A Life in the Community for Everyone

SAMHSA NEWS

Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

SAMHSA's Award-Winning Newsletter
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Funding for Juvenile Drug Courts

Collaborative Effort Helps Potential Grantees

"A drug court is only as good as the treatment program, so it made sense for us to partner with SAMHSA," said Gwen Williams, M.S.W., a program manager at the Office of Juvenile Justice and Delinquency Prevention (OJJDP) within the Bureau of Justice Assistance (BJA) at the Department of Justice (DOJ). "Each Agency brings its own strengths to the table."

SAMHSA's Center for Substance Abuse Treatment (CSAT) and DOJ are working together now on an interagency collaboration that includes funding to expand existing juvenile drug courts. (See grant on page 7 for details.)

A juvenile drug court is a special docket that aims to rehabilitate rather than punish nonviolent substance-abusing youth, explained Randolph D. Muck, M.Ed., Chief of CSAT's Targeted Populations Branch. Each grantee will receive two awards, with CSAT funding the treatment component and OJJDP funding the court component.

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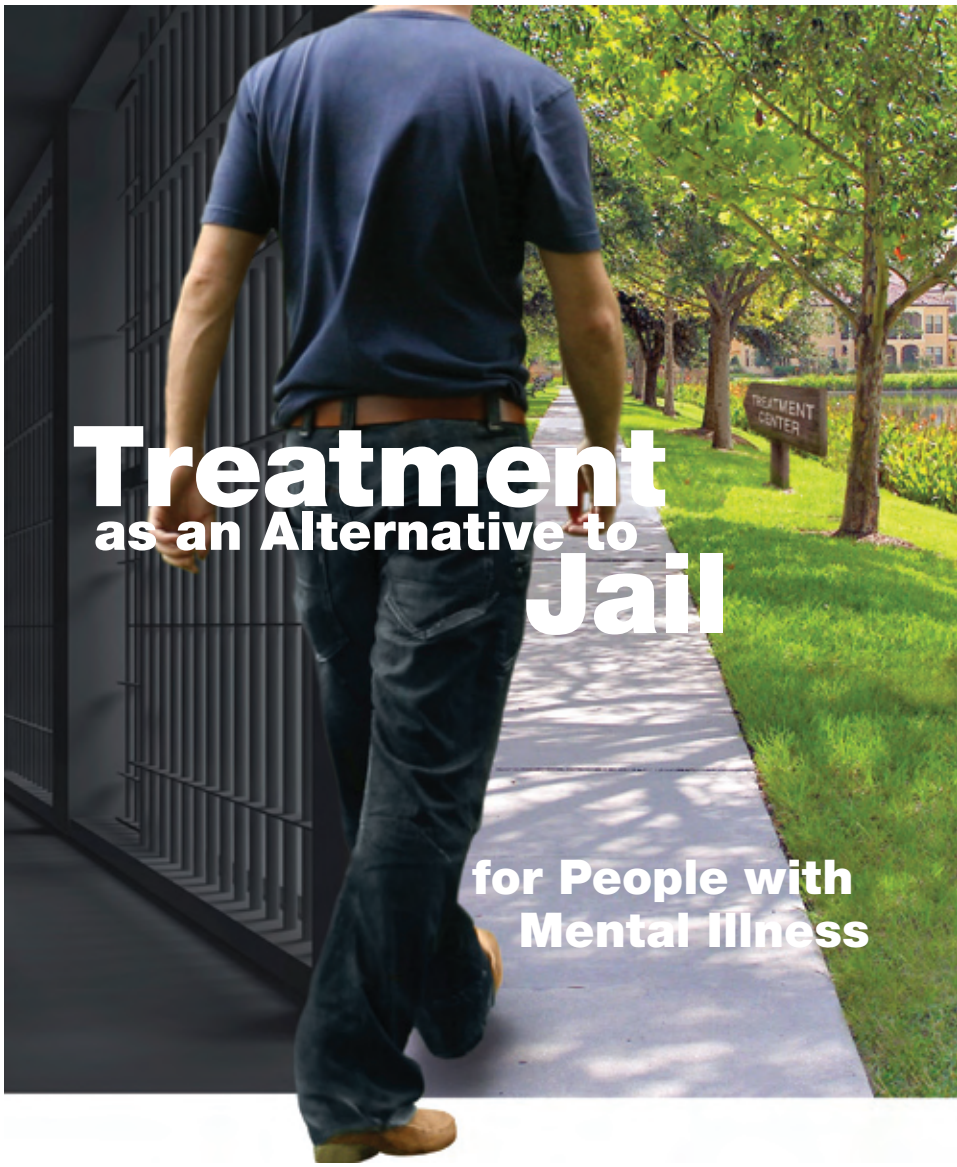

Treatment as an Alternative to Jail for People with Mental Illness

Imagine you're a police officer who spots a man trespassing, urinating in an alley, or engaging in some other illegal behavior. When you confront him, he mutters, won't look you in the eye, and just seems a little strange. Not knowing what else to do, you put him in jail.

And there he sits, not getting treatment for what turns out to be a serious mental illness. The trauma of incarceration actually makes the man's psychiatric problems worse. Soon after his release, he gets arrested again.

That's just the kind of scenario that the Targeted Capacity Expansion Grants for Jail Diversion program is designed to prevent. Launched by

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View
From Dr. Broderick

Why Jail Diversion Makes Sense

Public health and public safety go hand in hand. As we improve one, we also advance the other. Jail diversion programs—increasing in communities around the Nation—are perfect examples of this idea.

Nonviolent offenders, especially those with mental illnesses or substance use disorders, are placed in treatment rather than in jail or on the streets. To create specialty courts, including mental health courts and drug treatment courts, treatment providers, law enforcement officers, and judges join forces to help individuals end the continuing cycle of arrest, release, and re-arrest.

These courts are the "problem-solving" wave of the future. They provide screening and assessment, alcohol and drug treatment, mental health services, recovery support, and other services to nonviolent offenders. (See the *SAMHSA News* cover story.)

For more than a decade, SAMHSA has provided grant funding for a variety of jail diversion programs. That legacy continues today through effective collaborations that include the Agency's Center for Mental Health Services (CMHS) and the Center for Substance Abuse Treatment (CSAT).

This year, SAMHSA is helping to fund jail diversion programs for adults and youth, re-entry programs for young offenders, and trauma-sensitive diversion programs that offer priority to veterans. CSAT is also collaborating with the U.S. Department of Justice Office of Juvenile Justice and Delinquency Prevention (OJJDP) to support existing juvenile drug courts.

One of the hallmarks of a successful jail diversion program is its ability to connect people to the treatment they need. A successful program in Blacksburg, VA, is featured on page 5 of *SAMHSA News*.

Cost savings is another hallmark of jail diversion. Studies of various state diversion programs show considerable savings compared to the cost of incarceration.

Shifting the focus of care from episodes of acute symptoms toward the management of long-term recovery, these courts engage the individual as a partner in recovery and rehabilitation. With the focus on recovery, individuals stand a better chance of returning to their communities as productive citizens.

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

Treatment as an Alternative <<P.1

SAMHSA's Center for Mental Health Services (CMHS) in 2002, the program targets the unnecessary incarceration of nonviolent adult offenders with mental illnesses.

Instead, it uses police crisis intervention teams, mental health courts, and other strategies to divert people away from the criminal justice system and into community-based mental health and substance abuse treatment (see a grantee's story on page 5).

"We want these individuals to receive appropriate treatment," said U.S. Public Health Service Commander and Project Officer David Morrissette, Ph.D., LCSW, noting that forthcoming research from the Department of Justice (DOJ) suggests that 16 percent of inmates have serious mental illnesses. "We want to break the cycle of arrest, incarceration, and release."

A PROLIFERATION OF PROGRAMS

Jail diversion programs for people with mental illness began as a response to the failures of deinstitutionalization, explained Henry J. Steadman, Ph.D., Director of the National GAINS Center in Delmar, NY. The CMHS-funded center, which includes the TAPA Center for Jail Diversion, collects and shares information about effective services for people with mental or substance abuse disorders who come in contact with the criminal justice system.

Twenty years ago, said Dr. Steadman, there was just a handful of jail diversion programs scattered around the country. Today there are nearly 500.

Federal funding from SAMHSA and other agencies has spurred that proliferation, said Dr. Steadman. "Before that," he explained, "the movement didn't have much oomph." Since 2002, SAMHSA has made 34 jail diversion program grants.

THE MODEL

Whether SAMHSA-funded or not, jail diversion programs typically focus on a particular point in the continuum of criminal justice involvement, said Dan Abreu, M.S., CRC, LMHC, Associate Director of the GAINS Center.

"How people encounter the criminal justice system is fairly linear, and at every point along the line you have opportunities to engage people in service," he explained. "You want to prevent penetration into the criminal justice system."

In fact, the field relies on a "sequential intercept model" developed with GAINS Center support by researchers Mark R. Munetz, M.D., and Patricia A. Griffin, Ph.D. (For a graphic of the model, see *SAMHSA News* online.)

The model outlines five potential "intercept" points.

Law enforcement and emergency services. The first opportunity occurs when the police encounter some sort of problem on the street. To take advantage of that opportunity, communities have developed crisis intervention teams. First developed in Memphis, TN, these programs give officers specialized mental health training and send them out to respond to any call that may involve people with mental illness.

Initial hearings and detention. The first appearance in court is another opportunity to divert low-level offenders. Courts may hire mental health professionals or develop relationships with outside organizations to assess offenders and advise judges.

Disposition hearings. To address more serious misdemeanors or felonies, many communities have developed specialized mental health courts or regular courts that focus on problem-solving and treatment rather than punishment.

Re-entry. Sometimes a person slips through earlier intercepts and winds up in jail or prison. The point when inmates are returning to their communities represents another opportunity to connect them with services.

Community supervision. Many communities have specialized parole and probation programs that ensure former inmates get the treatment they need and stay out of jail.

PROMISING OUTCOMES

How well do such programs work? In the past, said Dr. Steadman, there have been few systematic studies examining the outcomes of jail diversion.

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What Are Mental Health Courts?

One rapidly growing form of jail diversion is mental health courts, which give judges the option of sending certain offenders with mental health problems to treatment rather than jail (see cover story).

According to the 2007 U.S. Department of Justice report, *Improving Responses to People with Mental Illnesses: The Essential Elements of a Mental Health Court,* the number of mental health courts in this country jumped from a handful in the late 1990s to more than 150 today. Dozens more are on the way.

Modeled after drug courts, mental health courts help communities use limited resources more effectively, improve quality of life for offenders with mental illnesses, and enhance public safety.

Although details vary, these specialized court dockets typically share several characteristics:

- **Voluntary nature.** Participation in mental health courts is voluntary. After a specialized screening and assessment, the court may invite eligible defendants to participate in the program. Individuals are free to decline.
- **Problem-solving.** Instead of the procedures courts typically use with offenders, mental health courts take a problem-solving approach to select offenders who have a mental illness.
- **Individualized plans.** A team comprising court staff and mental health professionals creates and puts into practice individualized plans for community-based treatment.
- **Monitoring.** That team then supervises individuals to make sure they're complying with the terms they've agreed to. The court monitors progress at regular hearings, offering rewards or sanctions depending on whether or not participants are adhering to their treatment plans and other conditions.
- **Graduation.** Once participants complete all of their requirements, they "graduate" from the program.

Visit **www.ojp.gov/BJA/pdf/MHC_Essential_Elements.pdf** to read the complete publication in PDF format.

Treatment as an Alternative <<P.3

The challenges are enormous, he said. "A lot of these people live marginal lives, so it's difficult to try to track them over time to see what happens," he said. "And you can't randomly assign people to jail diversion."

Now Dr. Steadman and his colleagues are overcoming those challenges. They're analyzing the effectiveness of 14 of the first 20 SAMHSA jail diversion grantees. Instead of a separate control group, he explained, "each case is its own control." The researchers simply compared 579 participants' reports of how they were doing the year before they entered the program and the year after.

The preliminary data look promising, said Dr. Steadman, noting that diagnoses included bipolar disorder, schizophrenia, and depression.

Seventy-five percent of participants had fewer arrests the year after their participation than the year before, for example. Factors that increased the likelihood of arrests included prior arrests, prior jail days, and illegal drug use. Housing status also played a big role, with stable housing related to fewer arrests.

The amount of time participants spent in jail also dropped. Fifty-two percent didn't spend any time in jail in the year after participating in the program. Almost 76 percent reduced the number of days spent in jail post-enrollment compared with the year before diversion.

The preliminary analysis also shows that participants experience significant improvements in their functioning and significant reductions in their alcohol and illegal drug use, added Dr. Steadman.

AN EVOLVING FOCUS

Data also reveal something else: what Dr. Morrissette calls "an overwhelming number" of program participants who have experienced childhood sexual abuse, rape, or some other extreme trauma. SAMHSA now asks all existing jail diversion grantees to provide trauma services to participants.

In addition, the focus of the grant program itself has shifted to accommodate the discovery of trauma's importance. The program currently focuses exclusively on offenders with PTSD or other trauma-related mental illness or substance abuse.

"When you think these days about whether there's a large cohort of people who are experiencing significant trauma, you think about all the veterans who are coming back from Iraq," said Dr. Morrissette. "As a result, we've given priority to serving veterans." In 2008, the new Jail Diversion and Trauma Recovery Program made its first grants to half a dozen states. These states will establish pilot programs in communities, learn from the experience, and then replicate the programs statewide.

PARALLEL EFFORTS

Funding for more general jail diversion programs is still available—from DOJ's Justice and Mental Health Collaboration Program.

"This is a really flexible program that lets communities take a look at their criminal or juvenile justice system continuum and identify where they have gaps and could be creating interventions," said Ruby F. Qazilbash, M.P.A., Senior Policy Advisor for Substance Abuse and Mental Health at DOJ's Bureau of Justice Assistance. The 76 communities that have received grants since the program's beginning in 2006 have developed specialized law enforcement response programs, mental health courts, "behind-the-walls" services within correctional facilities, and other diversion programs.

The Bureau of Justice Assistance also funds five Mental Health Court Learning Sites, which provide a peer support network for local and state officials.

"SAMHSA and DOJ are trying to leverage our resources as much as we possibly can so we're making efficient use of our dollars and not duplicating each other's efforts but complementing them," said Ms. Qazilbash.

For more on jail diversion, visit SAMHSA's Web site at **www.samhsa.gov.**

—By Rebecca A. Clay

Related Articles and Publications

- *A Guide to Implementing Police-Based Diversion Programs for People with Mental Illness*
  www.gainscenter.samhsa.gov/pdfs/jail_diversion/PERF.pdf
- *Assessing the Effectiveness of Jail Diversion Programs for People with Serious Mental Illness and Co-Occurring Substance Abuse Disorders*
  www.gainscenter.samhsa.gov/pdfs/jail_diversion/assessing.pdf
- *Improving Responses to People with Mental Illnesses: The Essential Elements of a Mental Health Court*
  www.ojp.usdoj.gov/BJA/pdf/MHC_Essential_Elements.pdf
- *Improving Responses to People with Mental Illnesses: The Essential Elements of a Specialized Law Enforcement-Based Program*
  www.ojp.usdoj.gov/BJA/pdf/LE_Essential_Elements.pdf
- *Mental Health Courts: A National Snapshot*
  www.ojp.usdoj.gov/BJA/pdf/MHC_National_Snapshot.pdf
- "Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness"
  http://ps.psychiatryonline.org/cgi/content/full/57/4/544.

From Jail to Treatment:
Blacksburg's Bridge Program Promotes Recovery

Ask Joseph R. Yost, M.A., how well the jail diversion program he coordinates is going, and he shares the story of a participant with PTSD, no home, and felony charges for forging and writing bad checks. With a referral to the New River Valley Bridge Program Mr. Yost manages, she soon found herself out of jail, in an apartment, and in treatment.

The SAMHSA-funded Bridge Program at the Mental Health Association of the New River Valley (MHANRV) in Blacksburg, VA, diverts people with serious mental illnesses or co-occurring substance abuse disorders from the criminal justice system to the treatment system. The program intervenes after people have been booked, but before they go to trial.

"More and more persons with mental illness are ending up in jails or prisons rather than receiving the community care they need to help them on their road to recovery," explained MHANRV Executive Director and Bridge Program Director R. Patrick Halpern.

Almost a decade ago, the community came together with SAMHSA funding to create a crisis intervention team of specially trained police officers who can respond appropriately to people with mental illness. In 2005, the community received a grant from SAMHSA's Targeted Capacity Expansion Grants for Jail Diversion Programs, and the Bridge Program was born.

Spanning several jurisdictions in this rural, mountainous area, the Bridge Program kicks into gear just hours after an individual's arrest.

New inmates get an initial mental health screening at the Montgomery County Jail or New River Valley Regional Jail. At the initial court appearance, a judge decides whether it's safe or appropriate to divert an individual to the Bridge Program.

If so, clients and Bridge Team staff and a public behavioral health provider, New River Valley Community Services, work together to create individualized treatment plans, solve problems like homelessness or missing benefits, and enroll participants in education and recovery groups. A criminal justice liaison keeps the court up to date on the progress of individual clients.

WORKING TOGETHER

Making such programs work requires collaboration among a wide range of partners, said Victoria Cochran, J.D., who helped start the jail diversion program in New River Valley.

Mental health and substance abuse treatment providers, corrections and pretrial personnel, representatives from the Department of Social Services and the Department of Rehabilitation Services, housing specialists, antipoverty activists, and others are now working together to help the individuals they all serve.

Ms. Cochran herself has moved on to become the State Coordinator for Criminal Justice and Mental Health Initiatives. "Now I'm boundary-spanning at the state level," she said. Her goal is to spread jail diversion programs across Virginia.

Mental Health Association of the New River Valley, Inc.

Once SAMHSA's funding ends this summer, the state will step in to support the program. That is good news to SAMHSA Project Officer David Morrissette, Ph.D., L.C.S.W.

"We really maximized the value of our grant," he said, noting that 75 percent of SAMHSA's first 20 jail diversion grantee programs are proving to be sustainable. "In this case, we gave a grant to one community, and it has affected the entire state of Virginia."

For more information about the New River Valley Bridge Program, visit **http://mhanrv.org.** Details of SAMHSA's grant programs are available at **www.samhsa.gov/grants.**

—By Rebecca A. Clay

Client progress is the main topic of staff meetings at Blacksburg's Bridge Program, one of SAMHSA's successful jail diversion grantees. The program helps individuals with mental illnesses move from the justice system into treatment. Staff members include (from left to right): Joseph Yost, Heather Custer, Kelly Light, and R. Patrick Halpern.

Ending Homelessness

Transformation Through Partnerships: DVD Available

What works when it comes to addressing the issues of people who have mental illness and are homeless? A DVD package available from SAMHSA documents the success of two integrated programs in Philadelphia and Seattle.

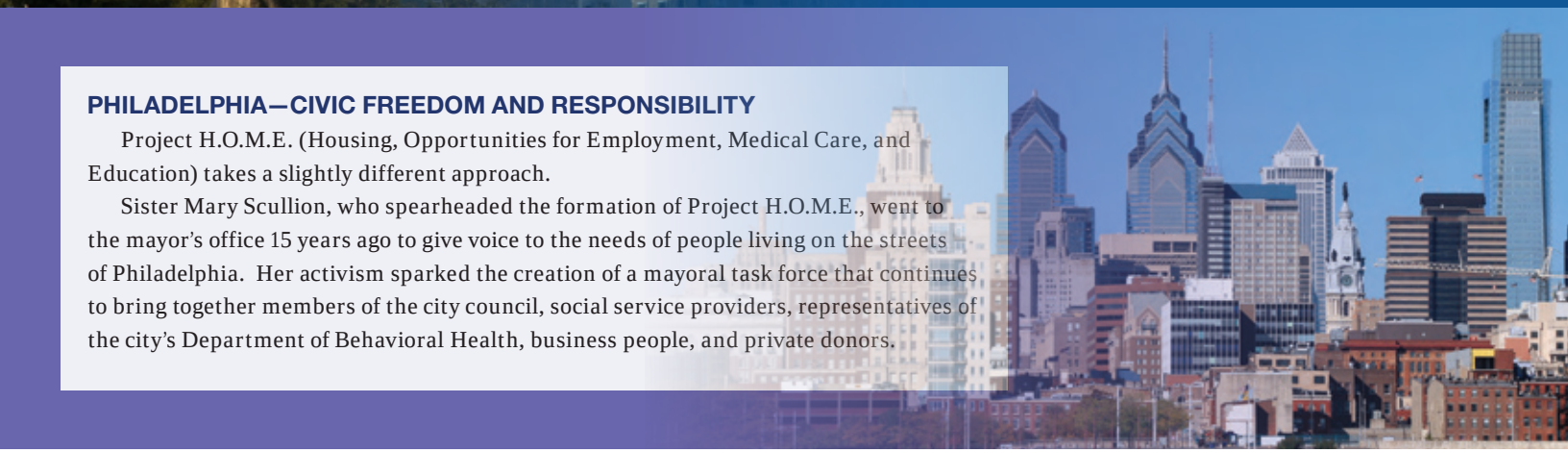
SAMHSA's Center for Mental Health Services (CMHS) commissioned the project, which puts forth the idea that homeless individuals need housing and then other services to address their needs.

SEATTLE—AN EXAMPLE OF PARTNERSHIPS AT WORK

An image of Seattle's famous Space Needle and glittering skyline is juxtaposed with an image of individuals sleeping in the local park, people so familiar to passersby that they are almost invisible.

"Our challenge is to take that person off the street, and put them in permanent, supportive housing," says Bill Hobson, the Executive Director of Seattle's Downtown Emergency Services Center (DESC). "We operate on the assumption that clinical and social stabilization is going to occur faster when you eliminate the chaos of homelessness from a person's life."

The DESC has partnered with housing managers, social workers, hospital staff, the police department, and the criminal justice system to see that all the parties who deal with individuals who are homeless are working together. Mental health courts (see page 4) are a part of the mix.



PHILADELPHIA—CIVIC FREEDOM AND RESPONSIBILITY

Project H.O.M.E. (Housing, Opportunities for Employment, Medical Care, and Education) takes a slightly different approach.

Sister Mary Scullion, who spearheaded the formation of Project H.O.M.E., went to the mayor's office 15 years ago to give voice to the needs of people living on the streets of Philadelphia. Her activism sparked the creation of a mayoral task force that continues to bring together members of the city council, social service providers, representatives of the city's Department of Behavioral Health, business people, and private donors.

A PLACE AT THE TABLE

Both DESC in Seattle and H.O.M.E. in Philadelphia recognize that no single entity can meet all the needs of people who are homeless. Those agencies and groups that provide entitlements, medical care, housing, and substance abuse and mental health treatment all need to sit down at the same table and talk to one another.

Politicians and civic leaders as well as traditional service providers help the partnership ensure adequate funding, foster community acceptance, and increase service efficiencies.

TO ORDER

The DVD package includes pamphlets that describe the strategic partnering principles these organizations used as well as a publication entitled *Issue Brief: Strategic Partnering for Systems Change.*

"We are not creating a service system to permanently serve people who are homeless," said A. Kathryn Power, M.Ed., Director of CMHS. "We are building a system of care and recovery to help these men, women, and children recover and live rich, rewarding lives in the community."

To order *Transformation Through Partnerships: Systems Change to End Chronic Homelessness,* visit **http://nmhicstore.samhsa.gov/publications/ordering.aspx,** or call SAMHSA's Health Information Network at 1-877-SAMHSA-7.

—By Virginia Hartman

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

Funding Opportunities

SAMHSA recently announced several funding opportunities for Fiscal Year 2009. (See *SAMHSA News* online for the complete list.)

Offender Reentry Program (Application due date: May 21, 2009)—up to 21 grant awards of approximately $400,000 per grant for up to 3 years to expand and/or enhance substance abuse treatment and related recovery and reentry services to sentenced juvenile and adult offenders returning to the community from incarceration for criminal/juvenile offenses. (TI-09-005, $24.6 million)

Substance Abuse Treatment for Adult Drug Courts (Application due date: May 8, 2009)—up to 39 grant awards of $300,000 per year for up to 3 years, totaling $11.6 million, to expand substance abuse services in "problem-solving" courts that use the treatment drug court model to provide alcohol and drug treatment, recovery support, and other services to defendants/offenders. (TI-09-003, $11.6 million)

Substance Abuse Treatment for Juvenile Drug Courts (Application due date: May 5, 2009)—3 grants, each with two separate awards: up to $425,000 per grantee for the entire 4-year grant period from the U.S. Department of Justice Office of Juvenile Justice and Delinquency Prevention (OJJDP) and approximately $200,000 per year from SAMHSA over the course of 4 years for up to $600,000 total to enhance the capacity of existing juvenile drug courts. (TI-09-004, $1.025 million)

ABOUT SAMHSA GRANTS

If you are interested in applying for SAMHSA grants, it's important to check SAMHSA's Web site at **www.samhsa.gov** or the Federal grants Web site at **www.grants.gov** on a regular basis for the latest information on funding opportunities.

Juvenile Drug Courts <<P.1

While the two Agencies have jointly funded drug courts before, they did so by transferring money to each other. "Now we'll be working together in a more seamless fashion," Mr. Muck said.

It's not just Federal agencies that are collaborating. CSAT and OJJDP issued the request for applications in partnership with the Robert Wood Johnson Foundation (RWJF). RWJF will fund technical assistance and training as grantees use the RWJF-supported "Reclaiming Futures" model.

That model advocates for providing more substance abuse treatment in the juvenile justice system, improving treatment, and moving beyond treatment to help families and communities support young people.

"At the local level, we need to get our substance abuse and mental health programs working very closely with our juvenile justice providers to get kids up and out of that system as fast as possible," explained Laura Burney Nissen, Ph.D., M.S.W., National Program Director for RWJF's Reclaiming Futures and an associate professor of social work at Portland State University in Portland, OR. "This partnership is the Federal version of what we're trying to do at the local level."

This joint solicitation is just the beginning, emphasized Kenneth W. Robertson, Team Leader of Criminal Justice Programs in CSAT's Targeted Populations Branch. "The next goal is to bring the same level of collaboration to the adult drug court arena," he said.

Background

CSAT's relationship with the Department of Justice goes back a long time, Mr. Robertson explained. But when the Office of Management and Budget reviewed CSAT and BJA's drug court portfolios, it recommended that the two Agencies find ways to work together even more closely.

"The review's purpose was to look at federally funded programs and determine if those programs are effective and cost-effective," said Mr. Robertson. The review found CSAT's portfolio to be effective to a degree, he said, but it also recommended that the two Agencies could do more to eliminate any duplication of efforts.

To do that, CSAT, BJA, and its OJJDP, took action. They created a working group focused on program coordination and signed a memorandum of understanding laying down a philosophical framework for joint work. And in March 2009, they issued a joint request for applications to expand substance abuse treatment capacity in juvenile drug courts.

"Working together, we can do more to help individuals turn their lives around. Everybody deserves that chance," said Mr. Robertson.

Resources

- Grants to Expand Substance Abuse Treatment Capacity for Juvenile Drug Courts: **http://www.samhsa.gov/grants/2009/ti_09_004.aspx**
- SAMHSA press release on this grant: **www.samhsa.gov/newsroom/advisories/0903302858.aspx**
- More about RWJF's "Reclaiming Futures" program: **www.reclaimingfutures.org.**

Underage Drinking

Awareness, Prevention Make a Difference

April is Alcohol Awareness Month, and what better time to get kids talking about the dangers of underage drinking?

SAMHSA's *Too Smart To Start* Web site provides useful programs and strategies, downloadable materials, interactive games and exercises, and other resources to support youth, families, educators, and communities in responding to *The Surgeon General's Call to Action To Prevent and Reduce Underage Drinking.*

The site is divided into five categories: Tweens, Teens, Families, Educators, and Community Toolkit.

ACTIVITIES FOR KIDS

"Tweens"—generally, kids age 10 to 12—and teens will find interactive quizzes, games, and facts about alcohol.

In the section "Homework Help," kids will find ways to apply what they learn about underage drinking to projects for health, art, English, math, and more. Teens will find ideas for presentations and speeches as well as community projects.

NEED ADVICE?

Teens especially face pressures to drink. A section called "Need Advice?" allows teens to submit questions to the site and receive answers from experts on topics like peer pressure, handling adults who drink too much, and the idea that drinking alcohol will combat shyness.

FREE eCARDS

Tweens, teens, and families will find eCards in English and in Spanish to send to friends and loved ones

Changing the Culture: College Drinking

College is a time when kids tend to experiment with alcohol. Parents and educators—and even students themselves—may feel overwhelmed by the sometimes excessive drinking done by college-age youth.

A Web site from the National Institute on Alcohol Abuse and Alcoholism, **www.collegedrinkingprevention.gov,** offers facts and resources to families, students, and college leaders.

About 1,700 college students between ages 18 and 24 die each year from alcohol-related unintentional injuries, including motor vehicle crashes, according to researchers who helped develop the site's content.

College administrators will find tools to change the alcohol culture on their campuses. Students will find interactive features, like eCards and a trip through the human body describing how alcohol affects vital organs.

For parents, the site offers guidance on what they need to know about college drinking.

To find these and other resources, visit **www.collegedrinkingprevention.gov.**

too SMART to START

Visit **toosmarttostart.samhsa.gov** and **stopalcoholabuse.gov** for resources on what you can do to help prevent underage drinking in your community.

promoting healthy messages. For example, a "Teens" eCard shows a basketball player dunking the ball accompanied by the words, "Stay on top of your game." An eCard in the "Families" section asks, "Do you know what your kids know about alcohol?"

The eCards can be personalized with messages up to 450 characters long.

EDUCATORS

Educators can help change attitudes about teen drinking, create an environment that can protect youth from underage drinking, and decrease the risk of adolescent alcohol use and the associated negative consequences.

A fact sheet alerts educators to signs of underage alcohol use, such as behavioral changes—drop in school performance or shift in groups of friends—and emotional changes, such as mood swings, flare-ups, irritability, defensiveness, or a "nothing matters" attitude.

See *SAMHSA News* online for more resources and materials to prevent underage drinking.

—By Kristin Blank

Underage Drinking & Media Literacy

Kids and teens are bombarded with media messages at every turn—whether it's product placement in a television program or an ad on their Facebook profiles. Sometimes those messages—whether purposefully or inadvertently—promote activities like drinking and smoking to kids and teenagers.

Too Smart To Start includes age-appropriate resources for tweens and teens, as well as resources for families and educators, to shed light on media messaging.

What Is Media Literacy?

Media literacy is the ability to analyze media messages, understand the intent of those messages, and judge how the information is used. The media include channels through which messages are delivered—such as television, radio, the Internet, movies, video games, magazines, and newspapers.

According to *Too Smart To Start* resources, media literacy is not "media bashing." Because media are dominant forces in our culture and an important part of teenagers' lives, media should be evaluated fairly. Media literacy can help youth keep perspective.

Asking Questions

The road to media literacy involves starting a discussion with teens. Although this activity can be conducted formally in a classroom, the richest opportunities may arise when parents are watching television or listening to the radio with their kids.

Too Smart To Start offers a model for discussion based on the "Media Literacy Ladder" (see graphic at right). Ultimately, the goal is to get kids asking the right questions about media messages. Those questions include:

- Through what medium is the message delivered?
- Who created the message and why?
- What words, images, or sounds are used to create the message?
- How does the message make you feel?
- What is the message maker's point of view?

The resources offer a sample script for an impromptu conversation that can lead to answers and get kids thinking. For example, if they are watching a music video, parents can ask simple questions like, "Who made this video?" and "What is this video about?" or "Why do you think they made the video?" With enough practice, kids may start to ask those questions on their own.

Media literacy doesn't happen overnight; it's a process. *Too Smart To Start* offers some tip sheets to parents for working through difficulties. They include "Reading Between the Lines" and "What Are Some Ways I Can Work With My Teen?"

For more information about media literacy and underage drinking, visit **www.toosmarttostart.samhsa.gov.**

Climb the Ladder!

The media literacy ladder can teach teens to look deeper into media messages and not take them at face value—especially those about drinking. Each step includes a question that leads teens deeper into the heart of the message.

Step 5—What are the message makers trying to accomplish—sell a product, promote a belief, etc.?

Step 4—How does the message make you feel?

Step 3—What words, images, or sounds are used to create the message?

Step 2—What's the purpose—who created the message and why?

Step 1—How is the message delivered (e.g., TV, billboard, the Internet)?

The ladder helps teens make comparisons, link cause and effect, distinguish fact from opinion, and investigate bias and slant.

Prescription Pain Relievers & Young Adults

Trends Show Misuse Increasing

Are prescription medications disappearing from your medicine cabinet?

Trends over the past 5 years show an increase in misuse by young adults age 18 to 25.

According to a recent report from SAMHSA, young adults age 18 to 25 currently using pain relievers for nonmedical reasons increased from 4.1 percent in 2002 to 4.6 percent in 2007. The report is based on a series of nationwide surveys.

That percentage represents a total of 1.5 million young adults who used prescription pain relievers nonmedically in the past month in 2007.

Among youth age 12 to 17, the report shows encouraging findings in that nonmedical use of pain relievers in the past month had declined from 3.2 percent in 2002 to 2.7 percent in 2007.

Overall, 5.2 million people age 12 years or older reported using prescription pain relievers nonmedically in the past month in 2007.

OTHER FINDINGS

Trends in Nonmedical Use of Prescription Pain Relievers: 2002-2007 highlights nonmedical use of pain relievers in the past month among people age 12 or older.

Other findings include:

Use among adults age 26 or older increased from 1.3 percent to 1.6 percent; and the rate of use increased among males age 12 or older from 2.0 percent in 2002 to 2.6 percent in 2007, but did not change significantly for females in that age group.

This report is drawn from SAMHSA's 2002 through 2007 National Surveys on Drug Use and Health (NSDUH). Data collected by NSDUH come from a total sample of approximately 405,000 persons who represent the Nation's civilian, non-institutionalized population age 12 or older.

To access the report online in PDF and HTML formats, visit SAMHSA's Office of Applied Studies (OAS) at **http://oas.samhsa.gov/2k9/painRelievers/nonmedicalTrends.cfm.** For additional information about prescription drug safety, visit SAMHSA's Web site at **www.samhsa.gov/rxsafety.**

Are Prevention Messages Working?

New Data on Teens, Parents, & Drugs

We've all seen the commercials urging parents to "talk to your kids about drugs." Are teens getting the message?

A new national report issued during National Alcohol Awareness Month provides both discouraging and encouraging news on efforts to inform young people about the risks of underage drinking and illicit substances. (See pages 8 and 9 for more on underage drinking.)

The SAMHSA report, based on a series of national surveys, finds that a smaller percentage of adolescents (age 12 to 17) were exposed to substance use prevention messages through media sources in 2007 (77.9 percent) than in 2002 (83.2 percent).

Similarly, a smaller percentage of adolescents are participating in out-of-school substance use prevention programs (from 12.7 percent in 2002 to 11.3 percent in 2007).

However, the report shows a significant rise during this same period in the level of adolescents who engaged in substance abuse-related conversations with at least one parent (from 58.1 percent in 2002 to 59.6 percent in 2007).

Adolescents who have conversations with their parents about the dangers of substance use are less likely to be current substance users than those who did not have these conversations.

Specifically, adolescents who had conversations with their parents about the dangers of substance abuse were significantly less likely to be current users of the following substances than those who did not have such conversations with their parents:

- Alcohol (16.2 percent versus 18.3 percent)
- Cigarettes (10.6 percent versus 12.5 percent)
- Illicit drugs (9.5 percent versus 11.7 percent).

For the complete report, *Exposure to Substance Use Prevention Messages and Substance Use among Adolescents: 2002 to 2007,* visit SAMHSA's Web site at **http://oas.samhsa.gov/2k9/prevention/prevention.cfm.**

Treatment Roundup

Updates on Admissions, Facilities, & Reasons for Discharge

Rising Admissions—Prescription Painkillers

Treatment admissions for misuse of prescription painkillers rose significantly over the past decade—from 1 percent of all admissions in 1997 to 5 percent in 2007.

According to SAMHSA's recent report, *Treatment Episode Data Set (TEDS) 2007 Highlights*, alcohol-related admissions account for the largest share (40 percent) of the 1.8 million treatment admissions that occurred in 2007. A decade ago, in 1997, alcohol-related admissions were 50 percent of all treatment admissions.

Other TEDS findings:

- The percentage of treatment admissions for primary heroin abuse is at about the same level it was a decade ago (14 percent).
- The percentage of treatment admissions primarily due to methamphetamine/amphetamine abuse is relatively small. Admissions accounted for 4 percent in 1997, rose to 9 percent in 2005, then decreased to 8 percent in 2006, and remained at 8 percent in 2007.
- The proportion of admissions for primary marijuana abuse increased from 12 percent in 1997 to 16 percent in 2003; however, admissions have remained steady at 16 percent each year after.

The report is available online at **http://oas.samhsa.gov/TEDS2k7highlights/TOC.cfm.**

Facilities Survey Results

A total of 14,359 facilities completed SAMHSA's National Survey of Substance Abuse Treatment Services (N-SSATS): 2007. With a response rate of 94.5 percent, facilities reported more than 1.1 million clients in treatment as of March 30, 2007.

The report helps SAMHSA, along with state and local authorities, assess the type and level of services provided in treatment facilities. How widely are facilities and programs used? The report includes that information as well.

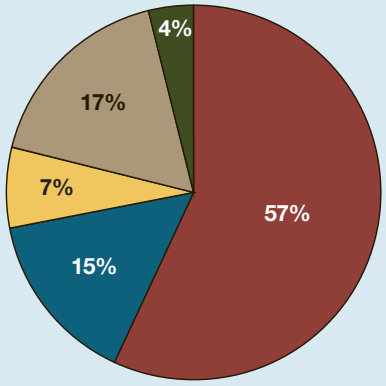
Findings include the following:

- A majority of treatment facilities focused primarily on substance abuse issues (61 percent).
- Facilities providing a mix of mental health and substance abuse services comprised 29 percent in 2007.
- Outpatient treatment was provided by 80 percent of all facilities. Residential (non-hospital) treatment was provided by 27 percent of all facilities, and hospital treatment was provided by 9 percent of all facilities.
- Clients under age 18 made up 8 percent of all clients in treatment.

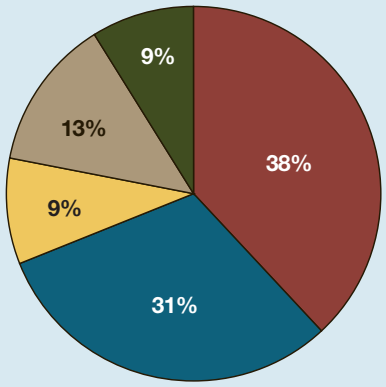
To view this report online, visit SAMHSA's Office of Applied Studies Web site at **http://wwwdasis.samhsa.gov/07nssats/nssats2k7web.pdf.**

In addition, for a complete list of N-SSATS materials, including reports, trends, facility characteristics, state data, and sample questionnaires, visit SAMHSA's Web site at **http://oas.samhsa.gov/dasis.htm#nssats3.**

Reasons for Discharge from Residential Treatment



Short-Term Residential



Long-Term Residential

Completed Treatment
Dropped Out
Terminated by Facility
Transferred
Other

Source: SAMHSA Office of Applied Studies. *2005 Treatment Episode Data Set (TEDS). Treatment Outcomes among Clients Discharged from Residential Substance Abuse Treatment.* Figure 1. Percentage of Discharges from Short-Term and Long-Term Residential Substance Abuse Treatment, by Reason for Discharge: 2005. February 12, 2009.

SAMHSA's Office of Applied Studies offers many statistical reports on drug, alcohol, and mental health treatment. For a complete list, visit SAMHSA's Web site at **http://oas.samhsa.gov/tx.htm.**

Inhalants = Poison

That's the Message

Teens like to experiment. It's just a part of growing up. But experimenting with inhalants can lead to permanent health problems or death—even after one session of "huffing."

At a recent press conference to mark the 17th annual National Inhalants and Poisons Awareness Week, SAMHSA joined with other Federal agencies and the National Inhalant Prevention Coalition (NIPC) to raise awareness about the dangers of inhalants. Two people affected by inhalant abuse also shared their personal stories (see box).


National Survey on Drug Use and Health

The NSDUH Report

March 16, 2009

Trends in Adolescent Inhalant Use: 2002 to 2007

In Brief

- The percentage of adolescents (i.e., youths aged 12 to 17) who used inhalants in the past year was lower in 2007 (3.9 percent) than in 2003, 2004, and 2005 (4.5, 4.6, and 4.5 percent, respectively).
- Among adolescents who used inhalants for the first time in the past year (i.e., past year initiates), the rate of use of nitrous oxide or "whippits" declined between 2002 and 2007 among both genders (males: 40.2 to 26.2 percent; females: 22.3 to 12.2 percent).
- In 2007, 17.2 percent of adolescents who initiated illicit drug use during the past year indicated that inhalants were the first drug that they used; this rate remained relatively stable between 2002 and 2007.

Adolescents have easy access to some dangerous substances—ordinary household products such as glue, shoe polish, and aerosol sprays. These products are safe when used as intended, but they can be dangerous and even deadly when sniffed or "huffed" to get high. Preventing and treating inhalant use problems, as well as raising awareness about the dangers of inhalant use, are important ongoing goals of the Substance Abuse and Mental Health Services Administration (SAMHSA). Monitoring trends in inhalant use is vital to assessing policies intended to reduce inhalant use.

This issue of *The NSDUH Report* examines trends in the use, dependence or abuse,[1] and initiation of inhalants among adolescents (i.e., youths aged 12 to 17). The National Survey on Drug Use and Health (NSDUH) defines inhalants as "liquids, sprays, and gases that people sniff or inhale to get high or to make them feel good." NSDUH collects data not only about the use of any inhalant, but also about the use of specific types of inhalants. Respondents who used inhalants were asked when they first

17.2 percent of adolescents age 12 to 17 who started using illicit drugs in the past year indicated that inhalants were the first drug that they used.

TRENDS

New data from SAMHSA's National Survey on Drug Use and Health (NSDUH) show that in 2007, 17.2 percent of adolescents age 12 to 17 who started using illicit drugs in the past year indicated that inhalants were the first drug that they used.

The report, *Trends in Adolescent Inhalant Use: 2002 to 2007,* also shows that the percentage of teens who used inhalants in the past year was lower in 2007 (3.9 percent) than in 2003, 2004, and 2005 (4.5, 4.6, and 4.5 percent, respectively).

Still, in 2007, almost 1 million teens used inhalants in the past year, with 0.4 percent of teens (about 99,000) meeting the criteria for inhalant dependence or abuse.

POISON IS POISON

What's the best way to educate children on the dangers of inhalant abuse? NIPC materials emphasize that when discussing inhalants with teens it is important to call inhalants "poison," not drugs. Teachers and parents should focus on positive health messages, such as keeping the body supplied with oxygen and free from toxins.

Household products. Parents also need to educate themselves about the household products that kids use to get high. For instance, while SAMHSA data show that use of nitrous oxide or "whippits" was lower among past-year inhalant initiates in 2007 than in 2002 (16.3 vs. 31.6 percent), use of aerosol spray other than spray paints was higher in 2007 than 2002 (25.0 vs. 12.6 percent).

Serious consequences. According to NIPC, some of the effects of inhalant abuse include loss of consciousness and Sudden Sniffing Death Syndrome, which can occur after the 1st, 10th, or 100th time an inhalant is used. Other effects include damage to the heart, kidney, brain, liver, bone marrow, and other organs (read more on inhalant abuse in *SAMHSA News* online, March/April 2008).

For more SAMHSA data on inhalants, visit **www.oas.samhsa.gov/2k9/inhalantTrends/inhalantTrends.pdf.**

Awareness Day Includes Personal Stories

At the press conference for Inhalants and Poisons Awareness Week, Allison Fogarty talked about her addiction to inhalants.

"What started as an escape from a bad day turned out to become a daily habit, which I was unable to stop by using just willpower," she said. Ms. Fogarty has been in recovery from inhalant abuse since May 2008.

Although she did not suffer physical withdrawal, she said that resisting inhalants is still a daily struggle that she hopes will get easier with time.

Transforming Grief into Commitment

"I am here on behalf of my 19-year-old daughter Erica Rain and all those who have lost family members from a dangerous toxic chemical—refrigerant," said Dana Prothro to press conference attendees. "Erica made a mistake, a mistake that took her life within minutes."

After losing her daughter, Ms. Prothro joined United Parents to Restrict Open Access to Refrigerant (UPROAR). The group works to raise awareness and alter building codes so that young people cannot access and sniff refrigerants from air conditioners. That's what Erica did.

For more information on UPROAR, visit **www.uproarorg.org.** To learn more about inhalant abuse, visit **www.inhalants.org.**

Receive a "Tweet" from the Lifeline

In an effort to reach as many people in crisis as possible, SAMHSA's National Suicide Prevention Lifeline is now on Twitter, a social networking site with a rapidly growing user base.

Since early March 2009, the Lifeline Twitter account has gathered 175 "followers," meaning 175 users have opted to receive updates—or "tweets"—from Lifeline via the service.

"Tweets" can only be 140 characters long, so Lifeline uses that space to promote the Lifeline phone number—1-800-273-TALK—and Web site—**www.suicidepreventionlifeline.org** and to inform people about suicide warning signs and other suicide prevention resources.

To follow Lifeline on Twitter, simply go to **www.twitter.com/800273TALK.**

Celebrate on May 7!

Awareness Day is all about why it's important to improve access to community-based mental health services for children and youth with mental health needs and their families. SAMHSA joins diverse individuals, organizations, and agencies in the public and private sector to achieve this common goal. This year's event, "Hear me Now: A Celebration of Resiliency through the Performing Arts," highlights spoken word, music, and dance by young people facing mental health challenges. For more information, visit **www.samhsa.gov/children.**

Helping Youth with Serious Mental Health Issues

Applications are due May 20, 2009, for grants that support state and community partnerships to integrate services for youth and young adults with serious mental health conditions and their families.

Seven cooperative agreements are available for up to $480,000 annually per grantee for up to 5 years.

The Healthy Transitions Initiative will create developmentally appropriate and effective youth-guided local systems of care to improve outcomes for youth and young adults with serious mental health conditions in areas such as education, employment, housing, mental health, and co-occurring disorders and decrease contacts with the juvenile and criminal justice system.

The grants will be administered by SAMHSA's Center for Mental Health Services (SM-09-008, $16.8 million). For more information, visit **www.samhsa.gov/grants** or **www.grants.gov.**

Suicide Prevention: Funding Pacific Rim Territories

In Guam, SAMHSA's Acting Administrator Dr. Eric Broderick recently presented a State/Tribal Youth Suicide Prevention grant to the Department of Mental Health and Substance Abuse (DMHSA). Left to right: Sen. Tina Muna-Barnes; Dr. Broderick; Dr. Mike Cruz, Guam's Acting Governor; Speaker Judith Won Pat; and Dr. David L. G. Shimizu, DMHSA Director. (See SAMHSA News online for the story and more photos.)

We'd Like To **Hear** From You

We appreciate your feedback! Please send your comments, article ideas, and requests to: Kristin Blank, Associate Editor–*SAMHSA News,* IQ Solutions, Inc., 11300 Rockville Pike, Suite 901, Rockville, MD 20852. Send email to samhsanews@iqsolutions.com or fax to 301-984-4416.

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- ❑ What Are Mental Health Courts?

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- ❑ Transformations Through Partnerships (DVD)
- ❑ Learning About American Indian and Alaska Native Cultures

Underage Drinking: Awareness, Prevention

- ❑ *Too Smart To Start* Web Site
- ❑ Underage Drinking & Media Literacy

Adolescents & Substance Abuse

- ❑ Prescription Pain Relievers & Young Adults
- ❑ Inhalants = Poison

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- ❑ Treatment Admissions for Prescription Painkillers
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Learning about American Indian Culture

Pocket-Sized Guide Describes Tribal Sovereignty, Myths and Facts, and More

When outsiders venture into "Indian Country," even the most open-minded and good-hearted can misunderstand what's going on around them.

"Let's say you're a social worker or psychologist doing an assessment of an Indian person who talks very quietly and keeps their eyes on the ground," suggested R. Andrew Hunt, M.S.W., L.I.C.S.W., a public health advisor in SAMHSA's Center for Mental Health Services (CMHS). "That can easily be misinterpreted as low self-esteem, depression, or some other problem, when in actuality that person is just showing respect."

Now Captain Hunt and a team of U.S. Public Health Service officers and American Indian professionals and community members have created a way to give Federal disaster responders and other mental health professionals a head start on understanding American Indian and Alaska Native cultures.

SAMHSA's new "Culture Card: A Guide to Build Cultural Awareness: American Indian and Alaska Native" offers a basic orientation in the form of a publication the size of a playing card that folds out like a map. CMHS initially developed the card under its Eliminating Mental Health Disparities Initiative.

"This just isn't on people's radar screens at all," said Captain Hunt, a member of the Lumbee tribe and a captain in the U.S. Public Health Service. "Most people are surprised to learn that there are more than 560 federally recognized tribes plus nearly 245 non-federally recognized tribes, not the 10 tribes they've seen on television."

Most people don't realize that American Indian people aren't just members of a minority group but citizens of their own sovereign nations, Captain Hunt added.

The culture card explains tribal sovereignty and much more. It also features a list of myths and facts, a look at customs and regional and cultural variations, and a set of dos and don'ts for outsiders. Don't ask intrusive questions early on in conversations, for instance. Learn to be comfortable with long silences. Explain what you're doing when you're making clinical notes. And respect the tribe's right to control information about itself.

"The card isn't meant to give you everything you need to know," said Captain Hunt, explaining that the team had to balance between being too general or too specific to be helpful. "This is what you need to know to get started."

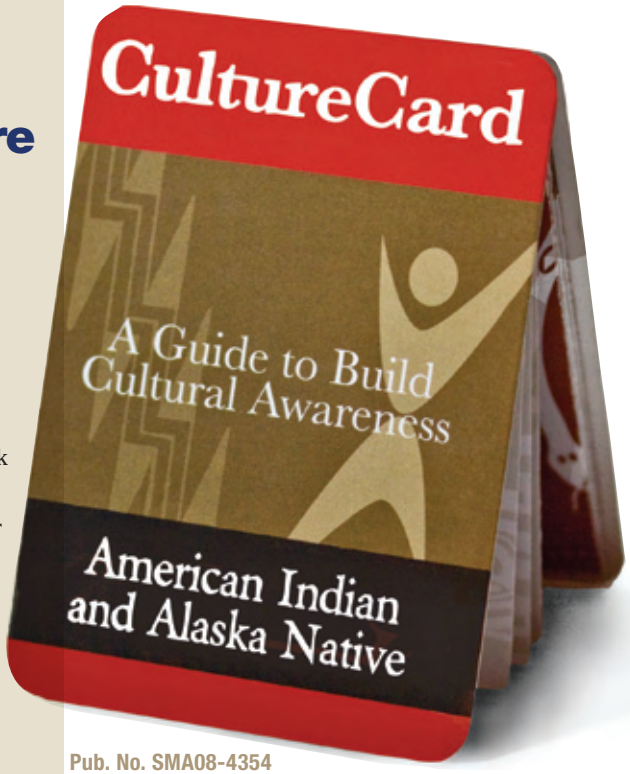
Tuck the culture card into your pocket when you're heading to a crisis, study it on the plane, and then seek out someone who can orient you to the specifics of that particular tribe or community, Captain Hunt suggested.

Although SAMHSA originally intended the card solely for its own staff's use, said Captain Hunt, the first batch "started flying off the shelves." Other Federal agencies got interested soon after that.

The Indian Health Service (IHS) gave its stamp of approval, said Captain Hunt. The Centers for Medicare and Medicaid Services (CMS) produced a version for its own staff. Recently, SAMHSA partnered with the Centers for Disease Control and Prevention (CDC) to print additional copies.

To order, call SAMHSA's Health Information Network at 1-877-SAMHSA-7. Ask for publication number SMA08-4354.

—By Rebecca A. Clay



Pub. No. SMA08-4354

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- Cultural Customs
- Spirituality
- Communication Styles
- Historic Distrust
- Cultural Identity
- Role of Veterans and Elders
- Strengths in AI/AN Communities
- Health and Wellness Challenges
- Self-Awareness and Etiquette

www.samhsa.gov/economy

Online Help for Tough Economic Times

Essential information on where to find help

You can't see stress, but you certainly can feel it. Whether it's a family member's job loss, foreclosure, another stock market drop, a glance at your 401(k) balance, or a host of other concerns, are you feeling worn out and overwhelmed? Many of us are.

To help, a first-of-its-kind, online guide now provides crucial information and resource referrals for people dealing with emotional or other health problems associated with economic hard times.

The "Getting Through Tough Economic Times" guide—**www.samhsa.gov/economy**—provides practical advice on identifying health concerns, developing coping skills, and finding help.

For example, the guide provides important information on identifying the warning signs of depression, suicidal thinking, and other serious mental illnesses.

Developed by SAMHSA in collaboration with other Government agencies and the Suicide Prevention Resource Center, the guide gives you the primary tools you need to protect your health and your family's well-being.

There's More

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

Read about . . .

IT Capabilities State by State

Information technology (IT) is playing a crucial role in helping states provide mental health services.

Adolescent Mental Health

Details of treatment settings for adolescents with emotional and behavioral problems are offered in this recent SAMHSA report.

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Phone: 1-888-577-8977 (toll-free) or 240-221-4001 in the Washington, DC, metro area

Snail Mail: *SAMHSA News* Updates c/o IQ Solutions, Inc., 11300 Rockville Pike, Suite 901, Rockville, MD 20852 (Attention – Kristin Blank)

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