

SAMHSA's Leadership in Evidence-Based Practices

SAMHSA has been a leader in the development of evidence-based practices for people with serious mental illnesses and substance use disorders, including those who are homeless. SAMHSA develops technical assistance materials to help providers adapt and adopt evidence-based practices and sponsors grant programs that develop and evaluate science-based interventions for people with mental illnesses and substance use disorders. Some of these programs were described in [Chapter 1](#). Information on additional resources follows. More information on these programs and services is available on the SAMHSA web site at www.samhsa.gov.

The Evidence-Based Practices Project

SAMHSA is a sponsor of the Implementing Evidence-Based Practices for Severe Mental Illness Project, a joint effort of SAMHSA and the Robert Wood Johnson Foundation, The National Alliance on Mental Illness (NAMI), and state and local mental health organizations in New Hampshire, Maryland, and Ohio. The project's goal is to develop implementation toolkits to promote the delivery of effective practices for people with serious mental illnesses and/or co-occurring substance use disorders, including those who are homeless.

Each toolkit includes specific information for funders, administrators, clinicians, consumers and recovering persons, and their families. Current toolkit topics include medication management, family psychoeducation, ACT, co-occurring disorders, supported employment, and illness management and recovery.

Community Action Grants for Service System Change

The Community Action Grant for Service System Change program, administered by SAMHSA's CMHS, supports the adoption and implementation of exemplary practices for children with serious emotional disturbances or adults with serious mental illnesses, including those with co-occurring substance use disorders. Phase I grants support consensus-building among key stakeholders to adopt an exemplary practice in their community or state. Phase II grants support implementation of the practice with funds for training and other nondirect services. Both phases of the program include process evaluations.

SAMHSA's CSAT Targeted Capacity Expansion Program

CSAT's Targeted Capacity Expansion (TCE) program helps communities address gaps in treatment capacity. The TCE program supports rapid and strategic responses to demands for substance abuse treatment, including alcohol and drug use services. Grantees may include communities with serious, emerging drug problems, as well as communities with innovative solutions to unmet needs.

Addiction Technology Transfer Centers (ATTCs) and Centers for the Application of Prevention Technology (CAPTs)

SAMHSA uses regionally based centers to help communities adopt evidence-based practices in the prevention and treatment fields. Addiction Technology Transfer Centers (ATTCs) are a nationwide, multidisciplinary resource that transmits the latest knowledge, skills, and attitudes of professional addiction treatment practice. Launched by CSAT in 1993, the ATTC network comprises 14 regional centers and a national office that help treatment systems adopt or adapt evidence-based practices for people with substance use disorders, including those with co-occurring mental illnesses. CAPTs are structured similarly and perform the same function for evidence-based substance use prevention strategies.

Treatment Improvement Protocols (TIPS)

SAMHSA's Treatment Improvement Protocol (TIP) series for substance abuse treatment professionals translates evidence-based research findings in substance abuse treatment to the clinical setting. Each TIP focuses on a specific age group (e.g., adolescents, older adults), a group with special needs (e.g., people with co-occurring disorders, individuals impacted by domestic violence), or a particular clinical practice (e.g., motivational enhancement, brief interventions). TIPS are available at www.SAMHSA.gov/centers/CSAT2002

Developing Services That Will Last

Programs that use evidence-based and promising practices can produce positive outcomes for people with serious mental illnesses or co-occurring disorders who are homeless. The ability to show that these services produce measurable results will help sustain programs that are competing for limited funds, often in a managed care environment.

The final two chapters of this report comprise Section IV: Sustain Services. [Chapter 7](#) examines the types of outcomes that can and should be measured and the use of management information systems to track client data. [Chapter 8](#) looks at ways to improve the availability and accessibility of mainstream resources for people with serious mental illnesses and/or co-occurring substance use disorders who are homeless.

Essential Service System Components

Evidence-Based and Promising Practices

Outreach and Engagement

- Meets immediate and basic needs for food, clothing, and shelter.
- Nonthreatening, flexible approach to engage and connect people to needed services.

Housing with Appropriate Supports

- Includes a range of options from Safe Havens to transitional and permanent supportive housing.
- Combines affordable, independent housing with flexible, supportive services.

Multidisciplinary Treatment Teams/Intensive Case Management

- Provides or arranges for an individual's clinical, housing, and other rehabilitation needs.
- Features low caseloads (10-15:1) and 24-hour service availability.

Integrated Treatment for Co-occurring Disorders

- Features coordinated clinical treatment of both mental illnesses and substance use disorders.
- Reduces alcohol and drug use, homelessness, and the severity of mental health problems.

Motivational Interventions/Stages of Change

- Helps prepare individuals for active treatment; incorporates relapse prevention strategies.
- Must be matched to an individual's stage of recovery.

Modified Therapeutic Communities

- Views the community as the therapeutic method for recovery from substance use.
- Have been successfully adapted for people who are homeless and people with co-occurring disorders.

Self-Help Programs

- Often includes the 12-step method, with a focus on personal responsibility.
- May provide an important source of support for people who are homeless.

Involvement of Consumers and Recovering Persons

- Can serve as positive role models, help reduce stigma, and make good team members.

- Should be actively involved in the planning and delivery of services.

Prevention Services

- Reduces risk factors and enhance protective factors.
- Includes supportive services in housing, discharge planning, and additional support during transition periods.

Other Essential Services

Primary Health Care

- Includes outreach and case management to provide access to a range of comprehensive health services.

Mental Health and Substance Abuse Treatment

- Provides access to a full range of outpatient and inpatient services (e.g., counseling, detox, self-help/peer support).

Psychosocial Rehabilitation

- Helps individuals recover functioning and integrate or re-integrate into their communities.

Income Support and Entitlement Assistance

- Outreach and case management to help people obtain, maintain, and manage their benefits.

Employment, Education, and Training

- Requires assessment, case management, housing, supportive services, job training and placement, and follow-up.

Services for Women

- Programs focus on women's specific needs, e.g., trauma, childcare, parenting, ongoing domestic violence, etc.

Low-Demand Services

- Helps engage individuals who initially are unwilling or unable to engage in more formal

treatment.

Crisis Care

- Responds quickly with services needed to avoid hospitalization and homelessness.

Family Self-Help/Advocacy

- Helps families cope with family members' illnesses and addictions to prevent homelessness.

Cultural Competence

- Accepts differences, recognizes strengths, and respects choices through culturally adapted services.

Criminal Justice System Initiatives

- Features diversion, treatment, and re-entry strategies to help people remain in or re-enter the community.

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