a first-of-its-kind report, SAMHSA reveals that a young person's average day often includes drinking, smoking, or using illicit drugs.

Statistics on Inhalants Show Young Teens at Risk, March/April 2008

For some 12- and 13-year-olds, getting high is as simple as looking under the sink or out in the garage. A SAMHSA report focuses on the widespread—and dangerous—abuse of common household substances.

Underage Drinking: Action Guides for Families, Educators, July/August 2007

Sometimes, parents need help talking to their kids about alcohol. These 14-page guides include strategies to prevent young people from taking that first sip.

These articles are available on SAMHSA's Web site at **www.samhsa.gov/SAMHSA_News.**

Underage Drinking: What Parents Need To Know

Data from SAMHSA's recent report on underage drinking offer parents, teachers, and other concerned adults information on where drinking occurs and how young people obtain alcohol.

The 110-page report, *Underage Alcohol Use: Findings from the 2002-2006 National Surveys on Drug Use and Health,* also includes statistics on prevalence, trends, and sociodemographic and geographic differences. The findings are from SAMHSA's 2002 to 2006 National Surveys on Drug Use and Health.

More than 5,000 people under age 21 die as a result of drinking alcohol every year in the United States, according to findings cited in the report.

Where Young People Drink

Overall, a majority of underage drinkers in 2006 reported that when they last used alcohol they were either in someone else's home (53.4 percent) or their own home (30.3 percent).

The next most popular drinking locations for this age group were at a restaurant, bar, or club (9.4 percent); in a car or vehicle (5.5 percent); or at a park, on a beach, or in a parking lot (4.8 percent).

Underage drinkers whose last drinking occasion was at someone else's home consumed an average of 4.9 drinks, while those whose last drinking occasion was at their own homes consumed an average of 4.0 drinks.

How Youth Obtain Alcohol

Among all underage current drinkers, 31.0 percent paid for the alcohol the last time they drank, including 9.3 percent who purchased the alcohol themselves and 21.6 percent who gave money to someone else to purchase it. The remaining 69.0 percent of underage drinkers did not pay for the alcohol on their last drinking occasion.

The most common sources of alcohol among underage current drinkers vary substantially by age group. (See the chart below for details.)

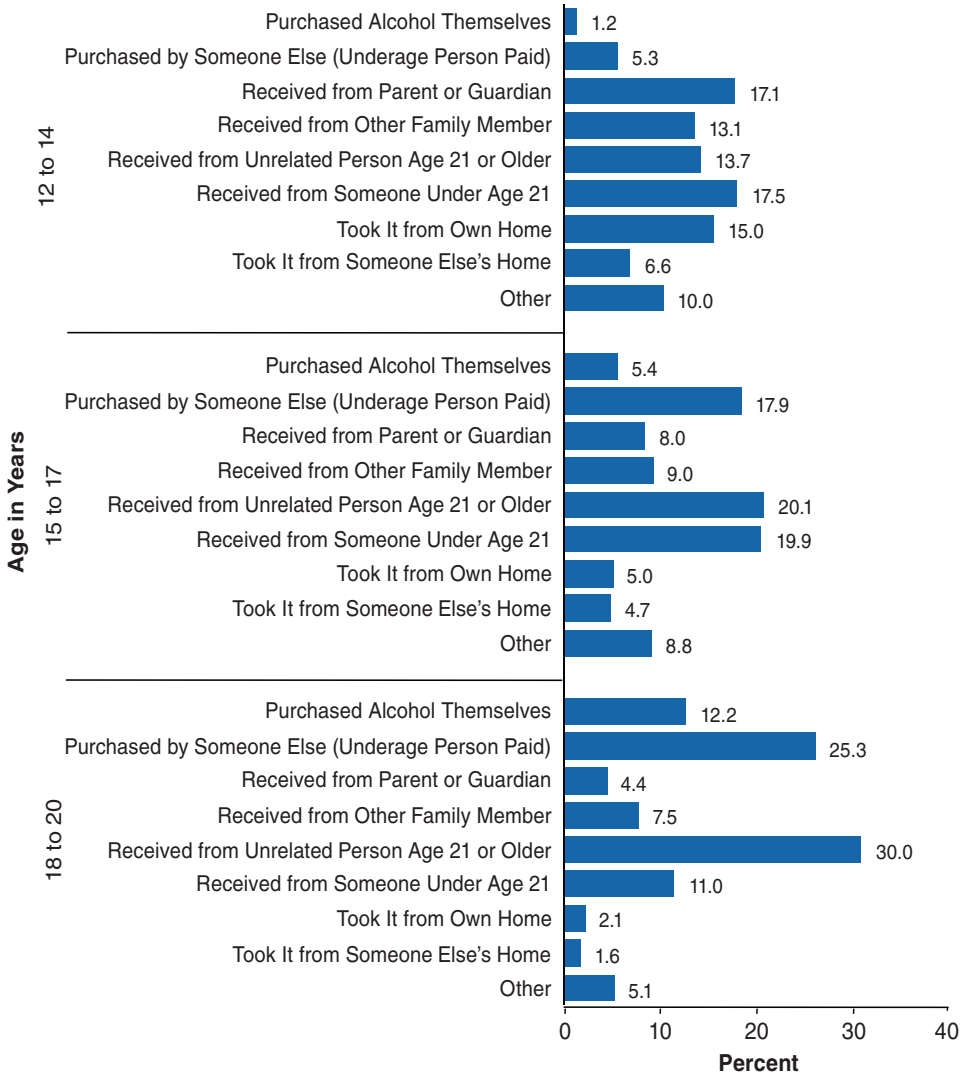
The findings from this SAMHSA study are being incorporated into the Underage Drinking Prevention campaign, an ongoing public outreach effort by the Office of the Surgeon General, SAMHSA, and the Ad Council encouraging parents to speak with their children early and often about the negative effects of underage drinking.

The campaign provides parents with valuable information about the problem of underage drinking as well as tips for how to talk to their children about it. Further information about the campaign can be obtained at **www.stopalcoholabuse.gov.**

The report is available for free download at **http://oas.samhsa.gov/underage2k8/toc.htm.** For information about SAMHSA's efforts to combat underage drinking, read *SAMHSA News* online, May/June 2008.

—By Kristin Blank

How Youth Obtain Alcohol



Source: SAMHSA Office of Applied Studies. *Underage Alcohol Use: Findings from the 2002-2006 National Surveys on Drug Use and Health.* Figure 4.7: Source of Alcohol Used in the Past Month Among Current Drinkers Aged 12 to 20, by Age: 2006. June 2008.

Web 2.0 Connects Providers Online

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Homelessness Resource Center

program in Boston, although both cities face similar challenges. Now, they can share ideas and solutions."

According to CMHS Director A. Kathryn Power, M.Ed., the new Web site exemplifies the Agency's commitment to tackling the problem of homelessness.

"Homelessness is an ongoing challenge to our creativity and to our funding limitations," Ms. Power said. "SAMHSA continues to make the issue of homelessness—especially among individuals with mental illness and co-occurring substance abuse disorders—a top priority."

More Than Documents

The HRC is guided by an Advisory Steering Committee, which comprises expert providers, researchers, and consumers, that helps shape the Web site's continued development.

"People were invited to be members of the HRC Advisory Steering Committee because of the leadership roles they play. They bring different perspectives to the field of serving and housing people who are or have been homeless," said Committee Co-Chair Fred C. Osher, M.D., a staff psychiatrist at Health Care for the Homeless in Baltimore. "These folks help connect SAMHSA's Homelessness Resource Center to emerging trends and the needs of practitioners."

Most resource centers are simply clearinghouses where users can download documents. But after logging in at the HRC, registered users can create profiles, comment on articles, and interact with each other, just as they would on Facebook or MySpace.

Social networking features are easy to use, emphasized HRC Web site designer Matthew Amsden. "If you've ever created a profile on Facebook, added a comment on Amazon, or rated a movie on Netflix," he said, "the site's features will be familiar. We haven't really created anything unique, just applied it in a unique way."

Within the overall "community," there are areas for specific groups, such as grantees who are part of SAMHSA's Projects for Assistance in Transition from Homelessness (PATH) or those involved in the Services in Supportive Housing Initiative (see sidebar).

The goal is for these online communities to become offline communities as well. "We hope that individuals will meet in person," said Dr. Stone. "Small groups across the country, without any input from the HRC or SAMHSA, are encouraged to get together to talk about homelessness-related issues."

What Is Web 2.0?

In the early days of the Web, individuals or organizations posted information, and users read it. These days, the line between creator and user doesn't necessarily exist anymore. That shift toward more collaborative use is called "Web 2.0."

Coined in 2004, the term refers to the greater participation, creativity, and information-sharing that's now possible online. Instead of simply consuming information, users create it themselves and share it with others. Examples of Web 2.0 sites include the user-created encyclopedia Wikipedia, the photo-sharing site Flickr, social networking sites like MySpace or Facebook, blogs, and now SAMHSA's own Homelessness Resource Center at **www.homeless.samhsa.gov.**

Photos by Meredith Hogan Pond

The Homelessness Resource Center's Advisory Steering Committee had a chance for a before-launch "peek" at the HRC's new Web site in May. Members present included (left to right) Marti Knisley, Director, Community Support Initiative, Technical Assistance Collaborative; Deborah Stone, Project Officer, SAMHSA's HRC, funded by the Agency's Center for Mental Health Services (CMHS); and Carol Wilkins, Director, Intergovernmental Policy Corporation for Supportive Housing; (second photo, left to right) Mary Ellen Hombs, Deputy Director, U.S. Interagency Council on Homelessness; Elizabeth Lopez, Branch Chief, Homeless Programs and Co-Occurring Branch at SAMHSA's CMHS; and Fran Randolph, Division Director at CMHS.

One-Stop Shopping

The goal is to offer one-stop shopping to anyone interested in homelessness-related resources—to organizations within the private sector as well as in the Government's public sector.

The new site fulfills a clearinghouse's traditional mission of providing a wealth of information, including research materials. An area called "Library" features about 4,000 recent articles, research papers, and other resources on homelessness. For users' convenience, these materials are grouped into categories. Each link includes an abstract that lets users know what's there.

"That information will be especially helpful given the new challenges the field is facing," said Fran Randolph, Dr.P.H., M.P.H., Director of the Division of Services and Systems Improvement at CMHS. "We still focus on people with serious mental illness, but we have more and more people who are going to be entering the homeless world who don't fit the typical profile," she explained. As examples, Dr. Randolph cited veterans returning from Iraq and Afghanistan and also families who have recently lost their homes to foreclosure.

Although the HRC Web site features just as much information as a traditional clearinghouse, it looks very different. The site is very graphics-intensive, designed to appeal to the technologically sophisticated young people who are the site's primary audience.

In addition, pages are organized around specific topics: outreach, consumer involvement, motivational interviewing, youth, trauma, health, and housing.

Preventing Homelessness

A special issue of the *Journal of Primary Prevention* highlights innovative strategies to prevent and end homelessness in high-risk groups. (See *SAMHSA News* online, September/October 2007.) Visitors can download articles for free, said Dr. Stone, noting that everything on the site is in the public domain.

A wide range of materials are available within topics. The outreach topic, for example, features one provider's thoughts on why it's important to reach out to potential clients, tips on how to do outreach,

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SAMHSA's Homelessness Initiatives

The Homelessness Resource Center Web site is just one of SAMHSA's homelessness-related initiatives. Other major efforts include the following:

- **Projects for Assistance in Transition from Homelessness.** This initiative funds comprehensive community-based services for people who are homeless and have serious mental illnesses or co-occurring substance use disorders. Services include outreach, mental health treatment, substance abuse treatment, case management and other support services, plus limited housing services.
- **Services in Supportive Housing Initiative.** This initiative provides support and technical assistance to nine grantees providing services to people who are chronically homeless, have serious psychiatric conditions or co-occurring disorders, and live in permanent supportive housing.
- **Grants To Benefit Homeless Individuals.** This grant program helps communities expand and strengthen treatment services for individuals who are homeless and have mental illness, substance abuse disorders, or both.

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

Web 2.0 Connects Providers Online

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Homelessness Resource Center

and a link to the National Health Care for the Homeless Council's outreach curriculum.

The site also features a free Webcast series. Topics include recovery-oriented services for people experiencing homelessness as well as Assertive Community Treatment teams.

Information will go up on the site quickly, stressed Dr. Stone, noting the streamlined process for posting material.

If there's a conference, the site can put up notes almost as soon as it happens. "People won't necessarily have to attend conferences to get firsthand information, which will save providers some money," Dr. Stone explained. "It also will cut the time between research and practice by getting evidence-based practices out into the field as soon as possible."

The "health" topic area includes resources devoted to "self-care." Articles are featured on how and why providers should take care of themselves. In addition, a self-care assessment tool and tips for supervisors are included. The goal is not only to help providers do their jobs, but also to encourage them to lead healthier, more balanced lives, so they can stay in their jobs longer.

Opportunities for Partners

The HRC Web site will bring together all of the Federal Government's homelessness-related materials in one place.

Say you're a provider interested in the 10-year plans to end homelessness that the U.S. Interagency Council on Homelessness encourages every municipality to have. The HRC site could provide access to a step-by-step guide to creating a State Interagency Council on Homelessness.

"Part of our commitment is rapid dissemination of innovations—what's working in the field," said Mary Ellen Hombs, M.C.P., the council's deputy director and a member of the HRC Advisory Steering Committee.

Partner organizations can post materials on the site. Partners also can create their own pages on the site. "Adding their own logos will help to maintain their 'brand' on the overall site," said Dr. Stone.

One of the first such "partner" pages will belong to the U.S. Department of Housing and Urban Development (HUD). The page offers a sample of HUD's information, explained Julie Hovden, a homelessness specialist at HUD.

With a click of a mouse, users are directed to the HUD site for additional information. As HUD updates the information on its own Web site, the information on its Homelessness Resource Center page will be automatically updated, too.

"There's no wrong door," Ms. Hovden said. "We just want to make sure folks can get our information. The HRC Web site can be a portal to many agencies' resources."

For more information about the Homelessness Resource Center and its new online features, visit SAMHSA's Web site at **www.homeless.samhsa.gov.**

—By Rebecca A. Clay

> **"The new Web site exemplifies the Agency's commitment to tackling the problem of homelessness."**
>
> **—A. Kathryn Power, M.Ed.**
> **Director, Center for Mental Health Services**

Recovery Month: Communities Gear Up for September Events

Recovery Month is almost here, and communities around the Nation are already gearing up for September's events.

SAMHSA's Web site—**www.recoverymonth.gov**—has a great online kit with suggestions for getting involved and supporting this year's theme "Join the Voices for Recovery: Real People, Real Recovery."

With a little planning, your local event can bring together many families, individuals in recovery, and the community at large, to support recovery. You can post a local event on the *Recovery Month* Web site or check for scheduled events in your area.

High-visibility approaches include the following:

- Arrange for a public service announcement (PSA) to air on your local television or radio station.
- Have your mayor, city council member, or county commissioner issue a *Recovery Month* proclamation.

New PSAs for Radio and Television

Six PSAs are available for viewing and downloading on the *Recovery Month* Web site.

- **"Lock and Key."** The scene opens with a man in chains. A voice-over explains that "for every lock, there's a key. And if you have a problem, it's good to know there are real solutions to help get you free."
- **"Butterfly."** Family members are affected by loved ones who are struggling with addiction. The PSA urges viewers to, "Help them find their voice again."

The PSAs are available in the following languages and formats:

- English and Spanish
- 15 or 30 seconds in length
- Ready to add local information.

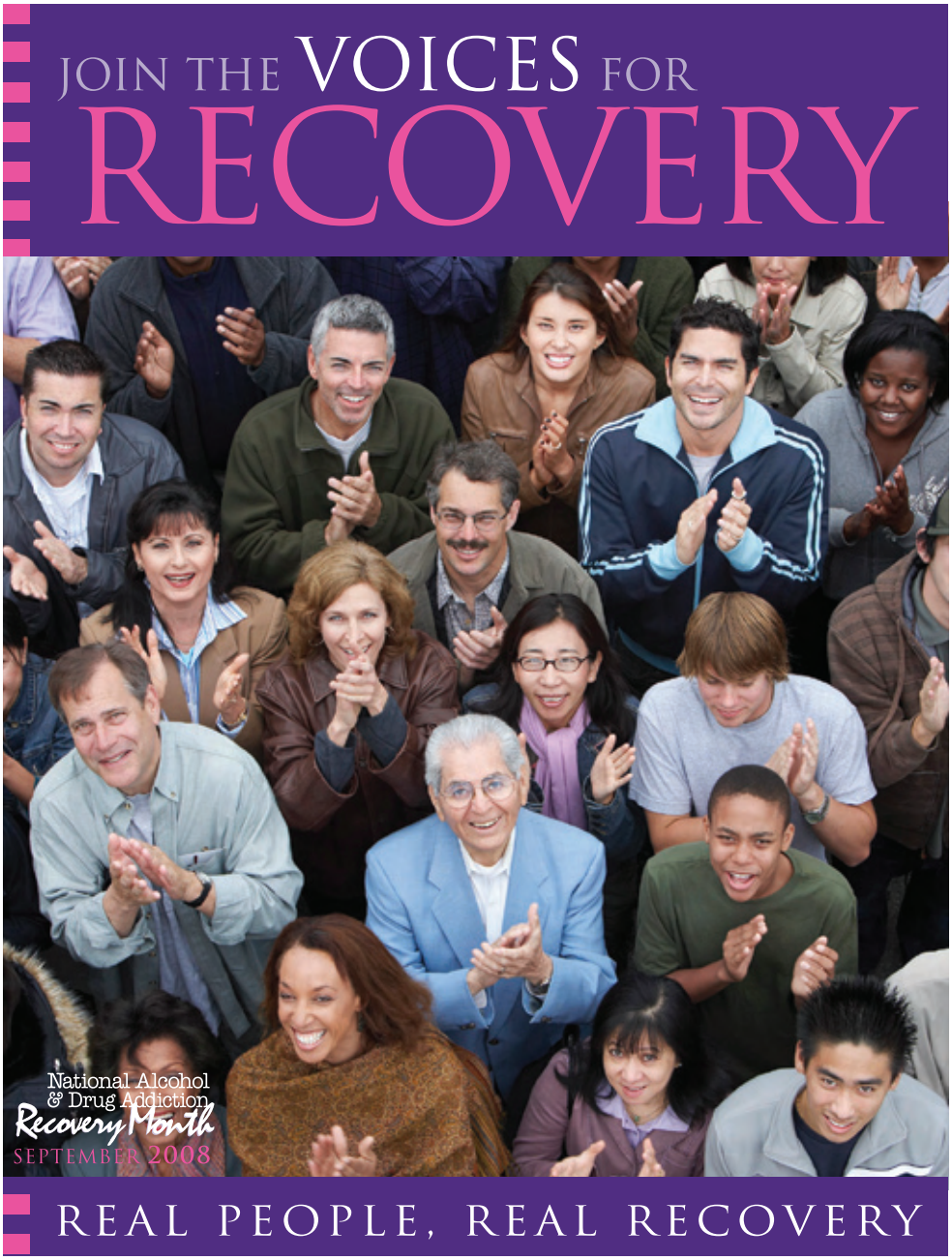
To preview all the PSAs online, visit **www.recoverymonth.gov.**

Proclamations

I hereby proclaim the month of September as National Alcohol and Drug Addiction Recovery Month . . .

Officially announce that the month of September is *Recovery Month* for your town. A proclamation issued by a mayor, governor, or legislative body shows that recovery is a priority for your community. Examples are available on the Web site.

For more updates and information, the latest toolkit, and additional resources, visit **www.recoverymonth.gov.**



Synar Report: Tobacco Sales to Minors at All-Time Low

Illegal sales of tobacco products to underage youth reached an all-time low in 2007 under the Synar Amendment program, a Federal and state partnership program seeking to end illegal tobacco sales to minors. SAMHSA recently released the newest data in *FFY 2007 Annual Synar Reports: Youth Tobacco Sales.*

Major Findings

The states and the District of Columbia have continued the downward trend of retailer violation rates (RVR), hitting 10.5 percent in 2007, the lowest national average RVR in Synar's 11-year history. This is a stark contrast with the 1997 national RVR average of 40.1 percent.

For the second year in a row, no state was out of compliance. In 2007, Mississippi held the lowest RVR at 3.2 percent. Only 11 years ago, all but four states did not reach the 20-percent goal.

In 2007, 45 of the 51 states achieved an RVR of no more than 15.0 percent, and 26 states achieved an RVR of 10.0 percent or less.

Enacted in 1992, the Synar Amendment is named for the late U.S. Representative Mike Synar of Oklahoma. The full report is available on the SAMHSA Web site at **http://prevention.samhsa.gov/tobacco/synarreportfy2007.pdf.**

Smoke-Free Conference Policy

A new policy requires that all meetings or conferences sponsored by SAMHSA must be held in a smoke-free state or municipality. This means that SAMHSA meeting organizers will be choosing locations that have adopted a comprehensive smoke-free policy, unless specific circumstances justify an exemption.

SAMHSA's decision follows extensive scientific data indicating that secondhand smoke causes premature death and disease in people who do not smoke, as summarized in the Surgeon General's report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke.*

To read the Surgeon General's report, visit **www.surgeongeneral.gov/library/secondhandsmoke.** For more information on SAMHSA's Smoke-Free Conference Policy, visit **www.samhsa.gov/smokefree.**

Update: Directory of Drug and Alcohol Abuse Treatment Programs

SAMHSA recently updated the *National Directory of Drug and Alcohol Abuse Treatment Programs 2008.* The publication includes an inventory of more than 11,000 substance abuse treatment programs in all 50 states, the District of Columbia, and 5 U.S. territories.

Organized and presented in a state-by-state format for easy reference, the directory includes public and private facilities, which are licensed, certified, or otherwise approved by substance abuse agencies in each state.

Facility descriptions also include details on available services for adolescents, persons with co-occurring substance abuse and mental disorders, individuals living with HIV/AIDS, and pregnant women.

SAMHSA's Treatment Locator

Information in the directory complements SAMHSA's online Substance Abuse Treatment Facility Locator at **www.findtreatment.samhsa.gov.**

For further assistance with locating drug and alcohol abuse treatment programs, call SAMHSA's National Helpline at 1-800-662-HELP (4357).

A limited quantity of print copies may be obtained free of charge from SAMHSA's Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727). Request inventory number SMA08-4335. For the online Substance Abuse Treatment Facility Locator, visit **www.findtreatment.samhsa.gov.**

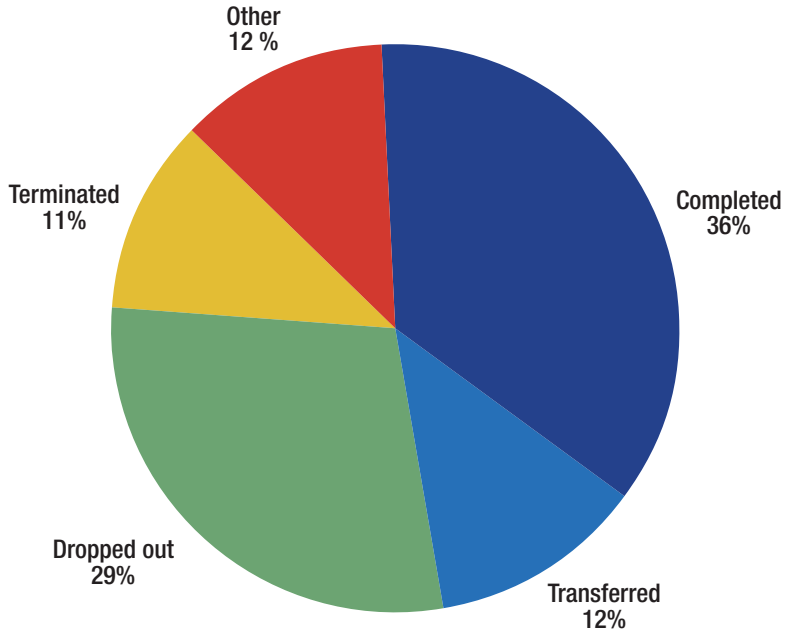
Discharges from Treatment: Latest Report Released

A new SAMHSA report, *Treatment Episode Data Set (TEDS) 2005: Discharges from Substance Abuse Treatment Services*, is shedding new light on treatment completion rates, length of stay, and characteristics of approximately 1.5 million discharges from alcohol or drug treatment facilities.

This report, the latest in a series of yearly updates, provides overall figures for the 34 states that report discharge data to TEDS.

It also breaks this information down into a variety of criteria—including client characteristics and length of stay—that can help provide greater perspective on the experiences of those who have undergone substance abuse treatment.

Why Patients Leave Outpatient Treatment



Source: SAMHSA Office of Applied Studies. *Treatment Episode Data Set (TEDS): 2005. Discharges from Substance Abuse Treatment Services.* Data received through October 3, 2006. Figure 3.1. Reason for discharge from outpatient treatment. February 2008. (The chart does not show discharges for intensive outpatient treatment.)

Notable Findings

The largest age groups among all treatment discharges were age 31 to 40 (29 percent), age 21 to 30 (26 percent), and age 41 to 50 (25 percent). Fourteen percent were under age 21. However, the most common group for initiating use of their primary substance was between 15 and 17 years.

Alcohol was the most common primary substance, reported by 39 percent of discharges. The strongest predictor of treatment completion was the use of alcohol rather than other drugs. Clients discharged from all types of service combined were 82 percent more likely to complete treatment or transfer to further treatment if their primary substance was alcohol, after taking into account all other characteristics.

The treatment completion rate was highest among clients discharged from hospital residential treatment (67 percent), detoxification (65 percent), and short-term residential treatment (56 percent). Treatment completion rates were lower in longer-term and less-structured settings.

Not counting discharges receiving opioid replacement therapy (methadone), the median length of stay in treatment was greatest for discharges from outpatient treatment (76 days), followed by long-term residential treatment (53 days) and intensive outpatient treatment (46 days).

The report presents data on the reasons for discharge for 592,057 clients in outpatient treatment in 2005 in 33 states (see chart).

Reasons clients left treatment:

- Completed treatment (36 percent)
- Dropped out of treatment (29 percent)
- Transferred to further treatment (12 percent)
- Had treatment terminated by the facility (11 percent)
- Failed to complete for other reasons (12 percent).

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

To access the TEDS 2005 discharges report online, visit **wwwdasis.samhsa.gov/teds05/tedsd2k5index.htm.** For a print copy, contact SAMHSA's Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727) or 1-800-487-4889 (TDD). Request inventory number SMA08-4314.

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, grant awards and funding opportunities, and available resources in print and online.

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:

- ❑ Homelessness Services: Web 2.0 Connects Providers Online
- ❑ HHS Secretary Taps SAMHSA Administrator for New Post
- ❑ Vets Suicide Prevention Hotline Helps 55,000+ in First Year
- ❑ Administrator's Message: Continuing Commitment to a Healthy Future
- ❑ National Guard Focuses on Mental Health, Substance Abuse
- ❑ Parent Awareness of Youth Substance Use Varies
- ❑ Underage Drinking: What Parents Need To Know
- ❑ *Recovery Month:* Communities Gear Up for September Events
- ❑ In Brief . . .
- ❑ Discharges from Treatment: Latest Report Released
- ❑ Strategies To Sustain Community Programs
- ❑ ***SAMHSA News*** online—for the current issue and archives—at **www.samhsa.gov/SAMHSA_News**

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SAMHSA News
Room 8-1037
1 Choke Cherry Road
Rockville, MD 20857
Phone: 240-276-2130
Fax: 240-276-2135
Email: deborah.goodman@samhsa.hhs.gov

Thank you for your comments!

Strategies To Sustain Community Programs

Toolkit Available for Grassroots, Faith-Based Providers

How can a small, nonprofit community organization with a barebones budget and a staff of volunteers ensure that it survives the next fiscal year to continue supporting people in crisis?

A new toolkit from SAMHSA's Center for Substance Abuse Treatment (CSAT), *Sustaining Grassroots Community-Based Programs: A Toolkit for Community- and Faith-Based Service Providers,* offers strategies to:

- Manage a healthy budget.
- Improve client services.
- Maintain funding and quality of services.
- Evaluate program results.
- Market services effectively.

These key elements and others were developed from 20 training and technical assistance meetings conducted by CSAT staff to help grassroots organizations achieve long-term, stable success for their much-needed programs.

Planning for Success

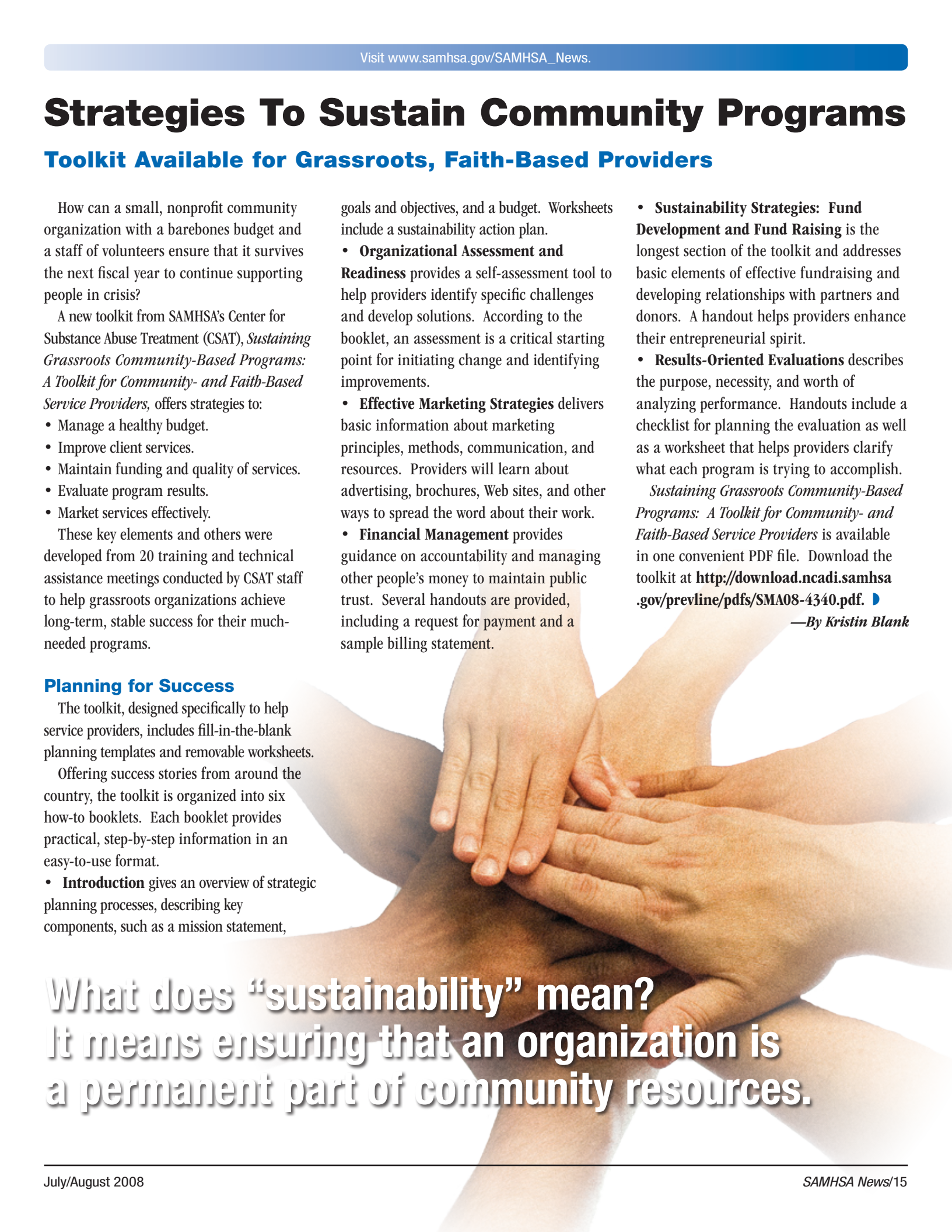
The toolkit, designed specifically to help service providers, includes fill-in-the-blank planning templates and removable worksheets.

Offering success stories from around the country, the toolkit is organized into six how-to booklets. Each booklet provides practical, step-by-step information in an easy-to-use format.

- **Introduction** gives an overview of strategic planning processes, describing key components, such as a mission statement, goals and objectives, and a budget. Worksheets include a sustainability action plan.
- **Organizational Assessment and Readiness** provides a self-assessment tool to help providers identify specific challenges and develop solutions. According to the booklet, an assessment is a critical starting point for initiating change and identifying improvements.
- **Effective Marketing Strategies** delivers basic information about marketing principles, methods, communication, and resources. Providers will learn about advertising, brochures, Web sites, and other ways to spread the word about their work.
- **Financial Management** provides guidance on accountability and managing other people's money to maintain public trust. Several handouts are provided, including a request for payment and a sample billing statement.
- **Sustainability Strategies: Fund Development and Fund Raising** is the longest section of the toolkit and addresses basic elements of effective fundraising and developing relationships with partners and donors. A handout helps providers enhance their entrepreneurial spirit.
- **Results-Oriented Evaluations** describes the purpose, necessity, and worth of analyzing performance. Handouts include a checklist for planning the evaluation as well as a worksheet that helps providers clarify what each program is trying to accomplish.

Sustaining Grassroots Community-Based Programs: A Toolkit for Community- and Faith-Based Service Providers is available in one convenient PDF file. Download the toolkit at **http://download.ncadi.samhsa.gov/prevline/pdfs/SMA08-4340.pdf.**

—By Kristin Blank



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Editor, *SAMHSA News*
Room 8-1037
1 Choke Cherry Road
Rockville, MD 20857

Substance Abuse and Mental Health Services Administration
Terry L. Cline, Ph.D., Administrator

Center for Mental Health Services
A. Kathryn Power, M.Ed., Director

Center for Substance Abuse Prevention
Frances M. Harding, Director

Center for Substance Abuse Treatment
H. Westley Clark, M.D., J.D., M.P.H., Director

Editor
Deborah Goodman

SAMHSA News Team at IQ Solutions, Inc.:
Managing Editor, Meredith Hogan Pond
Associate Editor, Kristin Blank
Publication Designer, A. Martín Castillo
Publications Manager, Mike Huddleston

Your comments are invited.
Phone: 240-276-2130
Fax: 240-276-2135
Email: deborah.goodman@samhsa.hhs.gov

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HEALTH & HUMAN SERVICES

Substance Abuse and
Mental Health Services Administration
Rockville, MD 20857