Substance Abuse and Mental Health Services Administration

SAMHSA NEWS

SAMHSA's Award Winning Newsletter

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Treatment for Older Adults: What Works Best?

For retired psychiatric social worker Trudy Persky, M.A., L.S.W., A.C.S.W., older people's attitudes toward mental health issues boil down to one word: fear.

"My generation has great fears about mental illness," said Ms. Persky, a Philadelphian in her eighties. "They think that if they go to a mental health center it means they're crazy, which of course isn't so." As a result of this fear and other problems, many older adults don't get the mental health or substance abuse treatment they need.

To find out how best to help, SAMHSA and several Federal partners launched the 6-year Primary Care Research in Substance Abuse and Mental Health for the Elderly (PRISM-E) study in 1998. The goal? To determine whether older consumers do better when they receive mental health and substance abuse treatment that's integrated into primary care settings or when they're referred to specialists. (See *SAMHSA News*, Summer 2000.)

"PRISM-E was the first large-scale, real-world study of the effectiveness of integrating mental health and substance abuse treatment for older people into primary care," said A. Kathryn Power, M.Ed.,

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Director of SAMHSA's Center for Mental Health Services (CMHS). CMHS led the effort, which also included SAMHSA's Center for Substance Abuse Prevention and Center for Substance Abuse Treatment. The Department of Veterans Affairs (VA), the Health Resources and Services Administration, and the Centers for Medicare & Medicaid Services provided additional support.

Now the study's results are in. PRISM-E researchers have already published papers announcing major findings, and many more are in the works.

Major Findings

At 10 experimental sites across the country, PRISM-E researchers screened thousands of older patients for depression, anxiety, and at-risk drinking. Settings ranged from community health clinics to managed care organizations to VA facilities. The researchers then randomly assigned those who needed treatment to receive care from mental health providers in primary care settings or from providers in specialty settings located elsewhere. The final study sample consisted of 2,022 patients age 65 or older.

The referrals to specialty care weren't ordinary referrals, emphasized Project Officer Betsy McDonel Herr, Ph.D., a social science analyst at CMHS. "We know from the literature that people referred to specialty care tend not to follow up even when they clearly need the care," she explained. "To avoid that problem, we added some key enhancements." These included scheduling appointments much sooner than usual, following up with patients who missed appointments, and providing assistance with transportation.

The researchers are still analyzing data, but they have already published several major findings:

- **Engagement.** In a 2004 paper published in the *American Journal of Psychiatry,* the researchers found that study participants were more open to receiving mental health and substance abuse treatment within primary care (the integrated model) than in specialty clinics (the referral model). A total of 71 percent of patients in the group receiving integrated care engaged in treatment, compared to just 49 percent of the group receiving referrals. "People vote with their feet," said lead author Stephen J. Bartels, M.D., M.S., a professor of psychiatry and community

Resources on Older Adults

Older adults are one of SAMHSA's 12 priority program areas. For treatment providers, counselors, and other health care professionals, SAMHSA offers statistics and data, publications, initiatives, a technical assistance center (see page 5), and specific programs to help older adults with issues that affect their lives.

For detailed information on SAMHSA's services for older adults, visit **www.samhsa.gov/Matrix/matrix_older.aspx.**

Do the Right Dose. SAMHSA, the Food and Drug Administration, and the Administration on Aging launched the "Do the Right Dose" campaign in May 2005. The program's focus is the importance of safe and correct use of prescription pain medications. Older adults are cautioned that misuse of these medications could lead to addiction or other problems. Elements of the campaign include two print ads, one television public service announcement (PSA), two radio PSAs, two posters, and an update of SAMHSA's brochure, *As You Age.* Visit **http://asyouage.samhsa.gov/dotherightdose.**

***As You Age* brochure.** This brochure provides a medication checklist so that people can keep track of the dose amount, intervals, and type of medication they need to take. It also points to the dangers of consuming alcohol with a medication that might have adverse effects due to negative interactions. Other materials include print ads, and radio and television public service announcements. Visit **http://asyouage.samhsa.gov/default.aspx.**

***Get Connected!* toolkit.** Developed in partnership with the National Council on Aging and supported by the Administration on Aging, this toolkit provides strategies to link providers with substance abuse and mental health experts/organizations in their area. Contained in the kit is a program coordinators guide, fact sheets, self-screening tools, resource list, video on how to talk to older adults about alcohol and medication problems, brochures, and the promising practices publications *Promoting Older Adult Health: Aging Network Partnerships to Address Medication, Alcohol, and Mental Health Problems* and *Substance Abuse Among Older Adults: A Guide for Social Services Providers.*

More Publications

SAMHSA's Office of Applied Studies offers statistics on older adults in a variety of reports on alcohol treatment admissions, overcoming stigma, and community integration for older adults with mental illnesses. For a complete list, visit **www.samhsa.gov/aging/age_08.aspx.**

and family medicine at Dartmouth Medical School in Hanover, NH. "The engagement step is substantially facilitated by integrated, collaborative care, even when we did everything we could to make the referral model the Cadillac of referrals."

- **Depression.** When it comes to depression, according to a 2006 paper published in *Psychiatric Services,* both the integration and referral groups saw significant improvements in their rates of remission and symptom reduction. But while overall rates were similar for both groups, there was one exception: For the subgroup with major depression, referral to specialty care did a better job of lessening the severity of symptoms. "The answer to the integration/referral question isn't 'either/or.' It's 'both/and,' " explained lead author Dean D. Krahn, M.D., Chief of the Mental Health Service Line at William S. Middleton Veterans Hospital in Madison, WI, and a professor of psychiatry at the University of Wisconsin School of Medicine.
- **At-risk alcohol use.** PRISM-E let practitioners provide whatever mental health treatment they thought most appropriate, but the study did standardize the treatment provided to at-risk drinkers at integrated sites. The researchers trained practitioners at primary care sites to use a proven intervention consisting of three brief, alcohol-related counseling sessions. In a 2006 paper published in *Psychiatric Services,* the researchers reported that both the integrated and referral groups reduced the number of drinks they had each week as well as incidences of binge drinking.

"The most important finding is that you can get people to change their behavior," said lead author David W. Oslin, M.D., an associate professor of psychiatry at the University of Pennsylvania's School of Medicine and Acting Director of the Mental Illness Research, Education, and Clinical Center at the Philadelphia Veterans Affairs Medical Center. And it doesn't really matter which model of care consumers use. "The idea that every patient has to go to an addiction program to get better just isn't the case," he said.

Policy Implications

These journal articles aren't the kind that sit on the shelf unread. The PRISM-E results have real-life implications, said Steering Committee Chair Cynthia M. Zubritsky, Ph.D., Director of Integrated Care in the Department of Psychiatry at the University of Pennsylvania's School of Medicine.

- **Consumers.** The findings empower consumers to make whatever choice is best for them, said Dr. Krahn. "Some people are going to say, 'I've got major depression and want to have the best psychiatrist I can have,' " he explained. "Others will say, 'I don't want to go to a shrink no matter what.' "
- **Providers.** For providers, said Dr. Zubritsky, the message should be location, location, location. "Location is often the most important element in determining if someone is

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SAMHSA Welcomes Terry L. Cline New Administrator

erry L. Cline, Ph.D.

Terry L. Cline, Ph.D., assumed the post of SAMHSA Administrator in early January. The U.S. Senate confirmed Dr. Cline's nomination on December 9, 2006. President Bush nominated Dr. Cline in early November.

As Administrator, Dr. Cline reports to Health and Human Services Secretary Michael O. Leavitt and oversees SAMHSA's $3.3 billion budget.

Prior to his Senate confirmation, Dr. Cline served as Oklahoma's Secretary of Health (beginning May 2004) and Commissioner of the Oklahoma Department of Mental Health and Substance Abuse Services (beginning January 2001).

Earlier in his career, Dr. Cline served at SAMHSA as a health care policy fellow at SAMHSA's Center for Mental Health Services. His primary focus at that time included organization and financing of mental health services.

Dr. Cline's professional history includes a 6-year appointment as a clinical instructor in the Department of Psychiatry at Harvard Medical School in Boston. In addition, he served as chairman of the governing board for a Harvard teaching hospital in Cambridge, and as Clinical Director of the Cambridge Youth Guidance Center.

Over the years, he has involved himself in community service, including membership on committees with a focus on improving the health of the community.

Dr. Cline grew up in Ardmore, OK, and attended the University of Oklahoma, where he earned a bachelor's degree in psychology in 1980. He then received both a master's degree and a doctorate in clinical psychology from Oklahoma State University, and completed a clinical internship at Children's Hospital in Boston, MA.

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going to come for care," she explained, noting that the farther away the services the less likely older people will make the trip. Primary care providers should expand their practices to include behavioral health care, she suggested. And specialty care providers should form collaborative relationships with their primary care colleagues and adopt such practices as reminder calls and transportation assistance. The findings also support the idea of using a triage system to determine which older people need specialized care, Dr. Zubritsky added.

- **Policymakers.** The study identified policies that are barriers to putting the findings into practice, said Dr. Zubritsky. Training opportunities are scarce for providers interested in integrating behavioral and primary care, for example. Certain Medicare policies are also problematic, she added. There's no parity between Medicare reimbursements for behavioral and physical health care, she pointed out. Health systems can't bill Medicare for both a primary care visit and a same-day psychiatric visit. And Medicare makes it hard for providers to be reimbursed for administrative case management.

For one Federal partner, the results show that ongoing efforts are on the right track. The VA was already moving toward integration when the study began, explained William W. Van Stone, M.D., Associate Chief for

Older Adults: A Peer Perspective

Trudy Persky, M.A., L.S.W., A.C.S.W., retired from her job as a psychiatric social worker specializing in geriatric issues in 1997. But that wasn't the end of her interest in older adults and mental health.

Ms. Persky soon found herself chairing a consumer advisory committee for the Primary Care Research in Substance Abuse and Mental Health for the Elderly (PRISM-E) study, funded in part by SAMHSA. With the hope of transforming consumers into partners, the researchers created a multi-site consumer committee as well as consumer advisory committees at each of the study's local sites. That partnership brought benefits to both researchers and consumers, said Ms. Persky.

Ms. Persky's first act was to recruit consumers to serve on Philadelphia's committee. She called social workers, nurses, and others she had known on the job and asked them to recommend patients receiving mental health or substance abuse services.

The committee consisted of about a dozen older adults, two caregivers, and an employee of a mental health agency.

When the researchers were constructing the questionnaire to screen study participants, the committee shared the consumer's point of view. "The questionnaire was too long for them," remembered Ms. Persky. "And they became markedly upset when they came to the part about suicide." With that feedback in mind, the researchers shortened the questionnaire and reworded the section on suicide.

Consumers also helped shape the interventions studied. For example, the consumers alerted the researchers to just how important transportation assistance would be for the enhanced referral model. "We had thought about it, but didn't consider it that important," confessed researcher Cynthia M. Zubritsky, Ph.D., of the Philadelphia site. "They also told us to interpret what supported transportation meant more broadly—not just money for taxis but for taking the subway or reimbursing caregivers for gas for their cars."

Throughout the study, the researchers kept the advisory committees informed. Even now that PRISM-E has ended, the experience is still influencing both consumers and researchers. "Once you let stakeholders in, it's hard to miss the fact that they provide a viewpoint that's irreplaceable," said researcher Dean D. Krahn, M.D., of the Wisconsin site.

Ms. Persky has launched a new career as an advocate, giving presentations at senior centers and other venues. Her message? "I tell older consumers that they have choices," she said. "For my generation, that's been a hard nut to crack."

Trudy Persky chaired a consumer advisory committee for the PRISM-E study.

Photo by Erin J. Pond

Psychiatry in the Office of Mental Health Services at the VA Central Office in Washington, DC. "The main thing I got from the study is that it doesn't seem to make much difference [in outcomes] whether we use an integrated or referral model, but more people do show up in the integrated model," he said.

This is just the beginning, emphasized Dr. McDonel Herr. More papers are forthcoming, and there are more data for researchers to analyze. "The study produced multiple data sets," she said. "They can be mined for years to come."

—By Rebecca A. Clay

Citations

Bartels, S.J., et al. "Improving Access to Geriatric Mental Health Services: A Randomized Trial Comparing Treatment Engagement with Integrated Versus Enhanced Referral Care for Depression, Anxiety, and At-Risk Alcohol Use." *American Journal of Psychiatry,* 2004. 161(8):1455-1462.

Bartels, S.J., et al. "Suicidal and Death Ideation in Older Primary Care Patients with Depression, Anxiety, and At-Risk Alcohol Use." *American Journal of Geriatric Psychiatry,* 2002. 10:417-427.

Gallo, J.J., et al. "Primary Care Clinicians Evaluate Integrated and Referral Models of Behavioral Health Care for Older Adults: Results from a Multisite Effectiveness Trial (PRISM-E). *Annals of Family Medicine,* 2004. 2:305-309.

Krahn, D.D., et al. "PRISM-E: Comparison of Integrated Care and Enhanced Specialty Referral Models in Depression Outcomes." *Psychiatric Services,* 2006. 57(7):946-953.

Oslin, D.W., et al. "PRISM-E: Comparison of Integrated Care and Enhanced Specialty Referral in Managing At-Risk Alcohol Use." *Psychiatric Services,* 2006. 57(7):954-958.

OLDER AMERICANS
Substance Abuse & Mental Health
Technical Assistance Center

More than one-quarter (26 percent) of older Americans have significant mental disorders like depression, anxiety, or dementia, according to a report prepared for SAMHSA's Older Americans Substance Abuse and Mental Health Technical Assistance Center, which is funded by SAMHSA's Center for Substance Abuse Prevention (CSAP).

The 2005 publication, *Substance Abuse and Mental Health Among Older Americans: The State of the Knowledge and Future Directions,* reports that up to 19 percent of older adults have problems with misuse of alcohol or prescription medications. And they have the highest suicide rate of any age group. Yet older people often don't get the mental health or substance abuse treatment they need.

SAMHSA's center is working to change that. "The mental health and substance abuse needs of older adults are unique," explained Jennifer Solomon, M.A., CSAP Project Officer for the center. "With the first of the baby boomers turning 65 soon, the demand for such services will only increase."

The Center's Role . . .

Established in 2004, the center has a dual role. It provides basic information and statistics on older adults, and it offers technical assistance to state and local governments, treatment providers, and anyone else interested in preventing and treating mental health and substance abuse problems in this population.

One of the center's priorities is to help states ensure that their mental health and substance abuse plans address older residents' needs. The center also identifies and spreads the word about evidence-based practices and provides needed training.

Publications . . .

The center's publications include:

- *Substance Abuse and Mental Health Among Older Americans: The State of the Knowledge and Future Directions*
- *Evidence-Based Practices for Preventing Substance Abuse and Mental Health Problems in Older Adults*
- Fact sheets on suicide prevention and co-occurring substance abuse and mental health problems
- A quarterly newsletter, *eCommunication*
- *Depression and Anxiety Prevention Among Older Adults* (PDF available)
- *Prevention of Alcohol Misuse Among Older Adults* (PDF available)

To contact SAMHSA's Older Americans Substance Abuse and Mental Health Technical Assistance Center, call 1 (888) 281-8010. Online, visit the SAMHSA Web site at **www.samhsa.gov/olderadultstac.**

Seclusion and Restraint: Final Rule on Patients' Rights

Better, More Extensive Training of Staff Required

Health care workers who employ restraints and seclusion when caring for patients must undergo new, more rigorous training to ensure the appropriateness of care and to protect patients' rights, according to a regulation published recently in the *Federal Register* by the Centers for Medicare & Medicaid Services (CMS).

The intent of this final regulation is to ensure the protection of each patient's physical and emotional health and safety. The regulation strengthens staff training standards and specifies training components. It also expands the category of practitioners who may conduct patient evaluations when a restraint or seclusion tactic is used.

CMS developed the final rule in conjunction with SAMHSA and considered comments on the interim 1999 rule from provider communities, protection and advocacy associations, private citizens, and the health care community in general.

CMS set forth patients' rights regulations for health care facilities as a condition of participation (CoP) in the Medicare and Medicaid programs. These protections are part of Medicare's revised CoP requirements that hospitals must meet.

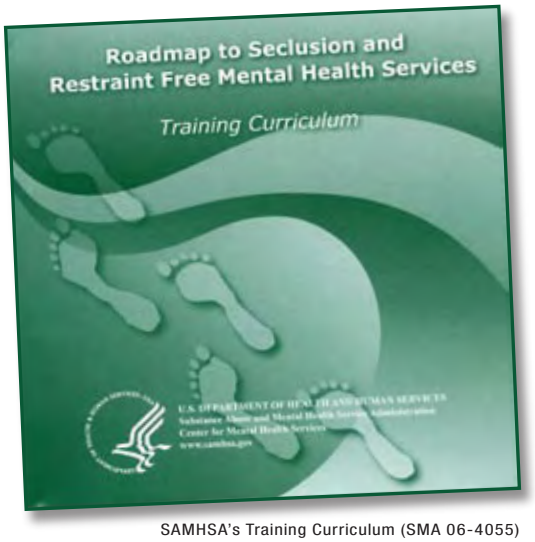
The requirements apply to all participating hospitals including short-term, psychiatric, rehabilitation, long-term, children's, and alcohol/drug treatment facilities.

Patient Evaluation

A "face-to-face" evaluation is required within 1 hour for a patient in restraint or seclusion to manage violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others.

Prior to this rule, these actions had to be reviewed within the hour by a physician or "other licensed independent practitioner (LIP)."

The final rule expands that list to include a trained registered nurse (RN) or physician assistant (PA). The rule requires, however, that when an RN or PA performs the 1-hour-rule evaluation, the physician or other LIP treating that patient be consulted as soon as possible.



SAMHSA's Training Curriculum (SMA 06-4055) is available on CD-ROM.

Basic Patient Rights

The regulations specify that hospitals must provide patients and their family members with a formal notice of basic rights at the time of admission. These include care, privacy, and safety; confidentiality of records; and freedom from the use of restraints and seclusion for coercion, discipline, retaliation, or staff convenience.

The final rule also includes stricter standards for health care facilities reporting the death of a patient associated with the use of restraints and seclusion.

The full text of the final rule, as posted in the December 8, 2006, *Federal Register,* is available online in text and PDF formats (click on Patients' Rights) at **www.access.gpo.gov/nara/cfr/waisidx_04/42cfr482_04.html.**

Seclusion and Restraint: Resources

Reduction of seclusion and restraint is a priority for SAMHSA. The final CMS regulations follow the recent release of a SAMHSA training curriculum, *Roadmap to Seclusion and Restraint Free Mental Health Services.*

Roadmap provides the latest information on prevention strategies and alternative approaches to avoid and reduce the use of seclusion and restraint. (See *SAMHSA News,* July/August 2006.)

The curriculum is available from SAMHSA's National Mental Health Information Center (NMHIC) at **www.mentalhealth.samhsa.gov/publications/allpubs/sma06-4055.** To order the CD-ROM (SMA 06-4055) of this curriculum, call 1 (800) 789-2647 or 1 (866) 889-2647 (TDD).

To view SAMHSA's National Action Plan for reducing seclusion and restraint, visit **www.samhsa.gov/Matrix/programs_seclusion.aspx.**

For additional information, a *SAMHSA News* feature article on seclusion and restraint, "Breaking the Bonds," is available on the SAMHSA Web site at **www.samhsa.gov/samhsa_news/VolumeXI_2/article6.htm.**

Buprenorphine: Patient Limits Increase

Thousands of physicians certified to prescribe the medication buprenorphine to opioid-dependent patients have been informed of new legislation that more than triples the number of patients each physician may treat.

Under the new law, signed by President George W. Bush on December 29, 2006, certified physicians across the Nation may treat up to 100 patients at any one time with buprenorphine. Currently, two buprenorphine products—Subutex® and Suboxone®—are approved for treatment of opioid dependence.

The original 30-patient limit, set by the Drug Addiction Treatment Act of 2000 (DATA 2000), applied both to individual practitioners and group practices—regardless of how many doctors in the practice were certified to prescribe the drug. In August 2005, the group-practice limit was eliminated.

"The response to the new legislation has been immediate," said H. Westley Clark, M.D., J.D., M.P.H., Director of SAMHSA's Center for Substance Abuse Treatment. "But we still need new providers, especially in rural areas, to attend trainings for buprenorphine certification." Information on buprenorphine training for physicians is available on SAMHSA's Web site, at **www.buprenorphine.samhsa.gov.**

Requirements

SAMHSA's Buprenorphine Web site outlines all conditions and requirements for physicians to qualify for an increase in their patient limit.

For example, physicians must:

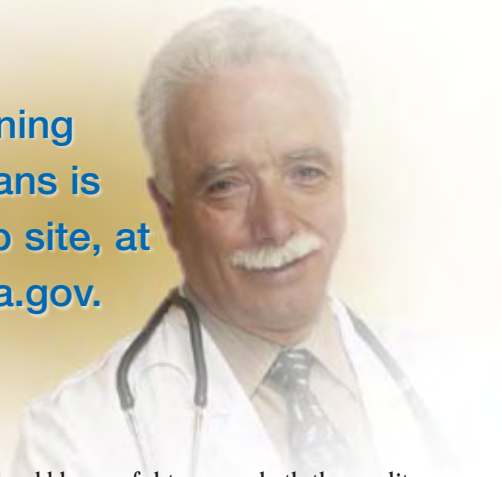
- Be currently authorized under DATA 2000.
- Have 1 year's experience since initial authorization (or have submitted the initial notification of intent at least 1 year ago).
- Submit a second notification that conveys the need and intent to treat up to 100 patients. That notification should also certify the physician's necessary qualifying criteria and the capacity to refer patients for appropriate counseling and other ancillary services.

Dr. Clark sent a letter to physicians across the Nation on January 5, 2007, informing them of the significant change in legislation and providing them with a copy of the form that should be used for the second notification of intent. This second notification also can be submitted online by visiting SAMHSA's Buprenorphine Web site and following the instructions on the home page.

"This new legislation will help to expand access to much needed treatment. But we should be careful to assess both the quality and geographic distribution of services that are provided," said David A. Fiellin, M.D., an associate professor at the Yale University School of Medicine and Medical Director of the SAMHSA-funded Physician Clinical Support System, a national network of mentors who assist other physicians in the use of buprenorphine.

Additional *SAMHSA News* articles on buprenorphine are featured online at **www.samhsa.gov/SAMHSA_News/VolumeXII_2/index.htm.**

More on buprenorphine training and certification for physicians is available on SAMHSA's Web site, at www.buprenorphine.samhsa.gov.

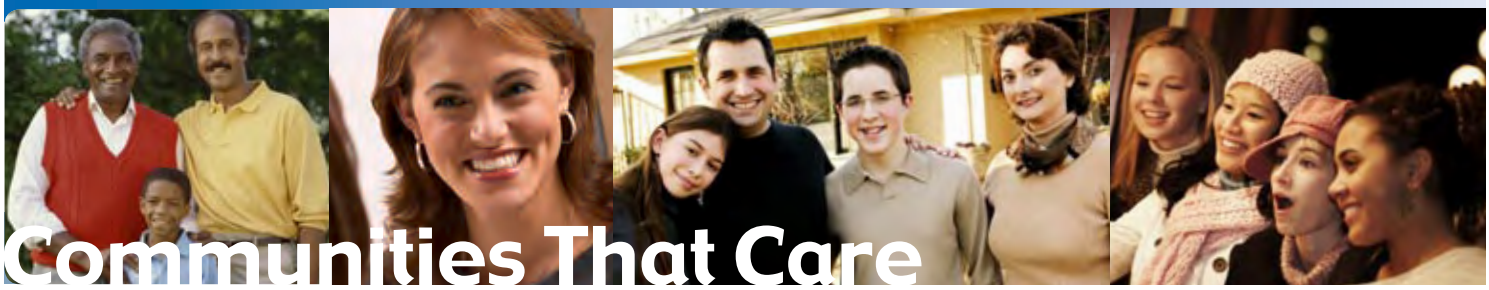


Treatment Locator

SAMHSA's Buprenorphine Physician Treatment Locator provides information on physicians and treatment programs around the Nation authorized to treat opioid dependence with the medication buprenorphine. The Web site, offered as a service of SAMHSA's Center for Substance Abuse Treatment (CSAT), is an online resource designed to assist states, medical and addiction treatment communities, and potential patients and their families in finding buprenorphine treatment information.

The Locator provides contact information for state substance abuse agencies and also includes answers to frequently asked questions about buprenorphine treatment and treatment programs. In addition, it now has the capacity to list multiple addresses for physicians who have more than one practice location.

The Buprenorphine Physician Treatment Locator is available online at **www.buprenorphine.samhsa.gov/bwns_locator/index.html.** For more information, call CSAT's Buprenorphine Information Center at 1 (866) 287-2728.



Prevention Planning Tool Available

Ask Cindi Geist, C.S.A.P.P., if the prevention coalitions in her midwestern region have always used evidence-based programs to fight alcohol and substance abuse, and she shakes her head no. "But right now they're our primary focus," said Ms. Geist, Executive Director of the Regional Prevention Center of Northwest Kansas in Hays. In the past, she explained, communities simply chose the same prevention programs everyone else was using and hoped they would work.

Now attitudes are changing. The reason, in part, is based on a science-based planning system called Communities That Care (CTC). The CTC system guides communities and states through the process of assessing problems and selecting evidence-based solutions.

Now the CTC system will be more accessible than ever before. SAMHSA has purchased the system from its publisher and made the components available on the Agency's prevention Web site for downloading and reproduction free of charge.

The goal? To give communities a convenient way to advance SAMHSA's Strategic Prevention Framework (SPF) (see diagram at left). An approach that uses a step-by-step process, the SPF is known to promote youth development, reduce risk-taking behaviors, build on assets, and prevent problem behaviors in all areas of a person's life—at home, at school, and in the community.

"The addition of this tool to our prevention toolbox will assist in the implementation of the Strategic Prevention Framework," said Dennis O. Romero, M.A., Acting Director of SAMHSA's Center for Substance Abuse Prevention (CSAP). "That in turn will help us reach our ultimate goal of improving the delivery of prevention services across the Nation and thus improving our communities."

A Customized Approach

The CTC planning system guides users through a five-step process (left) that parallels those required by the Strategic Prevention Framework. Communities begin by assessing their prevention needs and the resources available to solve problems. They mobilize key players, develop a prevention plan, and put evidence-based programs in place. The final step is to evaluate how well the plan has worked.

The CTC tools now available on SAMHSA's Web site make it easy for communities to follow these steps. There's a CTC Youth Survey, which asks middle and high school students questions about their own attitudes toward alcohol, drugs, school, and other topics and the attitudes of their families and communities. There's

The Strategic Prevention Framework

SAMHSA's Strategic Prevention Framework (SPF) is a community-based approach to prevention. The SPF uses a step-by-step process to help communities identify, manage, and evaluate their substance abuse prevention and mental health needs. Communities follow these five steps:

1. Assessment	Profiling needs and response capacity
2. Capacity	Mobilizing and building needed capacity
3. Planning	Developing a prevention plan
4. Implementation	Using programs, policies, and strategies based on what is known to be effective
5. Evaluation	Considering program effectiveness and sustaining what works well.

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

a *Communities That Care Prevention Strategies Guide,* which walks users through the process step by step and describes 56 proven programs for reducing factors that put young people at risk and increasing factors that protect them. Other resources include a presentation kit, a guidebook to help communities get started, and materials for coalition leaders, participants, and trainers.

For Project Director Patricia B. Getty, Ph.D., the emphasis on tailored tactics rather than a one-size-fits-all approach to prevention is what makes the CTC system so useful.

"CTC teaches that you don't just say, 'Hey, this is a neat program. Let's put it into our community,' " explained Dr. Getty, a supervisory public health advisor in CSAP's Division of Systems Development. "You have to find out what the specific problems are before you start putting programs in. That's why a lot of programs haven't worked in the past—because programs were put in place that weren't really addressing the real issues."

But it's not enough to simply download the materials, warned J. David Hawkins, Ph.D., endowed Professor of Prevention in the Social Development Research Group at the University of Washington's School of Social Work in Seattle. Dr. Hawkins and his colleague, Richard F. Catalano, Ph.D., developed the system in the 1980s.

"You can't just plop a CTC manual down on the desk of the chief of police or a city councilman and say, 'Here, read this and see if you want to do it,' " said Dr. Hawkins. "They may read it if they're really interested, but most people will need a good orientation by a trained CTC trainer."

Fortunately, said Dr. Hawkins, SAMHSA not only made the CTC materials more widely available but also put training resources in place. Last summer, Dr. Hawkins and other CTC experts trained

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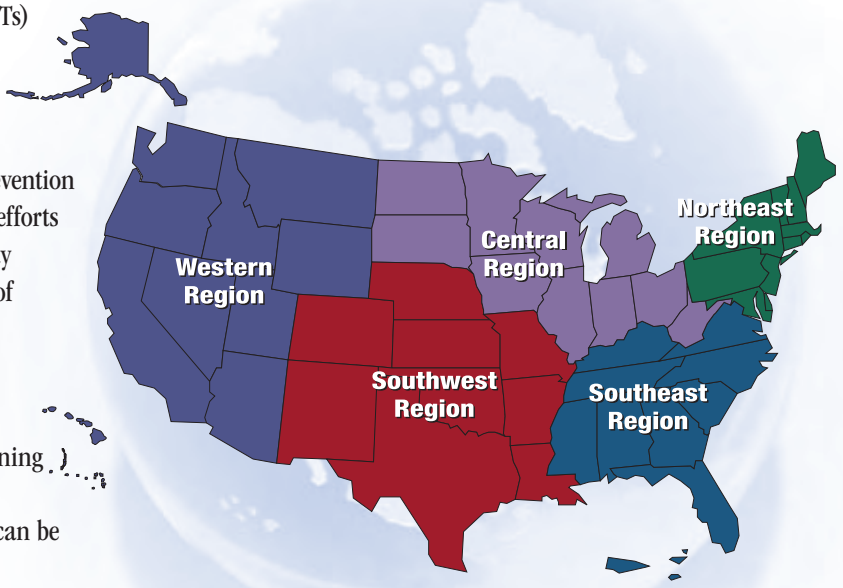
CAPT

CSAP's Centers for the Application of Prevention Technologies

Regional Centers Support Communities That Care

The Centers for the Application of Prevention Technologies (CAPTs) support SAMHSA's Communities That Care (CTC) program by offering a wide array of training and assistance services to communities, tribes, states, and other U.S. jurisdictions.

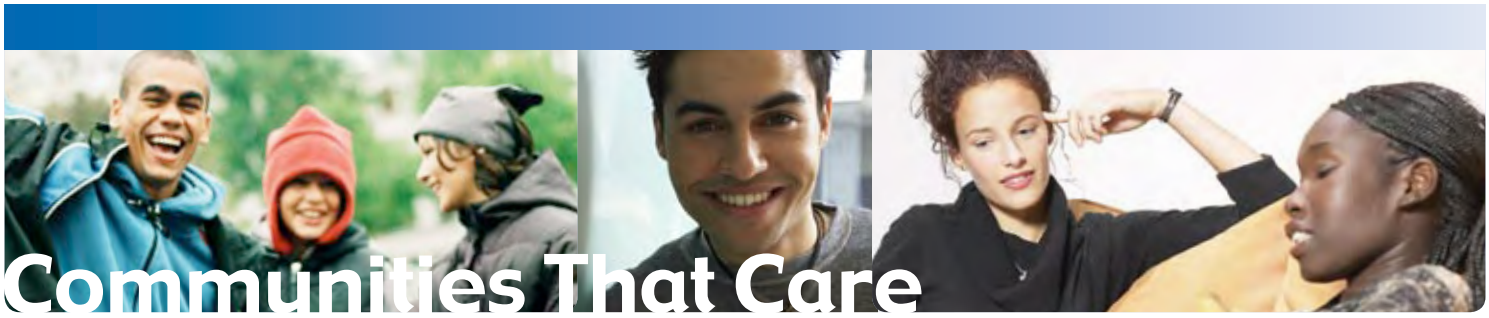
Under the guidance of SAMHSA's Center for Substance Abuse Prevention (CSAP), the CAPTs form one of the cornerstones of the Agency's efforts to bring effective substance abuse prevention to every community by moving the knowledge gained from science into the delivery of services. There are five CAPT regions (see map at right). These centers serve programs located in central, northeast, southeast, southwest, and western regions of the Nation.



The CAPTs work directly with state-level agencies to provide training and strategic planning services—including training-of-trainers programs and online educational services—so that knowledge can be disseminated to community-level organizations.

Priority clients for all CAPTs are states and jurisdictions with State Incentive Grants (SIGs), including Strategic Prevention Framework SIGs.

For more information on CAPTs, or to view center resources, please visit **http://captus.samhsa.gov/home.cfm.**



Communities That Care

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trainers from CSAP's Centers for the Application of Prevention Technologies. (See article, p. 9.) Upon request, these five regional centers will then train trainers and provide technical assistance in the states. Those trainers in turn will help communities put the CTC system to use.

A Closer Look

With funding from SAMHSA and other sources, Dr. Hawkins and his colleagues are now engaged in a 5-year study of CTC's effectiveness. But communities around the country have already been using the CTC system successfully for years.

Consider Kansas, for example. The CTC system has been a "foundational piece of prevention planning" for both the state and its local communities, said Prevention Team Leader Kelly Peak of Addiction and Prevention Services in the Kansas Department of Social and Rehabilitation Services in Topeka. Instead of acting on "a gut feeling," she said, planners draw on data from their own communities and use that information to pick the prevention programs that are most appropriate.

That's exactly what has happened in the extremely rural parts of Kansas overseen by Ms. Geist's Regional Prevention Center, 1 of 13 charged by the state to help communities build coalitions to combat alcohol and substance abuse.

Communities administer the CTC survey to 6th, 8th, 10th, and 12th graders once a year. Using the resulting data, coalitions decide which risk or protective factors need attention. In Ms. Geist's community, students' responses about their commitment to education and their parents' attitudes prompted the coalition to launch evidence-based tutoring and parenting programs.

The community has the data to show this approach works. Ellis County has seen the percentage of students reporting they've had more than a sip or two of alcohol drop by 8 percent since 2002, for example. The percentage reporting that they've smoked a cigarette has dropped 7 percent.

The process is ongoing, said Ms. Geist. When the coalition targeted bars serving underage patrons, for instance, the young people started having parties at home. And as the use of methamphetamine has slowed, cocaine has made a comeback. As needs evolve, said Ms. Geist, so do solutions. What remains constant is the use of the CTC system.

For more information about Communities That Care, visit **http://preventionplatform.samhsa.gov.**

"The addition of this tool to our prevention toolbox will assist in the implementation of the Strategic Prevention Framework."

—Dennis O. Romero, M.A., Acting Director
SAMHSA's Center for Substance Abuse Prevention

Substance Use in Metropolitan Areas

How are cities around the Nation doing in their efforts to lower substance use? Data on the Nation's 15 largest metropolitan statistical areas (MSAs) are now available in a new report from SAMHSA.

Rates of past-month (i.e., current) illicit drug use, binge alcohol use, and cigarette use for each of these areas were compared with the national average. The report's data show:

- San Francisco (12.7 percent) and Detroit (9.5 percent) MSAs had rates of past-month illicit drug use that were significantly higher than the rate for the Nation as a whole (8.1 percent) during the combined years of 2002 to 2005.
- Chicago (25.7 percent) and Houston (25.6 percent) MSAs had higher rates of binge drinking than the national average (22.7 percent).

The 15 MSAs include Atlanta, Boston, Chicago, Dallas-Fort Worth, Detroit, Houston, Los Angeles, Miami-Fort Lauderdale, New York, Philadelphia, San Francisco, Seattle, and Washington, DC.

For the complete report, visit SAMHSA's Web site at **www.oas.samhsa.gov/2k6/metro/metro.cfm.**

Funding Opportunities

SAMHSA recently announced new grant funding opportunities for Fiscal Year 2007.

Technical Assistance Centers

Up to $1.8 million will be available to fund 5 grants for National Consumer and Consumer Supporter Technical Assistance Centers (TACs) to promote consumer-directed approaches for adults with serious mental illnesses.

These programs aim to maximize consumer self-determination and recovery by helping people with serious mental illnesses decrease their reliance on expensive social services and avoid psychiatric hospitalization. In this way, the program promotes the transformation of the mental health system.

Three grants will be for consumer TACs and two for consumer-supporter TACs. The grants will not exceed $340,000 for each of 3 years. An additional $126,000 will be awarded competitively to one of the three successful consumer TACs to support the annual Alternatives Conference run by and for mental health consumers.

For questions on program issues, contact Risa S. Fox at (240) 276-1960 or email risa.fox@samhsa.hhs.gov. The application due date for SM-07-003 is February 2, 2007.

Consumer Networks

Up to $626,000—9 grants of $70,000 each—will be available to fund Statewide Consumer Networks, which will continue for 3 years. Each grant will help states expand their consumer-centered services and focus on recovery and resilience.

These grants will also provide consumers of mental health services with the tools they need to strengthen coalitions among other consumers, policymakers, and service providers.

For questions on program issues, contact Wanda Finch at (240) 276-1916 or email wanda.finch@samhsa.hhs.gov. The application due date for SM-07-002 is February 1, 2007.

HIV/AIDS Services

Up to $32.1 million will be available to fund 65 grants to enhance and expand substance abuse treatment, outreach, and pretreatment services in conjunction with HIV/AIDS services to African Americans, Hispanics, and other racial and ethnic communities severely affected by substance abuse and HIV/AIDS.

Annual award amounts are expected to be approximately $500,000 per year for treatment services and $400,000 for outreach and pretreatment services.

For questions on program issues, contact David Thompson at (240) 276-1623 or email david.thompson@samhsa.hhs.gov. The application due date for TI-07-004 is February 28, 2007.

Peer-to-Peer Recovery Services

Up to $2.9 million will be available to fund 8 awards for projects delivering peer-to-peer recovery services through the Recovery Community Services Program (RCSP). Approximately $1.45 million will fund up to 4 Recovery Community Organizations (RCOs). The goal of peer recovery services programs is to prevent relapse and promote long-term recovery while building strong and supportive relationships with their communities.

Each grant will not exceed $350,000 per year and is renewable for up to 4 years. While not designed to replace professional treatment, peer-to-peer support programs focus on achieving lifelong recovery and wellness of self, family, and community.

For questions on program issues, contact Marsha Baker at (240) 276-1566 or email marsha.baker@samhsa.hhs.gov. The application due date for TI-07-002 is February 28, 2007.

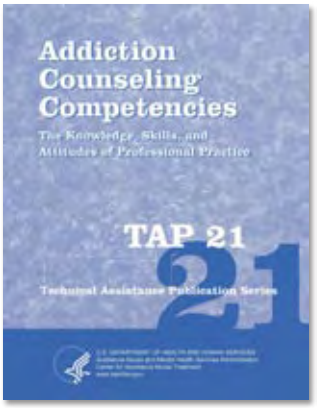
Print copies of Requests for Applications (RFA), including copies of all necessary forms, are available through SAMHSA's Clearinghouse. For a grants package, call 1 (877) SAMHSA-7 or 1 (877) 726-4727; 1 (800) 487-4889 (TDD). Online, SAMHSA's Web site offers the most up-to-date information on planned funding opportunities for 2007, recent grant awards, and grants management, as well as details on how to apply for a SAMHSA grant. Visit **www.samhsa.gov/grants.**

Grants.gov

The Federal Government's Web site, **grants.gov,** streamlines the process of finding and applying for Federal grant opportunities. The Web site offers a step-by-step process. Visit **www.grants.gov** for details.

For questions on grants management issues for these funding opportunities, contact Kimberly Pendleton at (240) 276-1421 or email kimberly.pendleton@samhsa.hhs.gov.

Addiction Counseling Competencies Updated



SAMHSA recently updated and reissued a guide that outlines professional standards for substance abuse treatment counselors and competencies associated with positive treatment outcomes.

As a national best practices guide, Technical Assistance Publication (TAP 21), *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice,* is the update to the 1998 edition.

Developed by the National Curriculum Committee of the Addiction Technology Transfer Center (ATTC) network with the participation of NAADAC, the Association for Addiction Professionals; SAMHSA; the National Association for Children of Alcoholics; the Annapolis Coalition; treatment providers; and experts in addiction research, TAP 21 identifies 123 competencies essential to the effective practice of counseling for psychoactive substance use disorders. The publication also presents the knowledge, skills, and attitudes (KSAs) counselors need to become proficient in each competency. Information on an appropriate scope of practice for the field is also included.

The updated TAP 21 reflects SAMHSA's commitment to workforce development, which is one of the Agency's priority areas.

The previous edition of this publication was instrumental in evaluating addiction counseling curricula, advising students, and assessing counseling proficiencies.

Almost a decade ago, the National Curriculum Committee conducted focus groups and a national survey to obtain feedback from the field about the original publication's impact. The process of revision began in 2000 and ended in 2005, with the committee examining how best to package and present the publication to help people learn key elements and adopt new strategies.

TAP 21 contains feedback-based improvements from addiction practice and education professionals as well as references to literature published between 2000 and 2005. But the overarching competencies remain largely unchanged from the original publication.

SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) and the ATTC network distributed thousands of copies of the original guide over the years. It is a benchmark by which curricula are developed and educational programs and professional standards are measured for the field of substance abuse treatment in the United States.

TAP 21, *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice,* can be ordered free of charge by contacting SAMHSA's National Clearinghouse at 1 (800) 729-6686 (English and Spanish) or 1 (800) 487-4889 (TDD). Ask for publication number (SMA) 06-4171.

Quick Guides on Detoxification Available

Two new Quick Guides are available on *Detoxification and Substance Abuse Treatment: Treatment Improvement Protocol 45* (TIP 45) from SAMHSA's Center for Substance Abuse Treatment.

Separate guides are available for administrators and for clinicians.

For administrators, the guide focuses on the challenges to effective detoxification, patient placement, and settings and staffing as well as information about funding streams and resources. For clinicians, the guide highlights strategies for engagement and recovery, referrals, and services for specific substances of abuse.

To obtain free copies, contact SAMHSA's National Clearinghouse for Alcohol and Drug Information at 1 (800) 729-6686 (English and Spanish) or 1 (800) 487-4889 (TDD).

Online, TIPS and Quick Guides are available from SAMHSA's Knowledge Application Program Web site at **www.kap.samhsa.gov.**

New Science to Service Awards

SAMHSA recently issued a call for applications for the Agency's new Science to Service Awards. The new national program will recognize community-based organizations and coalitions that use evidence-based mental health and substance abuse interventions.

A maximum of three awards will be made in each of four categories:

- Substance Abuse Prevention
- Treatment of Substance Abuse and Recovery Support Services
- Mental Health Promotion
- Treatment of Mental Illness and Recovery Support Services.

Four review panels, which include national experts in the field, will rate applications in each category on community need, sustainability, implementation, and results. Award recommendations will include the top three scores in each category. SAMHSA's Office of the Administrator and the Agency's Center Directors will review and approve finalists.

To be eligible for an award, an organization must have actually used a recognized evidence-based intervention. Both public sector (state, local, territorial, tribal) and private sector organizations are eligible.

For more information, visit the SAMHSA Web site at **www.samhsa.gov/Spotlights/sciencetoservice.pdf.** Applications must be emailed by February 28, 2007, to dfixsen@fmhi.usf.edu. For community organizations without access to email, the application must be postmarked by midnight on February 28, and mailed to Dean Fixsen, Ph.D., Science to Service Award Coordinator, University of South Florida, 13301 Bruce B. Downs Boulevard, MHC 2312, Tampa, FL 33612.

Superheroes are helping SAMHSA, the Elks, and Marvel Entertainment encourage young people to avoid drugs and alcohol. *Hard Choices* includes information on SAMHSA's Too Smart To Start (TSTS) program. For more on TSTS, visit **www.toosmarttostart.samhsa.gov.**

2007 *Recovery Month* Web Site

SAMHSA's Center for Substance Abuse Treatment (CSAT) recently launched the official Web site for the 18th annual *National Alcohol and Drug Addiction Recovery Month* observance in September.

This year's theme is "Join the Voices for Recovery: Saving Lives, Saving Dollars." Geared toward policymakers, business leaders, and health care providers, the materials in development for 2007's *Recovery Month* highlight the benefits of investing in treatment for individuals with substance abuse issues.

The Web site—**www.recoverymonth.gov**—is a gateway for *Recovery Month* information and activities. It provides a variety of resources, including Web banners for local Web sites, up-to-date news, targeted media materials, and details of community-sponsored events.

Stay tuned for additional information throughout the year, including the release of the *Recovery Month* television and radio public service announcements, planning kit, posters, and the *Road to Recovery* 2007 multimedia Web cast series. For more information, visit the *Recovery Month* Web site at **www.recoverymonth.gov.**

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: _____

_____

_____

I'd like to see an article about: _____

_____

_____

Name and title: _____

Address and affiliation: _____

_____

Phone number: _____ Email address: _____

Field of specialization: _____

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

- ❑ Treatment for Older Adults: What Works Best?
- ❑ SAMHSA Welcomes Terry L. Cline New Administrator
- ❑ Seclusion and Restraint: Final Rule on Patients' Rights
- ❑ Buprenorphine: Patient Limits Increase
- ❑ Prevention Planning Tool Available
- ❑ Substance Abuse in Metropolitan Areas
- ❑ Funding Opportunities
- ❑ Addiction Counseling Competencies Updated
- ❑ In Brief . . .
- ❑ Mental Health Resources Help Build Bridges
- ❑ ***SAMHSA News*** online—for the current issue and archives—at **www.samhsa.gov/SAMHSA_News**

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Thank you for your comments!

Mental Health Resources Help Build Bridges

As part of its commitment to transform mental health care in America, SAMHSA recently released new resources on primary care, criminal justice, and self-direction related to mental health.

SAMHSA's Center for Mental Health Services (CMHS), has released two publications from the *Building Bridges* series for consumers and treatment professionals. In addition, three new fact sheets are available to provide basic information for ongoing dialogues.

Because transformation at both the personal and systems levels depends on relationships and connections between people, CMHS sponsors dialogues that allow consumers, stakeholders, and advocates in mental health fields to share their personal and professional experiences. These meetings take place with the ultimate goal of forging recommendations that foster recovery models for consumers of mental health services.

"Our goal is to stimulate a national dialogue about the very real possibility of recovery from even the most serious mental illnesses, particularly when consumers are at the center of decision-making and care," said CMHS Director A. Kathryn Power, M.Ed.

The *Building Bridges* series includes reports of these CMHS dialogue meetings, which examine approaches that affect both personal and mental health systems transformation. During the dialogues, participants discuss their experiences, identify factors that promote and hinder recovery, and offer recommendations to overcome obstacles in order to improve opportunities for individuals to recover.

Building Bridges: Mental Health Consumers and Primary Health Care Representatives in Dialogue discusses the findings of a 2-day meeting between mental health consumers and primary care representatives, including service providers, researchers, and policymakers. Topics discussed at the meeting included the availability, affordability, and quality of medical and mental health services; the synergistic relationship between physical health and mental health; and cross-training for providers in primary care and mental health care.

Building Bridges: Consumers and Representatives of the Mental Health and Criminal Justice Systems in Dialogue provides consumers, service providers, advocates, policymakers, and representatives from both systems with an understanding of issues that mental health consumers experience in the criminal justice system. These include diversion from incarceration to treatment, prevention of incarceration for people with mental illnesses, and community re-entry efforts. Risk factors—at both the consumer level and the systems level—that can promote or hinder recovery from mental illnesses are also presented.

In addition, with the release of the *Mental Health and Self-Direction Fact Sheets,* SAMHSA has provided an overview of several key principles. Specifically, the fact sheets focus on promoting consumer choice and control of the services and supports that advance recovery—critical elements in the process of transforming America's mental health care system—as well as approaches to implementing these principles.

Both publications in the *Building Bridges* series are available online on SAMHSA's Web site. *Building Bridges: Mental Health Consumers and Primary Health Care Representatives in Dialogue* can be accessed at **http://mentalhealth.samhsa.gov/publications/allpubs/sma06-4040.** *Building Bridges: Consumers and Representatives of the Mental Health and Criminal Justice Systems in Dialogue* is available at **http://mentalhealth.samhsa.gov/publications/allpubs/sma05-4067.**

These publications and fact sheets are available free of charge by calling SAMHSA's National Mental Health Information Center at 1 (800) 789-2647 or 1 (866) 889-2647 (TDD).

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