Substance Abuse and Mental Health Services Administration

SAMHSA NEWS

SAMHSA's Award-Winning Newsletter

November/December 2005, Volume 13, Number 6

From Hurricane Response To Long-Term Recovery

In towns and cities along the Gulf Coast, survivors and first responders alike continue to show resilience and courage as they face the day-to-day reality of their devastated environment as best they can 3 months after Hurricane Katrina.

November and December may bring relief from the 100-degree heat and humidity of September and October, but for families still living in tents or other temporary shelters, a chill in the air is not a welcome change.

"Tens of thousands of people still require a place to live right now," said Cynthia K. Hansen, Ph.D., a clinical psychologist and American Psychological Association Health Policy Fellow at SAMHSA's Center for Mental Health Services (CMHS).

In late October, Dr. Hansen led a multidisciplinary team of Federal employees and contractors deployed by the SAMHSA Emergency Response Center (SERC) to

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From Response To Recovery

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***Cover (l to r): Survivors of Hurricane Katrina, photo by Marvin Nauman, Federal Emergency Management Agency (FEMA); HHS Secretary Mike Leavitt at the Secretary's Operations Center, photo by Chris Smith; debriefing at the SAMHSA Emergency Response Center, photo by Martin Castillo,* SAMHSA News.**

several towns along the Mississippi coastline. Those towns included Pearlington, Waveland, and Pass Christian.

As a Deputy Incident Commander in the SERC, Dr. Hansen had heard about the serious need for crisis counseling teams along the Gulf Coast. But it was different to witness that need herself.

"We were staffing a free medical clinic next door to a school in Pass Christian where about 85 percent of the teachers were homeless because of the storm. But they were at school teaching the children," said Dr. Hansen in an interview from the field. "And about 20 percent of the staff at the local community mental health centers are living in temporary shelters and still coming in to work every day to see their clients—adults with serious mental illnesses and children with serious emotional disturbances. The compassion and commitment of this local community is absolutely stunning."

Local police officers, firefighters, and other emergency personnel, as well as those working in shelters, clinics, and resource centers, are facing incredible odds to provide adequate services to people in need.

To help, every day SAMHSA staff members join the volunteer teams including psychiatrists, mental health and substance abuse counselors, physicians, nurses, and others wearing the SERC's easily recognizable orange T-shirts and SAMHSA caps.

"Many first responders we talked to had been injured themselves, and they were doing heroic work—working through their personal needs to provide services," said the SERC's Incident Commander Brenda Bruun, Special Assistant to the Director of the Division of Prevention, Traumatic Stress, and Special Programs within CMHS. "They were working under horrible physical conditions to provide continuity of services and care."

In New Orleans, hundreds of first responders and their children have been living onboard anchored cruise ships for months. They are dealing not only with the critical needs of others, but also their own personal trauma. Like most of the other survivors, first responders lost their homes, and many lost loved ones and even members of their immediate family. "We're working with the State of Louisiana on what services those families need and how they can be cared for," Ms. Bruun said.

SAMHSA's Role in Recovery

As the SERC coordinated deployments to the Gulf Coast, Dan Dodgen, Ph.D., SAMHSA's Emergency Management Coordinator, served as the liaison between the Agency and the Secretary's Operations Command at the U.S. Department of Health and Human Services (HHS). Dr. Dodgen's job was to coordinate SAMHSA's efforts with the efforts of all other HHS operating divisions, specifically with the team from Public Health Emergency Preparedness.

As an ongoing responsibility, HHS has asked SAMHSA to address behavioral health factors—including mental health, substance abuse, and suicide prevention—in preparedness, response, and recovery efforts for all natural and human-made disasters that occur across the Nation. The Agency

***(L to r) Survivors get help, photo by Marvin Nauman, FEMA; SAMHSA Administrator Charles Curie listens to a first responder from the New Orleans Police Department, photo by SAMHSA's Kana Enomoto; at the SAMHSA Emergency Response Center, (l to r) Anne Mathews-Younes, Patricia Bransford, and Shelly Preusch, photo by Martin Castillo,* SAMHSA News.**

provides grants, services, and technical assistance to states and tribal organizations in planning for and providing outreach, crisis counseling, and referral services, as well as planning for long-term recovery. SAMHSA also deploys personnel to staff interagency emergency operations centers.

In addition, SAMHSA's Disaster Technical Assistance Center (DTAC) trains state mental health staff to perform outreach and education on reducing stress and to maintain a contact database of state/territory mental health commissioners, substance abuse directors, and disaster coordinators.

"Now we're switching from an emergency response focus to a long-term recovery focus," said Dr. Dodgen. "And we're thinking, how do we restore people's lives and create long-term care?"

In the SERC

The hum of activity filled the SERC from the beginning, August 31—48 hours after Katrina struck—until October 21, when assignments shifted to individual desks. At that time, the Operations Room was cleared of maps, charts, bulletin boards, and daily briefing notices. "I couldn't get people in the SERC to take a break," said Ms. Bruun, "because they were so committed to seeing people get the services they need."

One of the important lessons learned from operations at the SERC is how the entire Agency needs to be educated in emergency response, according to Ms. Bruun. "We all need to know where SAMHSA fits into the national response plan and what our mission is in the response to a disaster. We need to make sure our constituencies understand what we do."

SAMHSA's Emergency Response Center was built on the Incident Command System (ICS), an emergency response management structure designed to streamline response activities by fostering a fluid decision-making process and avoiding duplication of efforts.

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From the Administrator

Post-Hurricane: Forging the Future

As the weeks have passed since Hurricanes Katrina and Rita, the first phase of crisis response has given way to a second phase of long-term recovery. The immediate task of saving lives is replaced with tasks that restore the quality of life.

SAMHSA's mission is twofold: (1) to ensure that mental health assessment and crisis counseling are readily available to residents and evacuees of areas affected by the hurricanes and to establish a longer-term plan to assure that post-traumatic stress disorders are addressed within this population; and (2) to ensure that people impacted by the hurricanes who have serious mental illnesses and addictive disorders and children with serious emotional disturbances continue to receive ongoing treatment for their chronic problems.

I am proud of SAMHSA's quick response, including the establishment of our SAMHSA Emergency Response Center, the deployment of SAMHSA staff and mobilization of staff from other sources—both Federal and non-Federal—to the affected areas, our grants to states for clinical services and pharmaceutical assistance, and our efforts to collect data to guide our continuing efforts.

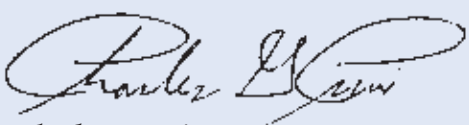
I was also impressed, during my own visits to the Gulf states, by the resiliency of both evacuees and responders. I was struck by the many traumas that people had suffered: the hurricanes, the floods, the displacement, the loss, and for some people, the dehumanizing way that they were treated during and after the events.

I observed that shelters that fostered a sense of community and encouraged trusting relationships enabled people to begin healing.

It's important to engage people from the start in developing a self-determined plan that gives them a sense of purpose and direction. Visualizing their own goals helps people gain a sense of control and an investment in the future.

Similarly, our efforts to rebuild communities and service systems should focus on assisting locally led efforts—both private and public sector—and on coordinating activities among local, state, and Federal governments instead of imposing a solution from the top down.

Rather than create a duplicate of our former service system for mental and addictive disorders, we should encourage the growth of a transformed health care system that is responsive to consumers and their families, uses methods based on proven evidence, is oriented toward prevention, and uses health care technology to improve quality. In this way, we can use this difficult experience to create a modern, vibrant, and sustainable future.



Charles G. Curie, M.A., A.C.S.W.
Administrator, SAMHSA

Boots on the Ground in Mississippi

Captain John Tuskan, R.N., M.S.N., Director of SAMHSA's Refugee Mental Health Program, participated in the Hurricane Katrina recovery effort with a team of professionals assembled by the Department of Health and Human Services Commissioned Corps Office of Force, Readiness, and Deployment. CAPT Tuskan served as Team Commander for a hospital augmentation team deployed to Mississippi.

The 75-person team included physicians, nurses, physician assistants, pharmacists, and physical therapists. They met in Jackson, MS, before their final deployment to Gulfport. "We had to organize this group into a functional unit overnight," CAPT Tuskan said.

Housed in a warehouse at a Navy base in Gulfport, the team received its assignments from the state's Department of Health, then dispatched its clinicians to shelters, schools, and makeshift clinics.

"We provided staff for FEMA [the Federal Emergency Management Agency] disaster recovery centers (DRCs) where hundreds of people would be waiting in lines for hours," CAPT Tuskan explained. The team carried out 18 challenging assignments including helping at a makeshift shelter in a Biloxi high school that held 500 evacuees. "At the DRCs, the job was to see who needed immediate care," he said. "But first we had to find out who could help organize the crowd."

CAPT Tuskan's perspective on the Gulf Coast catastrophe is deepened by his experience in responding to other disasters, including the terrorist attacks of September 11, 2001. "The difference here right now is the vast extent of the damage and all the dislocated people."

He likened the Gulf Coast of Mississippi after Hurricane Katrina to conditions of refugees in a war zone. CAPT Tuskan worked in Kuwait City just after the first Gulf War in the Middle East, where there was no running water, no services, no traffic lights.

He added, "Right now, Gulfport has a similar feel to it—a war zone with no enemy but the wind."

For other first-person accounts, see this article in *SAMHSA News* online at **www.samhsa.gov/SAMHSA_News.**

From Response To Recovery

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"The streamlining happens because each function within ICS has authority to make decisions on behalf of the Agency," said Ms. Bruun.

Responsible for all of the SERC's operational decisions, Ms. Bruun had under her command seven functions staffed by various SAMHSA volunteer personnel on a rotating basis. Each of the functions—planning, logistics, finance, personnel, public information, reporting, and recording—had a distinct task. And each function was responsible for daily decisions affecting people in the Gulf Coast region.

"The planning team looked at the kinds of resources that could be applied to common issues," Ms. Bruun explained. "For example, the evacuated kids from Louisiana were showing up in new school districts, some of which were in other states. Also, administrators in those districts wanted to know how to address trauma issues. So planners worked on a coordinated strategy to provide training and technical assistance for trauma training."

Most phone calls to the SERC came from state authorities looking for resources, and Gulf Coast states were not the only ones looking for assistance. "All 50 states are taking evacuees and serving those evacuees," Ms. Bruun added. "And they're also serving their existing populations. It's a huge job."

Assembling Teams of Volunteers

Within the SERC, Anne Mathews-Younes, Ed.D., Director of CMHS's Division of Prevention, Traumatic Stress, and Special Programs, served as one of the Deputy Incident Commanders. She managed logistics with Westover Inc., an Agency contractor, to provide "everything that was needed" to Mississippi, Louisiana, Alabama, and other storm-affected states.

For example, Dr. Mathews-Younes would receive a request for a team comprising specific professionals such as clinical psychologists or nurses or others from specific disciplines. She explained, "Then I would say to Westover, 'This is what I need. Can you find them? And please find them as fast as you can.' "

It was a matter of finding the right people, hundreds of them, to fill the necessary roles. "There was an effort made to match skills and credentials of volunteers with specific requests for assistance," said Dr. Dodgen.

Several national organizations, or guilds, helped identify licensed professionals

who met the criteria for deployment. Dr. Mathews-Younes explained, "They asked provider organizations to give them names of people who were licensed, were in good standing, had malpractice coverage, and were willing to be deployed."

Linking with the HHS national call for volunteers, SAMHSA created a special Web site, **www.wcikatrinahelp.com,** to help train and prepare professionals interested in volunteering. The Web site includes an online training video that explains the nature and scope of the work in progress.

As a result of this effort, more than 160 volunteer professionals were deployed in SAMHSA's Katrina Assistance Teams (KATs). The teams included psychiatrists, psychologists, nurses, social workers, substance abuse and pastoral counselors, and other mental health professionals with expertise across various disciplines.

Thinking of Everything

During deployment, KAT members received "Go Packs" containing items volunteers would need in the impact zone—insect repellent, energy bars, sunscreen, bottled water, flashlights, and other essentials. Volunteers also received help making travel and accommodation arrangements, which wasn't an easy process. "There were no cars to rent, nowhere to stay," said Dr. Mathews-Younes. "It was a logistics challenge."

The SERC prepared more than 1,000 information packets for responders to hand out. These packets contain information on suicide prevention and warning signs, the *Field Manual for Mental Health and Service Workers in Major Disasters,* the *Guide to Managing Stress in Crisis Response Professionals,* and information on psychological issues for children and adults involved in disasters.

SERC staff kept a close eye on deployed personnel. Each person in the field was asked to call in each day. "And if they didn't hear from us, they called us," said Kevin Chapman, a Drug-Free Communities project officer in SAMHSA's Center for Substance Abuse Prevention. "They called just to make sure that we were doing okay. It was reassuring to know that you weren't out there alone."

So far, SAMHSA has deployed more than 60 of its professionals, with a total of about 200 people serving in the SERC or in the field.

SAMHSA Administrator Charles G. Curie, M.A., A.C.S.W., traveled four times to the affected states in September and October. "At every stop," he said, "officials articulated a clear need for services for mental health and substance abuse. During on-site visits, I had a chance to observe and assess the changing needs of the people we serve. As we move ahead, we will need to strengthen our capacity to engage affected individuals in planning new lives for themselves and help put the steps in place for them to take action."

From Pearlington, MS, the place on the meteorological charts where the eye of the storm made landfall, Dr. Hansen is convinced that the resilience of the townspeople who survived will help them endure the coming winter months. "Everything was pretty much leveled here in Pearlington," she said. "But this is their home, their home for generations. They don't want to leave."

"It's a privilege to be down here," added Dr. Hansen. "SAMHSA's here because it's an emergency—because making sure mental health and substance abuse treatment resources are readily available will make a long-term difference. Recovery is what we work toward at SAMHSA, so of course we're here to help."

HHS recently provided the SERC with an additional $5 million in funding to provide substance abuse counselors to Louisiana.

The SAMHSA Emergency Response Center will continue to deploy teams to the Gulf Coast area until the end of January 2006. For more information, visit SAMHSA's Web site at **www.samhsa.gov.**

Resources

A wide range of information, publications, and services related to Hurricane Katrina is available on SAMHSA's Empowering Recovery Web site at **www.samhsa.gov/hurricane/default.aspx.** Related information includes:

Crisis Hotline

1-800-273-TALK (8255)
www.suicidepreventionlifeline.org

Web Sites

SAMHSA Disaster Readiness & Response
www.samhsa.gov/disaster/professional_disaster.aspx

SAMHSA's Disaster Technical Assistance Center
1-800-308-3515
www.mentalhealth.samhsa.gov/dtac

U.S. Department of Health and Human Services Web links
www.hhs.gov/katrina/index.html

The National Child Traumatic Stress Network
www.nctsnet.org

Publications

SAMHSA's National Mental Health Information Center
www.mentalhealth.samhsa.gov/cmhs/katrina/pubs.asp.

From Response To Recovery

Children's Trauma Network Offers Key Resources

Among the most poignant casualties of Hurricanes Katrina and Rita were children. Many lost not only their homes, but also cherished pets and toys. Others may have seen severely injured people or even dead bodies. Still others witnessed anxiety and fear in their parents who are usually confident.

To help parents and service providers assist children, the National Child Traumatic Stress Network (NCTSN), funded by SAMHSA's Center for Mental Health Services (CMHS), has made the Network's resources available for use in both immediate crisis responses and long-term recovery settings.

SAMHSA has been deploying its own staff, experts from other Network sites, and volunteer providers from across the Nation to help ensure children's needs are met, said Senior Project Officer Cecilia Rivera-Casale, Ph.D., of the Emergency Mental Health and Traumatic Stress Services Branch at CMHS.

"When you meet these children, there's a glazed look on their faces," said Dr. Rivera-Casale, who visited a shelter in Jackson, MS. "They seemed remote and disconnected—one of the signs of trauma."

The Network

Across the Nation, NCTSN works to improve the quality, effectiveness, and availability of services for traumatized children and youth. With a national coordinating center co-housed at the University of California Los Angeles and Duke University, the Network also includes more than 50 member sites—ideally suited to help the Gulf Coast evacuees, who have been sent to 48 states plus the District of Columbia and Puerto Rico.

Now the Network is offering more than two dozen tools to help mental health professionals, pediatricians, parents, educators, relief workers, social service personnel, and others help children affected by the hurricanes.

"A lot of mental health personnel who don't normally work in disaster situations have been called upon to work with those affected by Hurricanes Katrina and Rita," said Melissa J. Brymer, Psy.D., who manages NCTSN's terrorism and disaster work. "Our goal is to provide resources to people working with kids to help them understand what we know from the research and from experience in past disasters will make a difference in a child's recovery."

Experts in the Field

Currently, NCTSN is calling on its members for help.

"Some of our centers have specialized expertise," explained Dr. Brymer, citing centers that specialize in very young children, evacuee situations, and school-based interventions as examples. "We've drawn on that expertise and asked our Network centers to develop materials for use in these disasters."

Available at no charge on the Network's Web site at **www.nctsn.org,** the hurricane resources are organized by target audience. Several are specifically designed for use by mental health and medical professionals.

One of the most important resources is the *Psychological First Aid* package for mental health providers. Based on research as well as experience from the field, the materials help providers meet the immediate needs and concerns of children and families, reduce their distress, and start them on the path toward healthy coping. To order a copy, just go to the center's Web site, click on *Psychological First Aid,* and sign in.

"*Psychological First Aid* is based on the same principles as physical first aid," explained Alan Steinberg, Ph.D., the center's Associate Director. "In the immediate aftermath of traumatic events, *Psychological First Aid* can reduce initial distress and foster healthy adaptive functioning."

Other resources specifically designed for mental health and medical professionals include the following:

- *Children Needing Extra Help: Guidelines for Mental Health Providers.* This one-pager provides an overview of treatment recommendations.

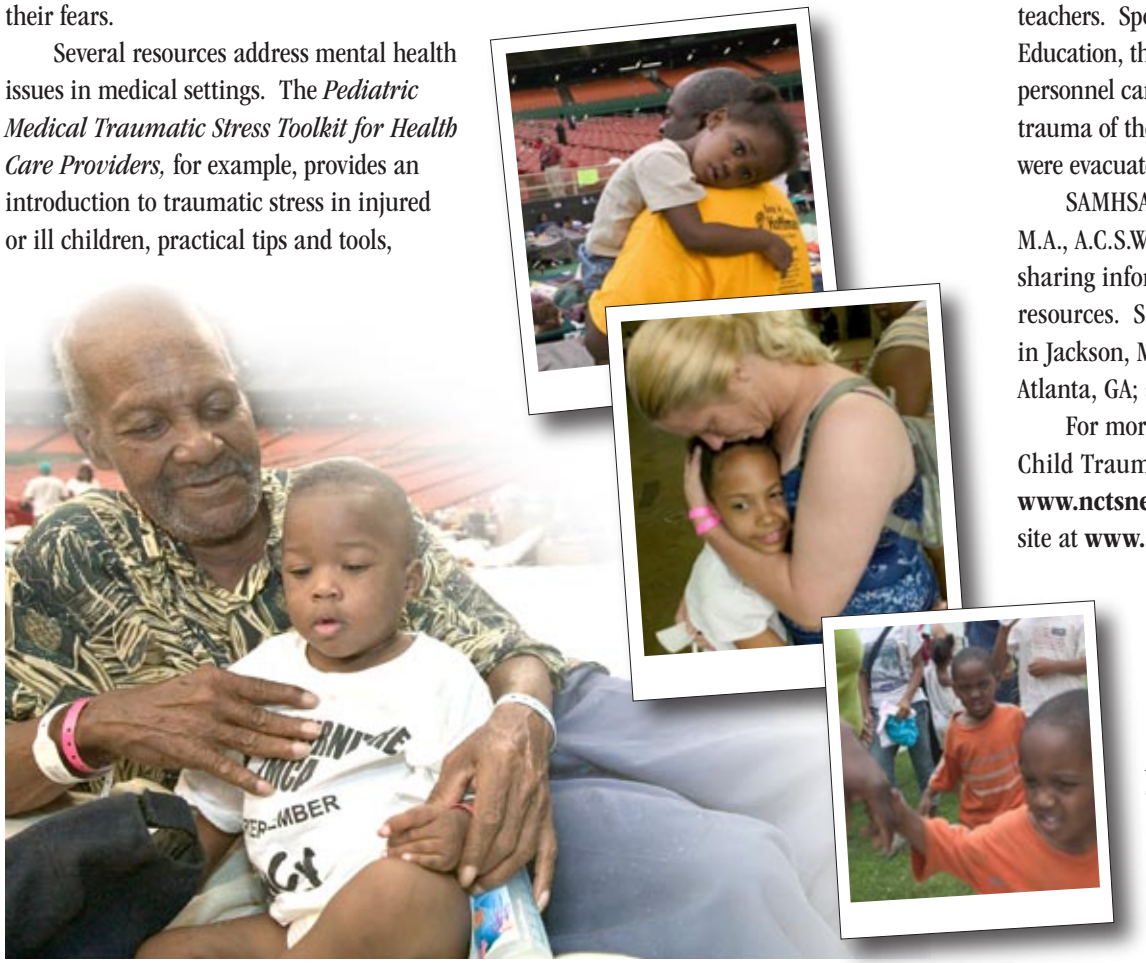
• *Healing After Trauma Skills Manual.* Originally developed after the Oklahoma City bombing, this evidence-informed intervention manual offers more than 100 pages of information about children who have experienced disasters or other traumas plus tips for helping children share their thoughts and develop positive coping skills. Aimed primarily at children from pre-kindergarten to early middle school, the manual can be used with individual children, small groups, or classrooms.

• *Providers' Guide: Helping Children in the Wake of Disaster.* Prepared by the Yale Child Study Center's National Center for Children Exposed to Violence, these guidelines help relief workers, parents, and others address children's concerns after a natural disaster. The guidelines alert caregivers to signs of adjustment difficulties, share tips for addressing those problems, and offer suggestions for ways to talk to children about their fears.

Several resources address mental health issues in medical settings. The *Pediatric Medical Traumatic Stress Toolkit for Health Care Providers,* for example, provides an introduction to traumatic stress in injured or ill children, practical tips and tools, and handouts for parents. *Childhood Traumatic Grief Educational Materials for Pediatricians and Pediatric Nurses* offers brief fact sheets plus in-depth guidelines for recognizing traumatic grief in children.

Medical Events and Traumatic Stress in Children and Families presents personal, anecdotal, and statistical information about how traumatic medical events can affect children, their parents, and health care providers. The Network's site also offers a link to disaster recovery resources from SAMHSA's Center for Substance Abuse Treatment.

These and other NCTSN resources are being put to good use. *Psychological First Aid* materials are now in the hands of state disaster coordinators, Red Cross volunteers, school officials, first responders, and others, said Dr. Brymer. Schools are already adapting the materials for use with schoolchildren, and Network members hope to have an official Network adaptation early in 2006.



Other Aid

NCTSN also offers resources for parents. "Supporting children's caregivers is important," said SAMHSA Senior Advisor on Children Sybil Goldman, M.S.W. "Parents, too, are suffering from trauma." Other resources target educators and relief workers. Some materials are available in Spanish and Vietnamese.

In addition to the printed resources offered by the Network, SAMHSA offers many other publications relevant to children, such as *Psychosocial Issues for Children and Families in Disasters: A Guide for the Primary Care Physician.* This manual and other materials are available at SAMHSA's special Web page created in response to the hurricanes, "Empowering Recovery," at **www.samhsa.gov/Disaster/professional_disaster.aspx.**

The Network has also been participating in trainings for school principals and teachers. Sponsored by the U.S. Department of Education, these trainings explain how school personnel can help children recover from the trauma of the hurricanes and help those who were evacuated adapt to their new schools.

SAMHSA Administrator Charles G. Curie, M.A., A.C.S.W., and Ms. Goldman are involved, sharing information about SAMHSA's role and resources. So far, trainings have taken place in Jackson, MS; Mobile, AL; Houston, TX; Atlanta, GA; and Pensacola, FL.

For more information about the National Child Traumatic Stress Network, visit **www.nctsnet.org.** Also visit SAMHSA's Web site at **www.samhsa.gov.**

—By Rebecca A. Clay

Katrina survivors, many of them children, found shelter at the Houston Astrodome in the early days after the storm. Photos on pages 6 and 7 by Andrea Booher, Federal Emergency Management Agency.

From Response To Recovery

Methadone, Buprenorphine: Emergency Care in a Crisis

In the wake of Hurricane Katrina, patients in Opioid Treatment Programs (OTPs) in the Gulf Coast region found themselves cut off from access to their daily medications—specifically methadone and buprenorphine.

All seven OTPs in the New Orleans area were shut down by the storms. Prior to shutting down, all OTPs were able to implement their disaster plans, which included providing all patients with a week's take-home supply of medication.

Across Lousiana, six OTPs were still open. They prepared to receive any opioid-dependent patient who might need services.

To make matters worse, more than 5,000 physicians had to evacuate the New Orleans area.

Of these physicians, approximately 34 were registered with SAMHSA to prescribe buprenorphine. In addition, an unknown number of medical practices had been engaged in pain management treatment with opioid therapy, leaving those patients without providers to continue their treatments.

As a result, in the days that followed the hurricane evacuations, patients were walking into clinics in Baton Rouge, Houston, and other cities, desperate for their medication. In many cases, they had no proper identification papers, no medical history in hand, and no proof of participation in a methadone or buprenorphine program in their home state.

Robert Lubran, M.P.H., Director of the Division of Pharmacologic Therapies within SAMHSA's Center for Substance Abuse Treatment (CSAT), continues to work with state officials to ensure continuity of care. "The big challenge is when somebody shows up at your door and says 'Hi, I'm a methadone patient from New Orleans,' " said Mr. Lubran. "Verifying that information is next to impossible, as is verifying dosage."

Managing this dilemma falls to local service providers and deployed SAMHSA volunteers like Kenneth Hoffman, M.D., M.P.H., a medical officer in CSAT's Division of Pharmacologic Therapies. Onsite in Baton Rouge for 2 weeks, Dr. Hoffman worked in consultation with personnel from Louisiana's Department of Health and Hospitals' Office of Addictive Disorders to establish protocols for administering medications to people without documentation.

Dr. Hoffman and his colleagues faced many hurdles. "How do you know if a person is really in a program?" he recalled thinking. "How do you identify doctors who will be willing to prescribe medication? How do you establish a registry so you can have continuity of care? There was no easy way to figure it all out."

To provide assistance, SAMHSA issued a guidance on emergency medications, which outlined procedures for short- and long-term emergency methadone and buprenorphine treatment services to local populations affected by the disaster.

More often than not, the solution involved starting from scratch. "You just take someone as a new patient," Dr. Hoffman said. "You do a physical assessment and look at their mental status. Then you can start them on protocol."

Anton Bizzell, M.D., another CSAT medical officer, deployed to Baton Rouge to work with Louisiana's Assistant Secretary for Addictive Disorders and Assistant Secretary for Mental Health. "We helped develop plans to make sure we had substance abuse and mental health professionals on the ground," Dr. Bizzell said.

In some cases, SAMHSA staff helped grantees adapt to specific needs "post-Katrina." For example, Dr. Bizzell received a request from a SAMHSA grantee to reorganize funding to sustain services in the storm's wake. After the required assessment of the request, Dr. Bizzell assisted the grantee with the funding adjustments.

In Houston, Mr. Lubran said, "A lot of outreach was done by SAMHSA's Screening, Brief Intervention, Referral, and Treatment (SBIRT) program. SBIRT staff went into the Astrodome and screened people for substance abuse. And the state provided transportation to get these people into treatment programs."

All four states—Louisiana, Mississippi, Alabama, and Texas—received SAMHSA Emergency Response Grants. Those funds are exhausted now, but the grant-funded work done after the hurricanes has paved the way for systemic improvements in the region's OTPs.

According to Mr. Lubran, SAMHSA is piloting an innovative, Internet-based system to ensure continuity of care in future disasters. The pilot is operating on a limited basis at this time, and it will be several years before the system is fully operational.

This system would make information on buprenorphine and methadone patients enrolled in an OTP in one part of the country available to staff at other OTPs across the Nation.

"Once the system is up," said Arlene Stanton, Ph.D., CSAT's Project Officer on the project, "if a patient from New Orleans walked into a clinic in Houston, the Texas staff could meet that person's critical treatment needs with minimal delay."

Planning and design for the new system began after the terrorist attacks of September 11, 2001. Officials recognized the need for transfer of data regionally and nationally in the wake of a disaster.

For more information on methadone, buprenorphine, and other related topics (e.g., the Agency's emergency guidance to State Methadone Authorities), visit SAMHSA's Web sites at **http://buprenorphine.samhsa.gov** or **http://dpt.samhsa.gov.**

—By Jon Bowen

From Response To Recovery

Estimates of Substance Use in States Affected by Hurricanes

SAMHSA's Office of Applied Studies (OAS) has compiled baseline data on pre-hurricane substance use in states affected by Hurricanes Katrina and Rita. The data are extracted from the Agency's National Survey on Drug Use and Health (NSDUH).

The states highlighted include Alabama, Florida, Louisiana, Mississippi, and Texas. Each state's information includes substance use prevalence data, including "substate" data and maps. State-level estimates are based on the 2002 to 2004 surveys, while substate estimates were generated from earlier (1999 to 2001) surveys.

Substate areas are smaller areas as defined by states for treatment planning. For example, in Louisiana the seven state regions, defined in terms of the state's 64 parishes, are provided by the state's Office for Addictive Disorders at the Louisiana Department of Health and Hospitals.

Other information includes behavioral health program updates, substance abuse data on other states and metropolitan areas, and maps from the Federal Emergency Management Agency (FEMA).

For more information on *Katrina/Rita Areas: Baseline State and Sub-State Estimates of Substance Use from the 2002-2004 National Surveys on Drug Use and Health,* visit SAMHSA's Web site at **http://oas.samhsa.gov/katrina/toc.cfm.**

This Web site will be updated as more information becomes available. OAS recommends the PDF version for printing substate data and maps.

Behavioral Health Data

For specific state information, SAMHSA's Behavioral Health Headlines Database provides access to a Web-based digest of state and national news related to public sector mental health and substance abuse services. Reports are posted biweekly on current issues and trends.

In addition, access is provided to a database of abstracts from the past 5 years of *Behavioral Health Headlines*—searchable by state, date, and keyword.

For more information on this database, visit **http://alt.samhsa.gov/SBHH/search.asp.**

Methamphetamine Update

Recent data from the National Survey on Drug Use and Health indicate a significant increase in the estimated number of past-month methamphetamine users who met criteria for illicit drug dependence or abuse in the past 12 months.

The report, from SAMHSA's Office of Applied Studies, is titled *Methamphetamine Use, Abuse, and Dependence: 2002, 2003, and 2004.*

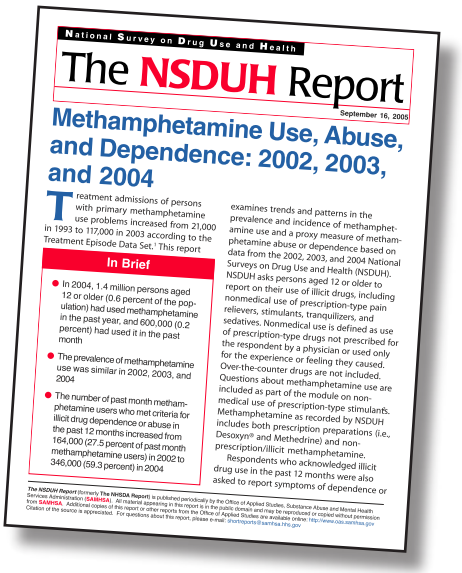
Past-month methamphetamine users who met criteria for illicit drug abuse or dependence increased from 164,000 (27.5 percent) in 2002 to 346,000 (59.3 percent) in 2004. However, the estimated number of persons age 12 or older who used methamphetamine in the past year in 2004 (1.4 million) and in the past month (600,000) remained similar to numbers in 2002 and 2003.

Averages for 2002, 2003, and 2004 indicate that the rate of past-year methamphetamine use was higher for young adults age 18 to 25 (1.6 percent) than for youth age 12 to 17 (0.7 percent), who, in turn, had a higher rate than adults age 26 or older (0.4 percent).

Among all persons age 12 or older, the rate of past-year use was higher among males (0.7 percent) than females (0.5 percent).

The data ranked 12 western states, including Nevada, Wyoming, and Montana, among the top third of states highest in past-year use of methamphetamine. Connecticut, New York, and North Carolina were among the states with the lowest rates.

Dependence or abuse is defined using criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) used by psychiatrists for their diagnoses. The annual survey of close to 70,000 people asked about both illicit methamphetamine, as well as prescription methamphetamine use (nonmedical).


National Survey on Drug Use and Health

The NSDUH Report

September 16, 2005

Methamphetamine Use, Abuse, and Dependence: 2002, 2003, and 2004

Treatment admissions of persons with primary methamphetamine use problems increased from 21,000 in 1993 to 117,000 in 2003 according to the Treatment Episode Data Set.[1] This report examines trends and patterns in the prevalence and incidence of methamphetamine use and a proxy measure of methamphetamine abuse or dependence based on data from the 2002, 2003, and 2004 National Surveys on Drug Use and Health (NSDUH). NSDUH asks persons aged 12 or older to report on their use of illicit drugs, including nonmedical use of prescription-type pain relievers, stimulants, tranquilizers, and sedatives. Nonmedical use is defined as use of prescription-type drugs not prescribed for the respondent by a physician or used only for the experience or feeling they caused. Over-the-counter drugs are not included. Questions about methamphetamine use are included as part of the module on nonmedical use of prescription-type stimulants. Methamphetamine as recorded by NSDUH includes both prescription preparations (i.e., Desoxyn® and Methedrine) and non-prescription/illicit methamphetamine.

Respondents who acknowledged illicit drug use in the past 12 months were also asked to report symptoms of dependence or

In Brief

- In 2004, 1.4 million persons aged 12 or older (0.6 percent of the population) had used methamphetamine in the past year, and 600,000 (0.2 percent) had used it in the past month.
- The prevalence of methamphetamine use was similar in 2002, 2003, and 2004.
- The number of past month methamphetamine users who met criteria for illicit drug dependence or abuse in the past 12 months increased from 164,000 (27.5 percent of past month methamphetamine users) in 2002 to 346,000 (59.3 percent) in 2004.

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The report is available on SAMHSA's Web site at **www.oas.samhsa.gov/2k5/meth/meth.htm.**

SAMHSA Awards Final 2005 Grants

SAMHSA recently announced the final grant awards for Fiscal Year 2005. (See *SAMHSA News,* July/August 2005 and September/October 2005 for previous awards). These grants include the following:

Children and Adolescents

- **$184.5 million over 6 years** for 25 "Systems of Care" cooperative agreements. These Child Mental Health Services grants will provide comprehensive community mental health services for children and youth with serious emotional disturbances and their families.

The "systems of care" approach to services is based on the premise that the mental health needs of children and adolescents can best be met in their homes, schools, and communities, and that families and youth should be the driving force in their own care. The awards provide up to $1 million in the first year and are renewable for up to 6 years.

- **$70 million over 4 years** to help children who experience traumatic events. These grants will fund a network of community-based treatment and services centers that are supported by national expertise. SAMHSA's National Child Traumatic Stress Initiative has three components:

—*Community Treatment and Services Centers* (19 awards totaling $30.4 million over 4 years) provide services to children who have experienced traumatic events and evaluate the effectiveness of trauma treatment and services in community and service system settings.

—*Treatment and Services Adaptation Centers* (8 awards totaling $19.2 million over 4 years) provide national expertise on specific types of traumatic events, population groups, and service systems, and support adaptable treatment and service approaches for communities across the Nation.

—*The University of California Los Angeles* ($20 million over 4 years) will operate the National Center for Child Traumatic Stress in partnership with Duke University.

The National Center for Child Traumatic Stress advances the network structure, coordinates network activities, and promotes national education and training efforts.

- **$17.5 million over 5 years** to Georgetown University to manage the National Training and Technical Assistance Center for Child and Adolescent Mental Health. The center will provide resources and training to state and local child-serving agencies, Indian tribes and tribal organizations, and Pacific Island jurisdictions working to develop child and family-centered, culturally competent, coordinated systems of care for children and adolescents with serious emotional disturbances and their families.

Mental Health Transformation

- **$92.5 million over 5 years** to seven states—Connecticut, Ohio, Oklahoma, Washington, Maryland, New Mexico, and Texas—in Mental Health Transformation State Incentive grants (MH SIGs). These grants are provided to help change the mental health service delivery system in each state to reflect consumer and family needs and to focus on building resiliency and facilitating recovery.

The MH SIG grants require the grantees to enlist consumers and family members as active partners in all transformation planning and activities.

Older Adults

- **$13.2 million over 3 years** to provide mental health services for older adults. These 11 grants will help community-based organizations increase capacity or improve the services available to people age 60 and older who are at risk for or experiencing mental health problems.

Jail Diversion

- **$7.2 million over 3 years** to divert individuals with mental illnesses away from the criminal justice system and into community-based mental health and substance abuse treatment centers. Six grants were awarded to five states—California, Illinois, Louisiana, New York, and Virginia. Treatment services must be based on the best known practices and include case management, assertive community treatment, medication management, integrated mental health and substance abuse treatment, psychiatric rehabilitation, and gender-based trauma services. Grantees will coordinate with social service agencies to ensure that life-skills training, housing placement, vocational training, job placement, and health care are available to persons in the program.

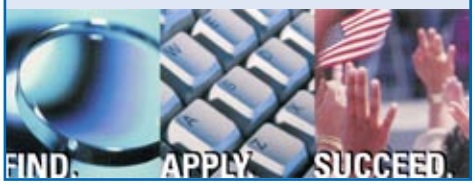
For the latest information on SAMHSA grant awards or new funding announcements, visit **www.samhsa.gov** or **www.grants.gov.**

Preview SAMHSA's 2006 Grants

For a preview of SAMHSA's 2006 grants, visit **www.samhsa.gov/grants/2006/ataglance.aspx.**

And to file your SAMHSA grant application online, it's very easy to register. All information is secure, and you'll have access to all Federal grant announcements.

Visit **www.samhsa.gov/grants/index.aspx** for more information, or go directly to **grants.gov** to apply online.



SAMHSA Report Highlights Outcome Measures

SAMHSA recently submitted a report to Congress that details how the new national outcome measures (NOMs) developed jointly by SAMHSA and the states will create a simple, performance-based, outcome-driven measurement system for SAMHSA's Block Grant programs.

The document is titled *A Report Required by Congress on Performance Partnerships: A Discussion of SAMHSA's Efforts To Increase Accountability Based on Performance in Its Block Grant Programs by Instituting National Outcome Measures.* The report describes how SAMHSA plans to work with state mental health and substance abuse programs in managing the Community Mental Health Services Block Grant and the Substance Abuse Prevention and Treatment Block Grant.

A key feature in this management approach is a series of outcome measures that focus on 10 domains (see *SAMHSA News,* July/August 2005). States are responsible for collecting their performance data and providing it to SAMHSA. Federal and state officials will collaborate on data analysis and performance management to improve services for people with mental and addictive disorders.

"The NOMs are one of the first products of SAMHSA's overarching data strategy," said Daryl Kade, SAMHSA Associate Administrator for Policy, Planning, and Budget. "These measures reflect consensus with our state partners. Commitment to implementing NOMs for all states is reflected in SAMHSA's budget, the alignment of our technical assistance activities, and the reports we generate."

Ms. Kade emphasized that both SAMHSA and the states are ready to move forward by collecting outcome and performance data. Some states, however, need technical assistance from SAMHSA to meet NOMs reporting requirements.

"We're trying to match the technical assistance needs of the states with the technical assistance resources of SAMHSA's three Centers and the activities of the State Outcomes Measurement and Management System (SOMMS) Central Services Center," Ms. Kade said.

The SOMMS serves as a central data repository and supports further technical work on standardized definitions and outcomes measures for states. "We are working toward all states being ready to report data by the end of Fiscal Year 2007," Ms. Kade added.

"Establishing outcome measures has not been an easy process for either the states or SAMHSA, and nor has the drafting of the Report to Congress," said Winnie Mitchell, M.P.A., Team Leader in SAMHSA's Office of Policy, Planning, and Budget (OPPB). "The process involved in addressing Congress's requirement 'to develop plans for creating more flexibility for states and accountability based on outcome and other performance measures' (Public Health Service Act, section 1949 [300x-59]) allowed the Agency to take a hard look at what it really wanted to do, which was to leverage the power of data to better manage SAMHSA's Block Grants. The benefits over the long run will be well worth the time and energy invested in developing a clean, focused, and outcome-driven performance measurement system."

The NOMs is a Web-based tool that uses maps and charts to describe state substance abuse and mental health prevalence, treatment, and funding data. It also provides substance abuse prevention data. As new data are collected, the Web site will generate cross-year data to help users examine program changes over time.

"The first realignment we have made within the Agency is to reduce the data reporting to a single point within each SAMHSA Center," said Sue Becker, M.S., a senior public health analyst in OPPB. "We'll have consistent measures across all of our programs, which will allow us to total up the numbers of persons served by all SAMHSA programs and describe their health outcomes."

Ms. Becker added that the NOMs will enable SAMHSA to assess its progress in meeting the mental health and substance abuse needs of a diverse array of target populations.

—By Craig Packer

National Meeting Launches Effort To Stop Underage Drinking

Nearly 29 percent of young people age 12 to 20 say they're already drinking, according to SAMHSA's 2004 National Survey on Drug Use and Health. Almost 20 percent are binge drinkers, downing five or more drinks at a time.

These young people are putting themselves at immediate risk of car crashes, educational failure, unwanted pregnancy, violence, and other problems. They're also jeopardizing their futures: Young people who begin drinking before they're 15 are a whopping five times more likely to develop alcohol problems later in life than those who wait until they're 21.

Now the Federal Government has launched an unprecedented collaboration focused on keeping kids from taking that first drink.

The Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD), chaired by SAMHSA Administrator Charles G. Curie, M.A., A.C.S.W., comprises representatives from several Government agencies (see sidebar).

Together they developed a comprehensive plan for combating underage drinking. Among other activities, the committee and its members have already brought together teams of senior state officials. They received the U.S. Surgeon General's commitment to issue a call to action.

"Over the years, we've made great progress in reducing tobacco and illicit drug use among our Nation's young people," said Health and Human Services (HHS) Secretary Mike Leavitt. "Underage alcohol use has been a tougher and more persistent problem. However, the solutions are well within our grasp."

ICCPUD's plan centers on three objectives: strengthening the Nation's commitment to fighting underage drinking, reducing the demand for and availability of alcohol among youth, and using research to improve the effectiveness of prevention efforts.

Strengthening Commitment

In the fall, SAMHSA and ICCPUD sponsored a national meeting bringing together teams from nearly every state, territory, and the District of Columbia. (States in the Gulf region will meet later.)

Composed of senior state officials and professionals in the prevention, health, alcohol control, education, enforcement, and highway safety fields, these state teams received the latest information about the scope of underage drinking, its consequences, and evidence-based strategies for addressing the problem. They had a chance to discuss their state's current efforts and ways of strengthening those efforts. And they brainstormed about how their states will participate in a series of town hall meetings in the spring.

"Alcohol is the most widely used substance of abuse among America's youth," Mr. Curie told conference participants. "For too long, underage drinking has been accepted as a rite of passage. Far too many young people, their friends, and families have paid the price. I encourage you to use every means available to help more and more Americans understand the consequences of underage alcohol use."

Conference presenters included (from left to right) NIAAA Director Ting-Kai Li; Hope Taft, First Lady, Ohio; Nancy Freudenthal, First Lady, Wyoming; HHS Secretary Mike Leavitt; Patricia Kempthorne, First Lady, Idaho; and SAMHSA Administrator Charles Curie.

To view the PSAs developed by SAMHSA and the Ad Council, visit **www.adcouncil.org/campaigns/underage_drinking.**

A highlight of the 2-day event was the announcement by Surgeon General Richard H. Carmona, M.D., M.P.H., that he would issue a call to action on underage drinking.

"The health of our children is in jeopardy," Vice Admiral Carmona said via video hookup. "I will work with all of you and with my partners at SAMHSA, the National Institute of Mental Health, and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) to develop and release the first Surgeon General's call to action on the issue of underage drinking, so that every single person in this country understands the negative health, social, and family consequences of underage drinking."

Reducing Demand

The meeting also launched a national public awareness campaign developed by SAMHSA in partnership with the Ad Council, a national, non-profit organization that marshals volunteer talent from the advertising and communications industries.

The campaign, which consists of public service announcements (PSAs) for television and radio, print and Internet advertisements, and a guide for parents, is a key step toward reducing the demand for and availability of alcohol among those under age 21.

The campaign features middle-schoolers participating in Alcoholics Anonymous meetings. "My name is David," the boy in one public service announcement says to a roomful of adults, who chorus back, "Hello, David."

"And in 8 years," David continues, "I'll be an alcoholic."

The goal of the materials is to get parents to start talking with their 11- to 15-year-olds about the dangers and consequences of alcohol use before they start drinking.

"We want to send a wake-up call to parents that any use of alcohol for teens involves risk, not just binge drinking or drinking and driving," explained Mr. Curie. "Parents of children and teens must recognize the importance of talking to their children early and often about alcohol, especially before they've started drinking."

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Interagency Coordinating Committee Members

The Interagency Coordinating Committee on the Prevention of Underage Drinking consists of representatives from several Government agencies:

U.S. Department of Defense
- Office of the Assistant Secretary of Defense (Health Affairs)

U.S. Department of Education
- Office of Safe and Drug-Free Schools

U.S. Department of Health and Human Services
- Administration for Children and Families
- Centers for Disease Control and Prevention
- National Institute on Alcohol Abuse and Alcoholism
- Office of the Surgeon General
- Substance Abuse and Mental Health Services Administration

U.S. Department of Justice
- Office of Juvenile Justice and Delinquency Prevention

U.S. Department of Transportation
- National Highway Traffic Safety Administration

U.S. Department of Treasury
- Alcohol and Tobacco Tax and Trade Bureau

Office of National Drug Control Policy

Federal Trade Commission (ex officio)
- Bureau of Consumer Protection.

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Increasing Scientific Understanding

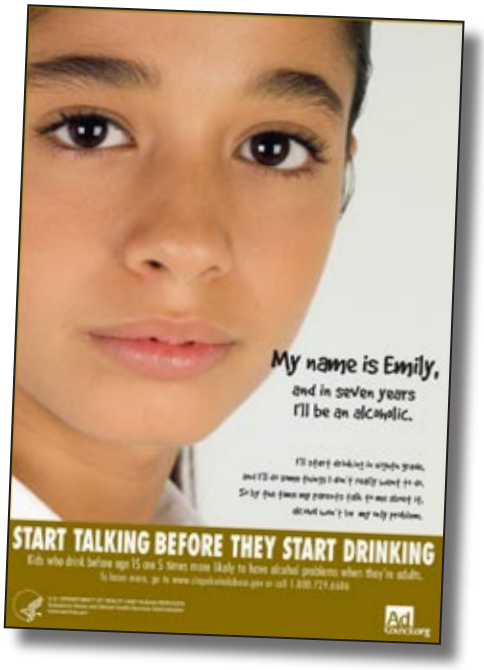
NIAAA and other ICCPUD members are also making progress related to the objective of using research, evaluation, and surveillance to improve the effectiveness of prevention policies and programs.

"NIAAA's underage drinking initiative provides the scientific foundation for ICCPUD," said NIAAA Director Ting-Kai Li, M.D.

The recent publication of a special issue of NIAAA's journal, *Alcohol and Development in Youth: A Multidisciplinary Overview,* is just one example. A product of the NIAAA Interdisciplinary Team on Underage Drinking Research, the issue is a first step in NIAAA's efforts to bring the developmental perspective to bear upon the problem of underage drinking. The issue reviews and evaluates the latest research findings across the spectrum of topics related to alcohol consumption among youth. Another publication, planned for the spring, will focus on alcohol use within a developmental framework.

For more information, visit **www.stopalcoholabuse.gov.**

—By Rebecca A. Clay



Stop Underage Drinking Resources

- **www.stopalcoholabuse.gov.** ICCPUD's Web site offers parents, educators, community- and faith-based organizations, young people, law enforcement, prevention specialists, and others convenient access to comprehensive Government-approved information on underage drinking.
- **www.adcouncil.org/campaigns/underage_drinking.** "Start Talking Before They Start Drinking." To view ads from this public awareness campaign, visit the Ad Council's Web site.
- **http://pubs.niaaa.nih.gov/publications/arh283/toc28-3.htm.** *Alcohol and Development in Youth: A Multidisciplinary Overview.* This special issue of *Alcohol Research & Health: The Journal of the National Institute on Alcohol Abuse and Alcoholism,* Vol. 28, No. 3, 2004/2005, is available online.

SAMHSA Helps Educate the Public about Medicare Rx Benefit

SAMHSA is collaborating with the Centers for Medicare & Medicaid Services (CMS) on efforts to help Medicare beneficiaries with mental and substance use disorders make informed decisions and enroll in the prescription drug coverage available through Medicare starting January 1, 2006. (See *SAMHSA News,* July/August 2005.)

To do this, SAMHSA and CMS are supporting stakeholder groups and community-based organizations to perform outreach and educational activities. Efforts include distribution of printed materials and resources, informational fairs, presentations at regularly scheduled conferences, "train-the-trainer" sessions, and development of Internet referral and decision-making tools.

The four groups funded to provide outreach and education include the National Association of State Mental Health Program Directors, the National Council for Community Behavioral Healthcare, the National Alliance on Mental Illness, and the National Mental Health Association.

In addition, SAMHSA's Web site now features a special section on the Medicare Modernization Act. The site includes a description of the Medicare prescription drug coverage, an explanation of enrollment and significant enrollment dates, and links

to other resources. For more information, visit **www.samhsa.gov/MMA/index.aspx.**

A Drug Plan Finder tool is available on the CMS Web site at **www.medicare.gov.** For those without Internet access, call Medicare's hotline at 1-800-633-4227.

Making a Difference for America's Youth

More than 500 parents, community leaders, educators, researchers, students, and experts in child development recently participated in the White House Conference on Helping America's Youth, hosted by First Lady Laura Bush at Howard University in Washington, DC.

The conference addressed the challenges facing today's youth and presented programs helping youth avoid at-risk behavior by connecting them with schools, their communities, and their families.

"I'm encouraged by children and community leaders I have met around the country who have the compassion and persistence to help change lives," said Mrs. Bush. "It is very moving and very American. All of us can shape a world in which good values are encouraged and children can hope for a healthy, happy, and more productive future."

White House photo by Paul Morse

President George W. Bush, background, applauds as Mrs. Bush offers her welcoming remarks, at Howard University in Washington, DC, at the White House Conference on Helping America's Youth.

Community Guide

SAMHSA Administrator Charles G. Curie, M.A., A.C.S.W., introduced the *Community Guide to Helping America's Youth* at the conference. The guide is designed to help communities identify challenges they face and offer specific steps to improve the lives of boys and girls in their areas.

"Just as it is very important for communities to come together to help America's youth, it is important for Federal agencies to work together as partners to support communities," Mr. Curie said.

In April, the White House convened an interagency workgroup of nine Federal agencies to develop the community guide, which is intended to encourage actions in three areas—family, school, and community. The U.S. Departments of Health and Human Services, Justice, Education, Agriculture, Labor, Housing and Urban Development, the Interior, the Office of National Drug Control Policy, and the Corporation for National and Community Service helped develop the guide.

Their collective efforts produced a user-friendly, interactive Web site designed to help communities build partnerships, assess community needs and resources, and select programs that work.

"The essential elements of the new community guide mirror the key elements of successful prevention efforts," Mr. Curie pointed out. "These concepts are the core of SAMHSA's Strategic Prevention Framework and its grant program to states and communities," he said.

These concepts include:

- Profiling needs and resources
- Mobilizing capacity
- Developing comprehensive strategic plans
- Implementing evidence-based programs.

This online guide will help local leaders assess what they are already doing to meet the needs of their young people and what they can do to help. For example, the assessment guide includes maps of communities so that law enforcement can plug in high-crime areas. Communities can use the map to determine services available, so they can direct these services to underserved parts of their cities.

Research shows children are less likely to engage in risky behaviors, including illegal drug, alcohol, and tobacco use, when connected with parents, family, school, community, and places of worship. Risky behaviors are among the top causes of disease and early death among youth.

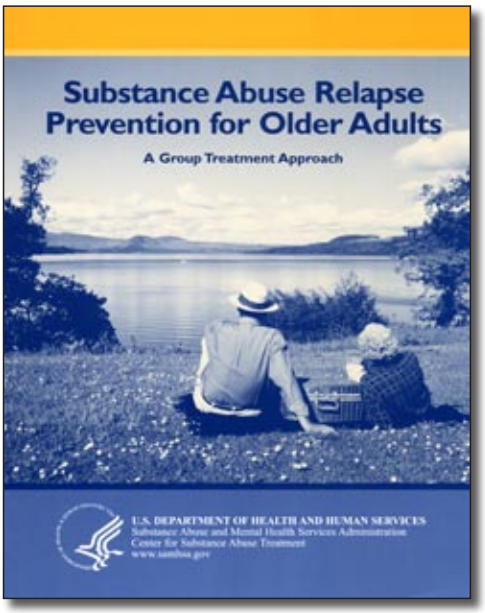
More than 20 colleges and universities across the Nation simulcast the conference so that members of their local communities could participate.

For more information and to view a rebroadcast of the conference, visit **www.helpingyouthconference.org.** For more information on the *Community Guide to Helping America's Youth,* visit **www.helpingamericasyouth.gov.**

Relapse Prevention for Older Adults

SAMHSA's Center for Substance Abuse Treatment recently released a 200-page manual, *Substance Abuse Relapse Prevention for Older Adults: A Group Treatment Approach,* to help treatment providers working in outpatient settings with older men and women with substance abuse problems. The publication includes prevalence data for the older adult treatment population.

To order, contact SAMHSA's National Clearinghouse for Alcohol and Drug Information at P.O. Box 2345, Rockville, MD 20847-2345. Telephone: 1 (800) 729-6686 (English and Spanish) or 1 (800) 487-4889 (TDD). Ask for NCADI #BKD525.



Journal Highlights Employee Assistance Industry Alliance

Employee Assistance Quarterly, Volume 19, Number 3, features an article co-authored by SAMHSA's Ronald W. Manderscheid, Ph.D., Chief, Survey and Analysis Branch, Center for Mental Health Services, on collaboration in the Employee Assistance Program industry.

The article, "The Employee Assistance Industry Alliance: Context, History, and Initial Vision," begins with the epidemiology of substance abuse and mental health diseases, and looks at recent changes in insurance and payment systems. A section on SAMHSA reviews the Agency's history, structure, and program priorities. The article also discusses the history and activities of the national Employee Assistance Industry Alliance formed by SAMHSA in 1999.

In the Best of Families . . .

A new full-color SAMHSA brochure, "Alcohol and Drug Addiction Happens in the Best of Families," explains how the problem of substance abuse affects entire families, not just the person who is using drugs or alcohol. The brochure provides information on treatment options, interventions, effects on children, support groups, and resources that include toll-free phone numbers.

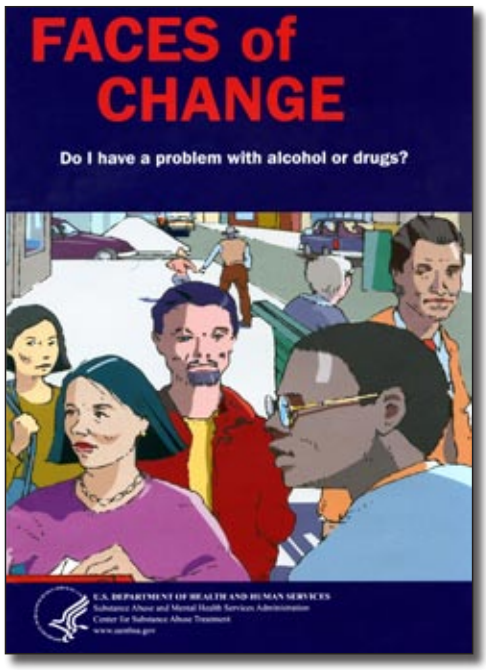
To order, contact SAMHSA's National Clearinghouse for Alcohol and Drug Information at P.O. Box 2345, Rockville, MD 20847-2345. Telephone: 1 (800) 729-6686 (English and Spanish) or 1 (800) 487-4889 (TDD). Ask for NCADI #PHD1112.

For Problems with Alcohol and Drugs

SAMHSA's Center for Substance Abuse Treatment recently released *Faces of Change: Do I Have a Problem with Alcohol or Drugs?* The booklet, which looks at five people from different backgrounds who have a problem with alcohol or illegal drugs, is designed especially for people who may not realize that they have a problem.

Included are questions about what could happen with continued drug use and drinking, what a substance abuse counselor could do to help, and how to avoid "triggers" and practice coping skills. The booklet also offers a helpful "Change Plan Worksheet."

To obtain a copy, contact SAMHSA's National Clearinghouse for Alcohol and Drug Information at P.O. Box 2345, Rockville, MD 20847-2345. Telephone: 1 (800) 729-6686 (English and Spanish) or 1 (800) 487-4889 (TDD). Ask for NCADI #PHD1103.



New Guide Released on Opioid Treatment

SAMHSA recently released new guidelines on medication-assisted treatment in Opioid Treatment Programs (OTPs), which largely provide services to people addicted to heroin or prescription drugs containing opiates.

Targeted to treatment providers and administrators in OTPs, *Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs,* SAMHSA's Treatment Improvement Protocol 43 (TIP 43), provides updated information on effective treatment practices and care.

The TIP emphasizes the importance of support services such as counseling, mental health, and related medical services, as well as vocational rehabilitation. TIP 43 consolidates and updates earlier TIPs on methadone treatment for opioid dependence. The new TIP also complements TIP 40, *Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction.*

Currently, there are more than 1,100 OTPs operating in the United States. According to the guide, medication-assisted treatment offers a more comprehensive, individually tailored program than other types of treatment. Medication-assisted treatment includes pharmacotherapy integrated with psychosocial and medical treatment and support services.

The guide emphasizes that opioid dependence is a treatable medical disorder. To support patients in recovery, TIP 43 highlights ways to combat the effects of stigma in communities.

Representative chapters include:

Chapter 1: Introduction provides an overview of medication-assisted treatment, an update on the changing field of treatment for opioid dependence, and possibilities for the future.

Chapter 2: History of Medication-Assisted Treatment for Opioid Addiction reviews the background of opioid addiction and treatment. This chapter also includes information on new regulations affecting opioid addiction treatment.

Chapter 3: Pharmacology of Medications Used To Treat Opioid Addiction compares the types of medications used and includes detailed descriptions of the pros and cons of these medications. This chapter also outlines best practices for the use of three specific medicines—methadone, buprenorphine, and naltrexone—to treat those addicted to opioids.

Methadone is a synthetic opioid that has been successful over many years in treating addiction to opiates. Buprenorphine can be prescribed—in office-based settings—by physicians with appropriate certification. Naltrexone blocks the effects of heroin or prescription drugs containing opiates.

Chapter 4: Initial Screening, Admission Procedures, and Assessment Techniques discusses the procedures used to screen, admit, and assess patients in OTPs. This chapter also offers assessment techniques and considerations that are important to ongoing medication-assisted treatment.

Chapter 5: Clinical Pharmacotherapy explains the distinct stages of opioid pharmacotherapy and offers recommendations on induction, stabilization, appropriate dosage, and medically supervised withdrawal.

Chapter 6: Patient-Treatment Matching: Types of Services and Levels of Care offers an in-depth strategy for matching patients with types of treatment and presents ways to accommodate special populations.

Chapter 7: Phases of Treatment outlines each phase of the treatment process in detail—acute, rehabilitative, supportive care, medical maintenance, tapering, and readjustment and continuing care.

Chapter 8: Approaches to Providing Comprehensive Care and Maximizing Patient Retention looks at the use of a combination of pharmacotherapy and other services when needed—for example, psychosocial counseling and medical care—as a way to achieve maximum effectiveness in OTPs. This chapter also describes ways to increase patient retention and avoid administrative discharge and non-compliance.

Chapter 9: Drug Testing as a Tool updates earlier published information on methods for drug testing in OTPs. This chapter describes the benefits and limitations of a variety of testing methods—urine, oral-fluid, blood, sweat, and hair. Most discussion, however, focuses on urine drug testing—the most common method in OTPs.

Chapter 10: Associated Medical Problems outlines diagnosis and treatment of the medical conditions most commonly seen in patients in medication-assisted treatment. These conditions include HIV/AIDS, hepatitis C, and tuberculosis.

To obtain TIP 43, *Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs,* contact SAMHSA's National Clearinghouse for Alcohol and Drug Information at P.O. Box 2345, Rockville, MD 20847-2345. Telephone: 1 (800) 729-6686 (English), 1 (877) 767-8432 (Spanish) or 1 (800) 487-4889 (TDD). Ask for NCADI No. BKD524. Online, TIP 43 is available at **www.kap.samhsa.gov/products/manuals/tips/numerical.htm.**

—By Ellen Robinson

Conference Addresses Homelessness

Preparing People for Change: Knowledge & Choice

People with serious mental illnesses and co-occurring substance use disorders are especially vulnerable to becoming homeless during the transition from institutions such as inpatient treatment or jail to community-based care.

A workshop on transition planning was one of more than 65 sessions offered at SAMHSA's third national conference on ending homelessness among persons with mental illnesses and/or substance use disorders, Preparing People for Change: Knowledge & Choice. The conference convened in Washington, DC, at the end of October.

"We wanted everyone to come away from the conference with new skills and information about new approaches," said Lawrence D. Rickards, Ph.D., Chief of the Homeless Programs Branch of the Division of Service and Systems Improvement at SAMHSA's Center for Mental Health Services.

More than 800 service providers, consumers, and Federal staff participated in the conference, according to Dr. Rickards. "A learning community was established here," he said. "Participants had the opportunity to network and exchange perspectives with colleagues from across the Nation."

In addition, SAMHSA Administrator Charles G. Curie, M.A., A.C.S.W., presented Exemplary Program Awards to 12 organizations that serve the homeless population in cities across the Nation.

Transition Planning

Panelists from SAMHSA's National Resource and Training Center on Homelessness and Mental Illness (NRTC), the National GAINS Center, and the Massachusetts Department of Mental Health shared their strategies for preventing homelessness during transition periods.

Inadequate planning time, stigma and discrimination, lack of accountability and incentives, and even differences in language among service systems are significant challenges to effective transition planning for persons with mental illnesses and/or substance use disorders, according to Francine Williams, M.A. "But the greatest challenge," she said, "is not in the discharge planning process, it is in the development of available housing." As a result, creating a variety of housing options is one of eight principles of effective discharge planning that NRTC supports.

Panelists from the New York State prison system and the Massachusetts Department of Health shared their strategies for success.

New York State

Daniel Abreu, M.S., C.R.C., of the GAINS Center, described the barriers to effective transition planning for persons with mental illnesses discharged from New York State prisons and jails. These include a fear of ex-offenders (even among service providers); the difficulty in coordinating the criminal justice and mental health service systems; and negotiating Social Security and Medicaid for people in transition.

In New York State, planning for prison discharge can begin as early as admission.

Pre-release counselors seek to develop a discharge plan, link individuals in prison to services within the communities to which they will be released, and begin the process of securing benefits well in advance of the day of discharge.

Service providers are invited to the prison or jail to meet with individuals in person. Video-conference sites allow housing interviews to be held before the release date, and a medication grant program provides prescription cards for released prisoners, so that they can fill prescriptions during the time between release and Medicaid approval.

Massachusetts

Massachusetts recognizes that "housing is a clinical issue," according to Peggy Lester, M.P.A., M.Ed., Director of Housing for the Massachusetts Department of Mental Health. A housing specialist works to promote the development of community-based housing in each of the department's geographic service areas, and the department has developed more than 3,000 beds for persons with serious mental illnesses. These facilities include supportive housing units, group homes, safe havens, and other housing models.

Policy and legislation have played a significant role in the state's success in reducing homelessness among persons released from inpatient services. Through the Special Initiative to House the Homeless Mentally Ill, the state legislature supports more than 1,000 beds for homeless persons with mental illnesses.

"With Hurricane Katrina, the sheer number of people affected by this lethal storm has directed a very powerful spotlight on the challenges that you in this room have been wrestling with for a long time," said Kathryn Power, M.Ed., Director of SAMHSA's Center for Mental Health Services.

"This disaster has elevated the 'issue' of homelessness to dramatic new heights of awareness," she said.

For more information, visit the SAMHSA Web site at **www.samhsa.gov/Matrix/matrix_homelessness.aspx.**

—By Melissa Capers

SAMHSA News *2005 Index – Volume 13*

This index includes entries for all six issues of *SAMHSA News* for 2005. Each issue is numbered: January/February (1), March/April (2), May/June (3), July/August (4), September/October (5), and November/December (6). Page references follow. Entries in **boldface type** are SAMHSA's Matrix of Priority Programs described in detail on the Agency's homepage at **www.samhsa.gov.** Entries in *italics* are publications.

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We'd Like To Hear From You!

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

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

Comments: _____

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

Hurricane Recovery:

- ❑ From Hurricane Response To Long-Term Recovery
- ❑ Administrator's Message: Post-Hurricane: Forging the Future
- ❑ Children's Trauma Network Offers Key Resources
- ❑ Methadone, Buprenorphine: Emergency Care in a Crisis
- ❑ Estimates of Substance Use in States Affected by Hurricanes

❑ Methamphetamine Update

❑ SAMHSA Awards Final 2005 Grants

❑ SAMHSA Report Highlights Outcome Measures

❑ National Meeting Launches Effort To Stop Underage Drinking

❑ SAMHSA Helps Educate the Public about Medicare Rx Benefit

❑ Making a Difference for America's Youth

❑ In Brief . . .

❑ New Guide Released on Opioid Treatment

❑ Conference Addresses Homelessness

❑ *SAMHSA News* 2005 Index—Volume 13

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SAMHSA NEWS

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