WEB INTEGRITY PROJECT

A project of the Sunlight Foundation

Web Governance in Times of Changing Priorities:

The Substance Abuse and Mental Health Services Administration Overhauls its Website

Web Integrity Project Trend Report

October 2019

The Web Integrity Project. 2019. Web Governance in Times of Changing Priorities: The Substance Abuse and Mental Health Services Administration Overhauls its Website (Sunlight Foundation's Web Integrity Project Trend Report)

This report is available online at: https://sunlightfoundation.com/samhsa-trend-report/

For more information go to https://sunlightfoundation.com/web-integrity-project/

Email: webintegrity@sunlightfoundation.com

October 2019

The Web Integrity Project would like to thank our team of volunteers:

- Anne Barraza
- Steven Gentry
- Guanwei Hu
- Emily Ward
- Sonja Williams

They are the frontline of our web monitoring research and this report would not have been possible without their thorough and patient work.

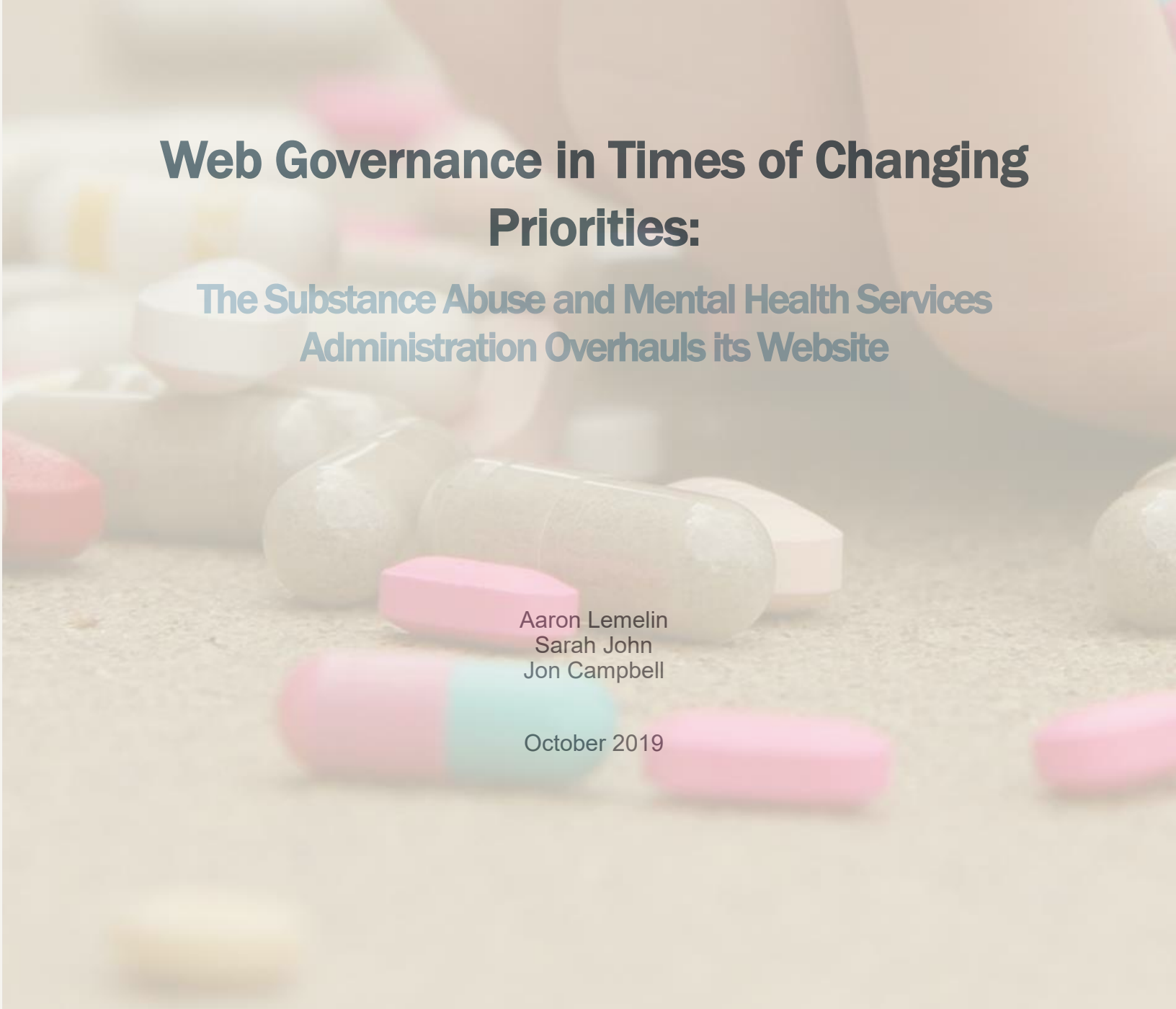
We would also like to thank our partners at the Internet Archive's Wayback Machine — their tool and assistance made this analysis possible.

Image source: Pixabay.

WEB INTEGRITY PROJECT

The **Web Integrity Project** is a project of the Sunlight Foundation.

Our mission is to monitor changes to government websites, holding our government accountable by revealing shifts in public information and access to web resources, as well as changes in stated policies and priorities. We work with journalists to make our findings public, and we produce policy analyses to evaluate and recommend changes to web governance practices and help ensure access to valuable web resources.



Web Governance in Times of Changing Priorities:

The Substance Abuse and Mental Health Services Administration Overhauls its Website

Aaron Lemelin
Sarah John
Jon Campbell

October 2019

Aaron Lemelin is Web Monitoring Analyst at the Web Integrity Project (WIP); Sarah John is WIP Director; and Jon Campbell is WIP's Senior Investigator.

Contents

Executive Summary 6

Introduction: Web Governance in Times of Changing Priorities 8

Chapter 1: SAMHSA Shifts Emphasis 10

Chapter 2 : The Overhaul of SAMHSA's Website 12

Chapter 3: Five Steps to Minimize Confusion and Irritation 25

Conclusion 27

Appendix 1: Technical Documentation 28

- **1. HOMEPAGE:** Alterations to SAMHSA's Homepage 30
- **2. PROGRAMS:** Alterations to SAMSHA's "Programs" Page 34
- **3. CAPT:** Removal of the "Center for the Application of Prevention Technologies" (CAPT) Website 37
- **4. NREPP:** Removal of the "National Registry of Evidence-based Programs and Practices (NREPP)" Website 41
- **5. EBPWeb:** Removal of the "Evidence-Based Practices (EBP) Web Guide" Pages 44
- **6. NCTIC:** Removal of the "National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint (NCTIC)" Website 47
- **7. TIME:** Removal of the "Now Is The Time Technical Assistance Center" Website 50
- **8. RECOVERY:** Removal of the "Recovery to Practice" Websites 53
- **9. SCHOOLS:** Removal of the "Safe Schools/Healthy Students (SS/HS)" Website 56
- **10. SMART:** Removal of the "Too Smart To Start" Website 59
- **11. WOMEN:** Removal of the "Women, Children, and Families" Website 61

12. MARIJUANA: Addition of the "Know the Risks of Marijuana" Page 64

13. EBPResource: Addition of the "EBP Resource Center" Page 66

14. TOPICS: Removal of SAMHSA's "Topics" Page 68

15. ALCOHOL: Removal of "Alcohol, Tobacco, and Other Drugs" Pages .. 70

16. DISASTER: Alterations to the "Disaster Preparedness, Response, and Recovery" Page 73

17. HOMELESS: Removal of "Homelessness and Housing" Pages 78

18. POPULATIONS: Removal of "Specific Populations" Pages 81

19 VETERANS: Removal of "Veterans and Military Families" Pages 86

20. WORKFORCE: Alterations and Removal of "Workforce" Pages 89

21. MODELS: Alterations to the "Recovery Models" Page 94

22. LIBRARY: Removal of the "Evidence-Based Practice Resource Library" Page 97

23. COMPETENCE: Alterations to the "Cultural Competence" Page 99

24. ARCHIVES: Removal of SAMHSA's Archive Domain 103

25. BLOG: Removal of SAMHSA's Blog Archives 105

26. PRACTITIONER: Addition of "Practitioner Training" Section 107

Methodology 109

Executive Summary

Federal agencies often have to choose between competing evidence bases.

Government agencies like the Substance Abuse and Mental Health Services Administration (SAMHSA), the federal agency that "leads public health efforts to advance the behavioral health of the nation," are frequently confronted with diverse and conflicting evidence-based views held by policy experts and scientific professionals. In this report, we explore the web integrity issues like notice, archiving, and link maintenance, that are raised when a federal agency begins emphasizing a different part of the evidence base on its primary communication vehicle — the agency website.

Internal transformations within SAMHSA suggest a change in approach.

Critics of SAMHSA's decades-old approach to the treatment of mental health and substance use disorders, including the agency's recently-appointed top official, have suggested SAMHSA relied too heavily on "soft" recovery approaches in the past, to the detriment of proper treatment for serious mental illness and a more medical approach (Chapter 1). In the last two years, staffing changes, funding decisions, and the disbanding of recovery-oriented programs have suggested an increased role for a medical approach.

Reflecting this change, SAMHSA overhauled its website, but did so poorly and unduly inconvenienced users.

Beginning in 2018, SAMHSA systematically restructured its website in ways that seem to reflect a shift away from the heavily recovery-oriented approach of the past (Chapter 2). In the process of changing everything from the website's color scheme to its information architecture, SAMHSA removed much-relied upon databases dating back as early as 1997, masses of content aimed at training practitioners and informing the public, and numerous publications.

The agency failed to provide notice of significant removals, to properly archive resources before they were removed, and to create useful redirects for removed URLs, leaving users in the lurch and likely resulting in confusion, frustration, and wasted time.

There are four key principles that could have prevented the inconvenience.

When overhauling its website, SAMHSA, like any federal agency, has a duty to implement the overhaul so as to minimize confusion, irritation, wasted time, and frustration among the American people. To fulfill this duty, the Web Integrity Project encourages agencies to adopt

four key principles when making changes to their websites (Chapter 3):

- **Content on the federal web should be current and regularly reviewed and updated.** The public should be able to presume content reflects current laws, policies, and evidence.

- **Content on the federal web should provide notice of when it was last reviewed or altered.** The public should be able to quickly assess the currency and applicability of information on government websites, as well as whether anything has changed since their last visit.

- **Prior notice should be provided when major changes are about to be made.** The public should be made aware when large swaths of information, or information that they need or rely upon, will soon be removed or significantly altered. When resources are removed, the public should be made aware of the justification for that removal (e.g. obsolescence, change in policy).

- **Continued access to content should be prioritized.** The public should be able to find useful information that was once available and be directed to content that fills the same need, or be provided an explanation of why past content is no longer available. The public should also be able to hold the government accountable by researching changes that were made over time.

If these principles had been upheld, it is likely that the SAMHSA website overhaul would have resulted in minimal confusion, irritation, wasted time, and frustration.

Introduction: Web Governance in Times of Changing Priorities

Beginning in 2018, the Substance Abuse and Mental Health Services Administration (SAMHSA), the federal agency that "leads public health efforts to advance the behavioral health of the nation," systematically restructured its website in ways that seem to reflect a shift away from the agency's decades-old approach to the treatment of mental health and substance use disorders.

In the past, SAMHSA's website reflected the agency's emphasis on what is known in the mental health treatment community as the "recovery" model of treatment for mental health and substance use disorders. The agency and its online messaging tended to emphasize policies and programs that prioritized the role of environmental factors in effective treatment, with particular focus on approaches like peer support and counseling. The agency's website overhaul has deemphasized such resources, shifting emphasis toward the "medical" model of care, which focuses on biological causes and more fully embraces the use of pharmaceutical treatments.

The reshaping of the website may reflect broader changes at SAMHSA itself. The agency's top official since 2017, Elinore McCance-Katz, is a psychiatrist and former president of the American Academy of Addiction Psychiatry who has long been associated with a medical model of care. Upon her appointment, observers widely expected her to reorder the agency's priorities. And while McCance-Katz has called for a balance between the medical and recovery models, she has also criticized SAMHSA for giving medical interventions short shrift in the past. Some of the bureaucratic restructuring of the agency under her leadership has empowered officials with psychiatric backgrounds, and some funding choices have also suggested an increased role for what might be considered a medical approach.

It is not WIP's intention to evaluate or take a position on the best approach for the treatment of mental health or substance use disorders. There has long been a spirited professional debate about these matters, and most clinicians — including SAMHSA's current leadership — say successful treatment incorporates both recovery and medical interventions as appropriate. This report seeks only to evaluate the restructuring of the SAMHSA website as the agency recalibrates its priorities, and how it has — or should — manage messaging during such a transition.

Whatever reasons spurred SAMHSA to update their most prominent public-facing resource — the SAMHSA website — the way they have gone about the overhaul raises serious, and all too common, web governance questions. The overhaul has resulted in the removal of widely-used online databases, collections of resources, and swaths of content without notice or proper archiving, and, in many cases, without establishing useful redirects. Users of the website likely experienced confusion, irritation, wasted time, and frustration as a result of SAMHSA's overhaul, with much relied-upon content suddenly vanishing without a trace and bookmarked pages returning 404 errors or redirecting to unrelated pages.

Agency Websites: Worthy of our trust?

Government websites, which constitute official government communication, are widely presumed to be reliable sources of information, are highly trafficked, and are highly visible, appearing at the top of Google search results for all manner of search terms. Because of their perceived authority, government websites inform the public's decision-making about everything from whether to travel to a particular country, whether to seek help for a medical condition, whether to take an umbrel-

la outside, when and how to apply for citizenship, when and how to get health insurance coverage, and so on and so forth. Like federal agency websites generally, SAMHSA's website is the "primary means" by which it communicates with the public. In SAMHSA's case, its website is especially important. It has been a primary vehicle through which SAMHSA provides training and technical assistance resources to practitioners and grantees.

But websites are also a uniquely flexible medium. A limitless number of new pages can be added to a site, and existing webpages can be easily changed or removed from public access, or even deleted from servers, leaving no permanent record. While the flexibility of the medium has many positive features, it also creates potential risks and challenges.

As SAMHSA undergoes what many observers expect will be a shift in approach toward the medical model of treatment, the agency faces a challenge: how to alter the messaging it has employed in the past without simply discarding resources amassed over many years? What should be done with content that was relied upon by the public, but the agency no longer considers as relevant as it once did?

These questions are easier to answer when material is clearly false or outdated: remove the page from the website, but make sure a publicly-accessible archival copy of the page is available with a note that the content may not be up-to-date or accurate.

But in the case of SAMHSA's site, these decisions are more complicated. While the agency may properly choose, in this case, to emphasize the medical model of treatment, resources associated with the recovery model still have value, and, in most cases, should not be simply discarded. These choices are made especially difficult by the fact that professionals in the mental health community have legitimately divergent views of the best approach. There is still a large constituency for recovery-based resources.

This is not a challenge unique to SAMHSA. In the regular conduct of government business, agencies are frequently confronted with diverse and conflicting evidence-based views held by policy experts and scientific professionals. In many areas of government action, from setting macroeconomic policy through to school lunch decisions, policy experts legitimately disagree about the best approach, and scientific research provides evidence for multiple approaches. In this milieu, agencies administering programs in any evidence-based field frequently — and legitimately — may side more with one view over another and, importantly, may vacillate from one to another, depending on agency interpretation of the evidence, the fashions of the time, and the predispositions of the administration, leadership, staff, and clients.

In this report, we explore the web integrity issues that are raised when a federal agency begins emphasizing a different part of the evidence base, but does not — or should not — want to throw out everything that came before.

Report Overview

In Chapter 1, we set out the context for SAMHSA's website overhaul, outlining the agency's adoption of a recovery-oriented approach, the brewing of a backlash against that approach, the passage of legislation aimed at reorienting SAMHSA, and the appointment of an adherent of the medical model, Elinore F. McCance-Katz, to oversee SAMHSA.

Apparently reflecting changes in the law and agency leadership, SAMHSA began to overhaul its website to emphasize the medical model and de-emphasize the recovery model, which involved adding, changing, and removing large volumes of content.

In Chapter 2, we document and discuss the overhaul of SAMHSA's website, particularly the removals that tend to reflect a shift away from the recovery model of care. Among major changes to the site were the removal of a series of pages on the Recovery to Practice Program, a scaling back of materials in SAMHSA's "Store" subdomain that frequently pertained to the recovery model, and the removal of a major clearinghouse known as the National Registry of Evidence-Based Programs and Practices, which also featured many evidence based recovery program materials.

In Chapter 3, we explore policy recommendations for agencies seeking to overhaul their messaging like SAMHSA has done. We consider the appropriate steps that an agency should take when overhauling its website to reflect a different evidence-based position than it previously promoted, including guidelines for terms of notice, archiving, and establishing page redirects.

After concluding, we present in the appendices technical documentation of the removals.

1. SAMHSA Shifts Emphasis

> There is a perceptible hostility toward psychiatric medicine: a resistance to addressing the treatment needs of those with serious mental illness and a questioning by some at SAMHSA as to whether mental disorders even exist—for example, is psychosis just a "different way of thinking for some experiencing stress?"
>
> -- Elinore F. McCance-Katz, MD, PhD, Psychiatric Times, April 21, 2016

In 2016, Elinore F. McCance-Katz, a psychiatrist who had just left SAMHSA after two years as its Chief Medical Officer, wrote a scathing critique of the agency in the Psychiatric Times. McCance-Katz accused SAMHSA of failing to address the needs of people with serious mental illness due to a deep "hostility towards psychiatric medicine" endemic to the organization's culture:

> ...the unit within SAMHSA charged with addressing these [substance use and mental] disorders, the Center for Mental Health Services, chooses to focus on its own definition of "recovery," which generally ignores the treatment of mental disorders, and, as a major initiative under "recovery" services, focuses on the development of a "peer workforce."...There is a perceptible hostility toward psychiatric medicine … For too long the treatment needs of the seriously mentally ill have been ignored by SAMHSA, and this needs to change.

The emphasis on the recovery model, which focuses on environmental and societal factors more than medication, that McCance-Katz described emerged in the early 2000s. In 2002, then-President George W. Bush issued Executive Order 13263, which established the President's New Freedom Commission on Mental Health. In 2003, the commission released "Achieving the Promise: Transforming Mental Health Care in America," affirming the agency's commitment to the recovery-oriented model, and by 2004, the Department of Health and Human Services (HHS), which oversees SAMHSA, had issued a recommendation for a shift to recovery approaches in treating mental illness. For the next 13 years, the recovery model undergirded many of the agency's programs.

A backlash against SAMHSA's emphasis on the recovery approach had been brewing for several years by the time McCance-Katz wrote her column. Lawmakers and professional health organizations criticized SAMHSA for focusing too much on the "soft" recovery model, and, as a result, failing to take a "serious" stance on mental health issues. As far back as 2013, Representative Tim Murphy had criticized SAMHSA for not focusing on serious mental illness and relying too much on "broad terms of 'behavioral' and 'emotional'" health and promoting such concepts as "wellness" and "recovery." Murphy began promoting legislation to change the agency's priorities.

The 21st Century Cures Act

Criticisms of SAMHSA, driven in part by Murphy's efforts and incorporating some of his earlier legislation, culminated in 2016 with the passage of the 21st Century Cures Act. It sailed through the Senate with only five nay votes and was signed into law in December 2016 by then-President Barack Obama.

The 21st Century Cures Act established the National Mental Health and Substance Use Policy Laboratory, emphasized the need to address serious mental illness (SMI), and required a workforce development report, including "a study on peer-support specialist programs in up to 10 States that receive funding from the Substance Abuse and Mental Health Services Administration." It also created a new position to oversee SAMHSA, the Assistant Secretary for Mental Health and Substance Use. In April 2017, President Trump nominated McCance-Katz to that position, and the Senate confirmed her in August of 2017.

McCance-Katz's Tenure at SAMHSA

As the head of SAMHSA, McCance-Katz would shape the future direction of the agency. Since her appointment, she has overseen what appears to be an increased emphasis on the medical model, including the changes to SAMHSA's website documented in this report.

Shortly after her confirmation, in an interview with MedPage Today, McCance-Katz reaffirmed her commitment to the medical model, stating:

> my belief is that psychiatric medicine is absolutely key, that people who have serious mental illness do not get to what has been called 'recovery' without getting that treatment piece.

But McCance-Katz also acknowledged the importance of recovery approaches, explaining that "recovery supports are equally important to the care and treatment and the ability of a person living with a serious mental illness to live a full and preventive life." McCance-Katz explained that she wanted to bring both approaches together in the fight against mental health and substance abuse issues. This arguably more balanced approach reflects a departure from SAMHSA's recent past.

As Assistant Secretary for Mental Health and Substance Use, McCance-Katz has begun reshaping SAMHSA in ways that appear to be consistent with a greater emphasis on the medical model: (1) hiring psychiatrists to key roles once staffed by social scientists; (2) increasing funding of medication-assisted treatment (MAT) for people with substance use disorders; and (3) reorganizing or discontinuing long-established SAMHSA programs.

Reflecting her connections to professional health organizations, McCance-Katz tapped people from psychiatry-related organizations to senior staff positions in SAMHSA. One particularly controversial personnel change was to transfer the head of the Center for Mental Health Services (CMHS) and replace them with a psychiatrist. The head of CMHS, Paolo del Vecchio, was transferred by McCance-Katz to SAMHSA's Office of Management, Technology, and Operations, a top post at SAMHSA, but "one with less direct oversight of mental health and substance abuse policy." Del Vecchio was a social scientist by training and had served as director of CMHS for six years. He was replaced with Anita Everett, a past president of the American Psychiatric Association.

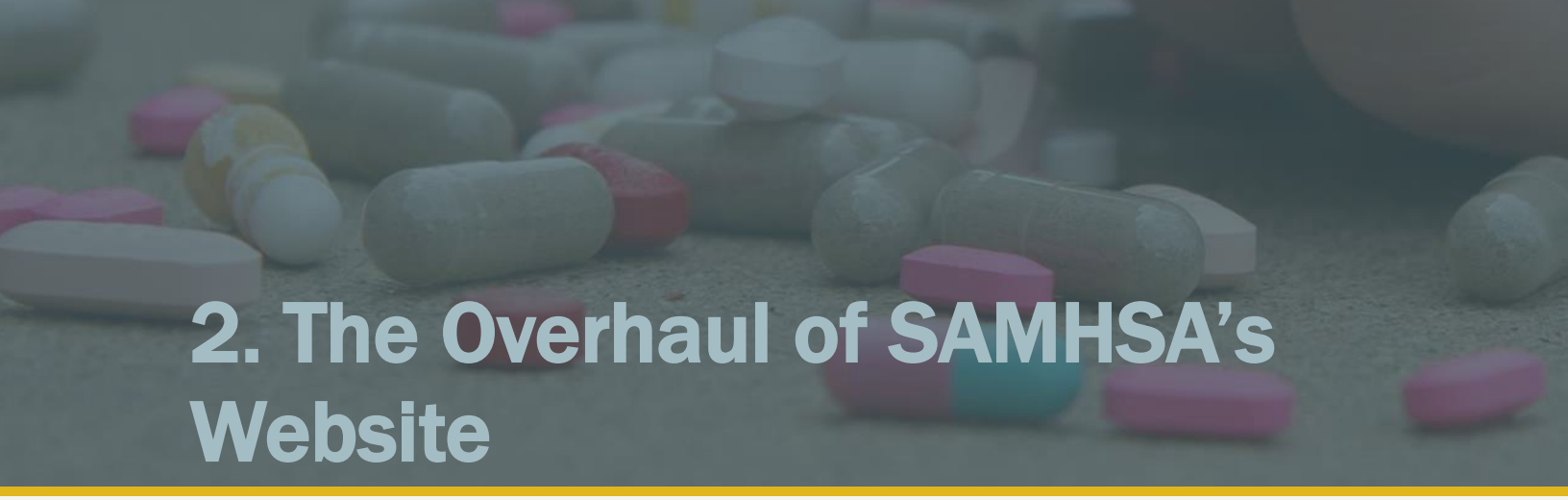
McCance-Katz has also made a high-profile embrace of medication-assisted treatment (MAT), increasingly viewed as the gold standard for the treatment of opioid dependency. In contrast to more traditional interventions, which often emphasize abstinence from all drugs, MAT employs decades-old opioid replacement medications like methadone, as well as newer alternatives like buprenorphine, that help people with substance use disorders stay off more dangerous drugs like heroin.

In 2018, the agency set aside nearly $70 million as part of its Medication Assisted Treatment – Prescription Drug and Opioid Addiction (MAT-PDOA) program, specifically to improve access to MAT. Of a $1.8 billion overall spending effort, nearly $1 billion was distributed to states as block grants, with the stipulation that funded programs incorporate MAT.

Finally, McCance-Katz has overseen the discontinuation of some long-established SAMHSA programs and resources. One of the first steps taken under the new leadership was the removal of the National Registry of Evidence-based Programs and Practices (NREPP). In January 2018, SAMHSA officials confirmed the contract for running the NREPP database had been terminated. The registry, launched in 1997, provided mental health and substance abuse specialists access to recognized programs.

McCance-Katz had criticized the registry as lacking evidence-based practices that deal with serious mental illnesses and of promoting unproven programs. NREPP was replaced with the new "EBP Resource Center," which was not launched until April 2018 and lacks the breadth offered by NREPP.

While SAMHSA's current leadership continues to emphasize that it is committed to a balance between recovery and medical treatment approaches, signs of an increased emphasis on the medical model and a decreased emphasis on the recovery model have been visible. A close look at SAMHSA's website seems to reflect that broader shift.



2. The Overhaul of SAMHSA's Website

Beginning in 2018, SAMHSA overhauled its website in significant ways, altering everything from the website's aesthetics to its information architecture, and removing databases and numerous publications. Many of the changes implemented during the overhaul amount to improvements in design and navigation. Others left materials inaccessible or harder for the public to use. While SAMHSA has begun to add new resources, these new resources are small in number when compared to those removed. Further, the agency failed to provide **notice** of significant removals, leaving users in the lurch. They also failed to properly **archive** resources before they were removed and to create useful **redirects** for many removed URLs.

Of the materials that were removed or made less accessible, many related to the recovery model of mental health and substance use treatment, an observable shift in emphasis that may reflect the apparent changes in priorities at SAMHSA.

The purpose of this chapter is to identify and characterize the changes made during SAMHSA's website overhaul, and to highlight web governance failures relating to notice, archiving, and redirecting. In the Technical Documentation appendix, we document in detail each of the changes referenced in this chapter.

Removal of Recovery-oriented Slogan from Homepage

One of the most obvious changes to SAMHSA's website that signals a de-emphasis of the recovery approach is the removal of the slogan "Behavioral health is essential to health. Treatment is effective. Prevention works. People recover." from its prominent position on the homepage in October 2018 (Figure 1; 1. Homepage). The slogan is closely associated with "Recovery Month," a campaign that emphasizes recovery-oriented approaches. It has been commonly used as a statement of SAMHSA's mission since being adopted in the 2011 report, "Leading Change: A Plan for SAMHSA's Roles and Actions 2011 – 2014," and had been emblazoned on the homepage since February 2011. The slogan still appears on the site's "Recovery and Recovery Support" page, lending further evidence of the slogan's close association with the recovery approach.

While this change does not raise web governance issues (an agency should be free to change its slogan, and the homepage is properly archived in the Library of Congress' web archive), it does provide evidence that a change in emphasis was guiding the SAMHSA overhaul.

Removal of "Recovery to Practice" Resources

A second change that signals a de-emphasis of the recovery model is the removal of "Recovery to Practice" (RTP) resources (8. Recovery). RTP emphasized "recovery-oriented" approaches to treatment, and the collection of resources was intended to help "practitioners improve delivery of recovery-oriented services, supports, and treatment." The collection of resources offered included educational materials, such as virtual learning courses, webinars, and podcasts designed for health professionals to obtain continuing medical education credits, hours, and/or certificates of attendance. The RTP site also offered educational curricula developed with six professional organizations to promote recovery principles within their specialty areas. These curricula are still available on the external websites of each respective organization.

Numerous pages have been removed from the RTP collection, including an entire subdomain at http://atr.samhsa.gov/, which featured a resource

A comparison of the SAMHSA.gov homepage, 2011—2018.

Figure 1

The top portion of the SAMHSA.gov homepage on February 17, 2011 (this page, top), June 30, 2011 (this page, bottom), October 1, 2018 (next page, top), and October 5, 2018 (next page, bottom). The slogan "Behavioral health is essential to health. Treatment is effective. Prevention works. People recover." is highlighted in yellow. (Webpages captured by the Internet Archive's Wayback Machine).

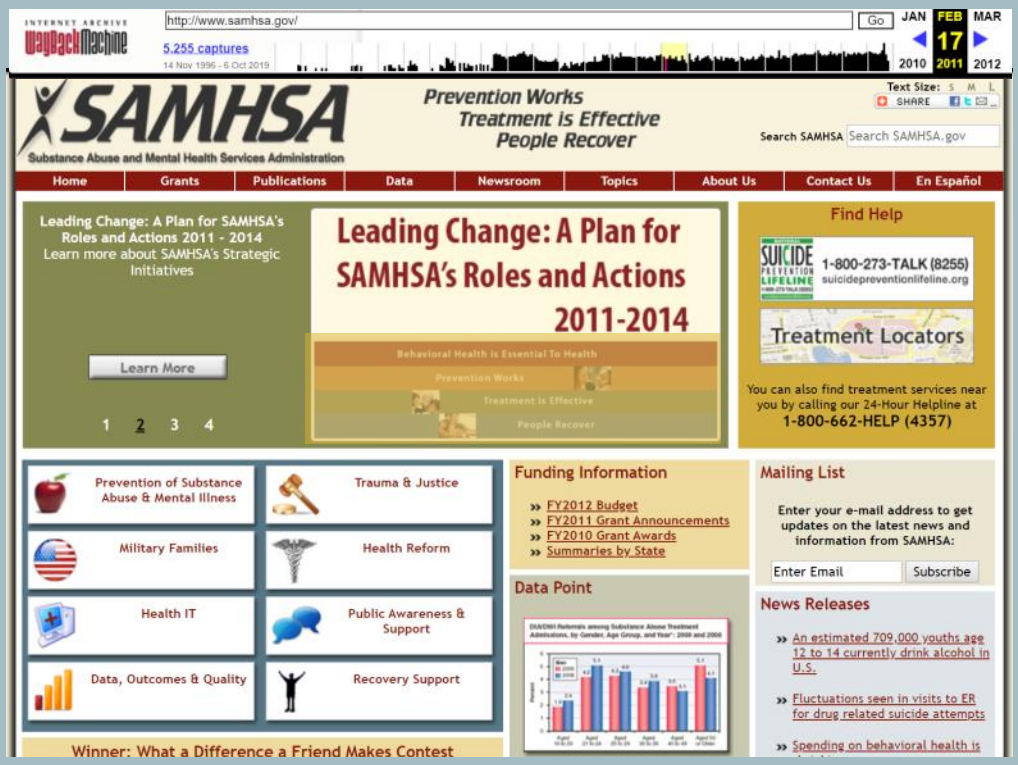
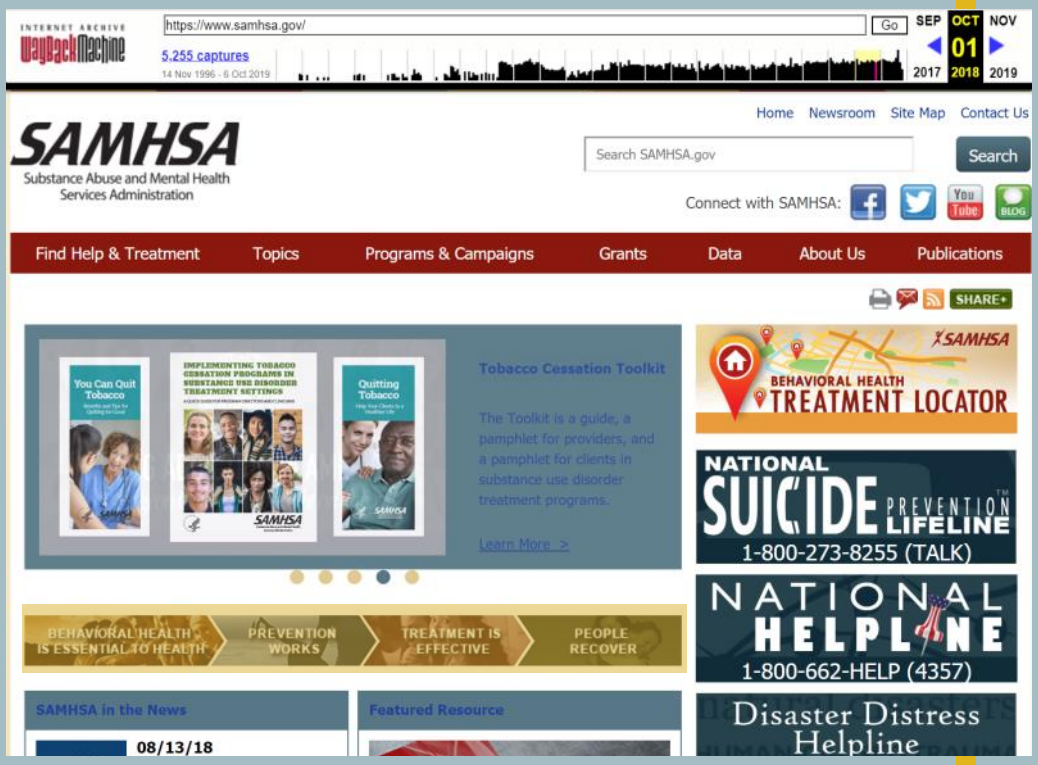
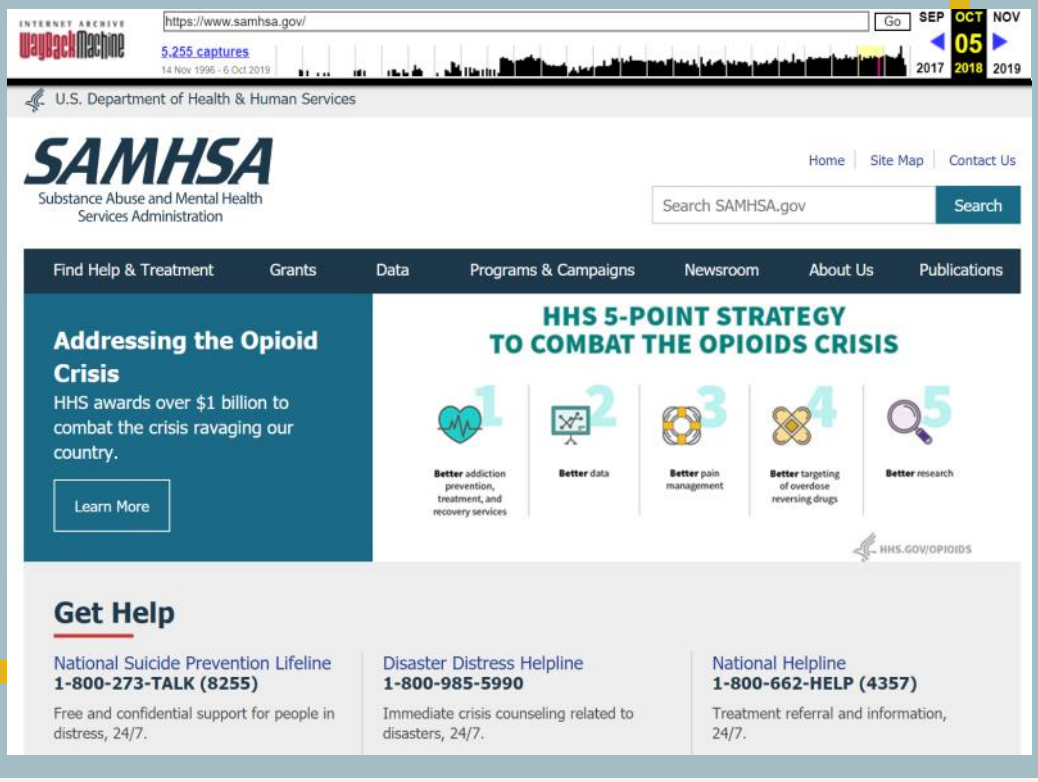


Figure 1 (cont.)

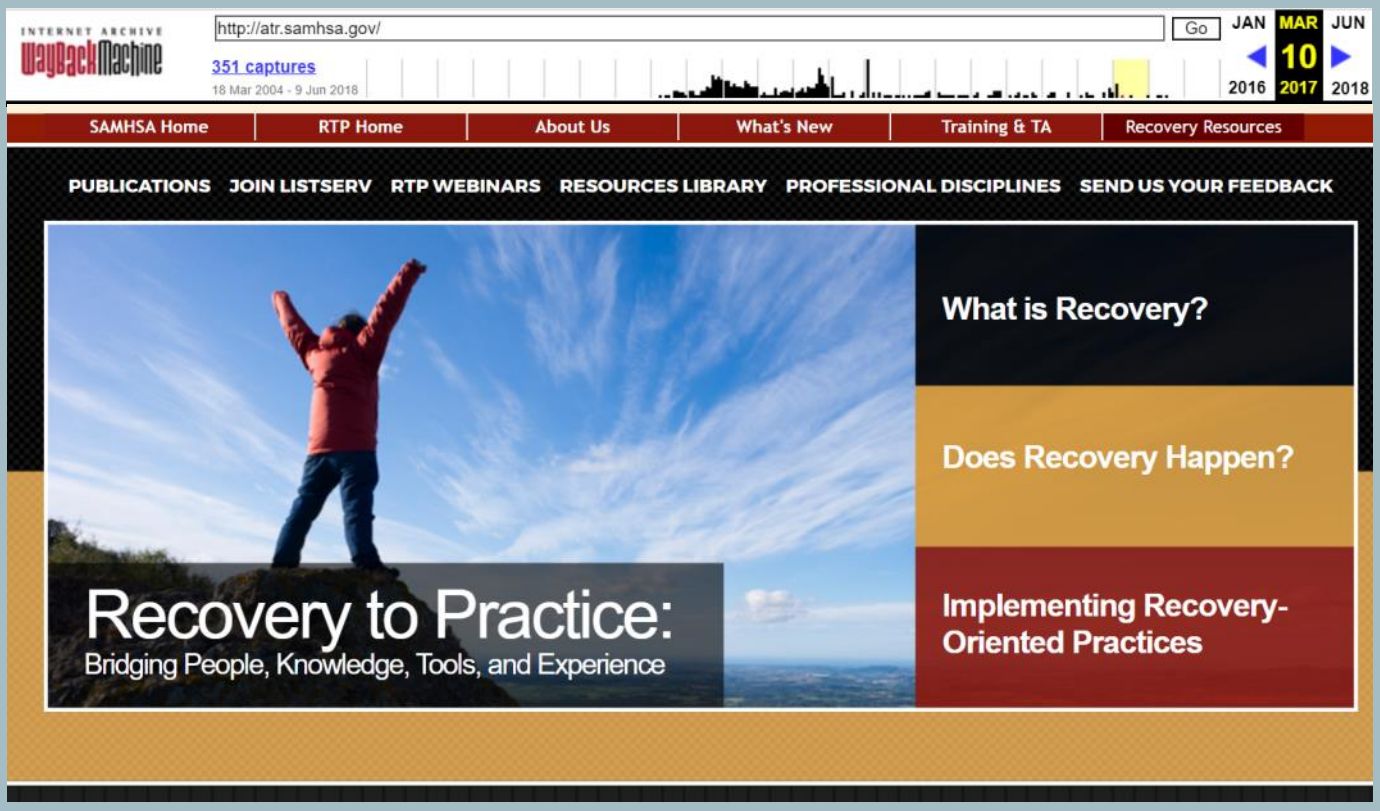




The homepage of the Recovery to Practice Subdomain.

Figure 2

The RTP subdomain homepage on March 10, 2017. The subdomain was no longer accessible by June 20, 2017. (Webpages captured by the Internet Archive's Wayback Machine).



library of recovery-oriented interventions, as well as general information about the program (Figure 2).[1] Some RTP pages, such as the "RTP Curricula" page, are still available online; however, because a user would be unable to access these pages by navigating the website, they are effectively orphaned. To access the resource, a user would need to know the full URL or have prior knowledge of the resource's existence in order to search for it via a search engine. SAMHSA removed all references to the program from the "Programs" page, the main pathway to accessing information on SAMHSA's programs.

These removals raise significant web governance flags. SAMHSA did not provide notice for the removal of the RTP pages, and we were unable to locate a public archive collected at the request of the agency, the Federal Depository Library Program Web Archive, or the Library of Congress for these pages. Users who have bookmarked these resources would have found the bookmarked URLs now redirect to the "Programs" page, which, as we have noted, contains no references or links to the RTP program.

National Registry of Evidence-Based Programs and Practices

Another change that indicates a de-emphasis of the recovery model is the removal of the National Registry of Evidence-Based Programs and Practices (NREPP) database (4. NREPP). NREPP was created in 1997 and provided practitioners a database of over 400 evidence-based interventions.[2] It was hosted on its own domain, http://nrepp.samhsa.gov/. In addition to the database, NREPP included a "Learning Center" to inform users about using NREPP, the science behind NREPP, and best practices for evidence-based programs. As Jon Campbell explains, NREPP's retirement met with suspicion in some quarters, with some experts suggesting the decision was part of a general devaluing of evidence- based medicine under the Trump administration, but relief in other quarters, with some experts noting that NREPP had declined in quality in recent years and included low-quality materials.

The removal of NREPP was one of the first actions

taken on the website after Assistant Secretary McCance-Katz took office, with SAMHSA officials confirming in January 2018 that the contract for NREPP had been terminated.

The NREPP removal was done poorly, from a web governance perspective.

No redirects were established for removed pages, except for one: a page removed from the SAMHSA domain, which contained information on NREPP and links to the NREPP domain, now redirects to the "EBP Resource Center" page. All NREPP domain URLs return an error.

The NREPP homepage, http://nrepp.samhsa.gov/, had not been archived in a public archive at the request of the agency, the Federal Depository Library Program Web Archive, or the Library of Congress since 2011. Many NREPP pages had never been archived in a public archive.

Only oblique notice of the impending removal was given on the NREPP domain. In response to a Washington Post article on January 10, 2018, the following text was added to the NREPP homepage (Figure 3):

> Although the current NREPP contract has been discontinued, SAMHSA is very focused on the development and implementation of evidence-based programs in communities across the nation. SAMHSA's Policy Lab will lead the effort to reconfigure its approach to identifying and disseminating evidence-based practice and programs.

The NREPP subdomain landing page, 2018

Figure 3

The NREPP subdomain landing page on January 11, 2018 (this page) and January 23, 2018 (next page), showing the notice provided about the future of NREPP. The domain was removed after July 22, 2018. (Webpages captured by the Internet Archive's Wayback Machine).

This text was soon replaced with the text "Please read Assistant Secretary Elinore F. McCance-Katz's statement about NREPP and evidence-based practices here" and a link to a statement from McCance-Katz criticizing NREPP and confirming that the database would no longer be maintained. Neither the statement, nor any notice on NREPP's website, indicated the domain would be removed.

On April 5, 2018, SAMHSA announced the release of its new "EBP Resource Center" (13. EBPResource), which it claimed was "part of SAMHSA's new comprehensive approach to identifying and disseminating clinically sound and scientifically based policies, practices, and programs." As Campbell reports, while the EBP Resource Center is intended to replace NREPP, it is nowhere near as expansive.

Removal of Access to Resources on SAMHSA's Store

SAMHSA altered its "Store" subdomain located at the URL store.samhsa.gov, including by reducing access to a striking number of publications relating to the recovery model. In SAMHSA's store, users can navigate to webpages that link all publications with a particular tag, such as "Alternative Therapy" or "Suicide." SAMHSA significantly reduced the number of publications tagged for many subject areas (Table 1 and Spreadsheet 1),[3] but this reduction was especially apparent for publications tagged "Recovery Models," which declined from 39 publications to just 5 (21. Models).

Publications for which easy access via the "Recovery Models" tag has been removed include "Access to Recovery (ATR) Approaches to Recovery-Oriented Systems of Care," which features

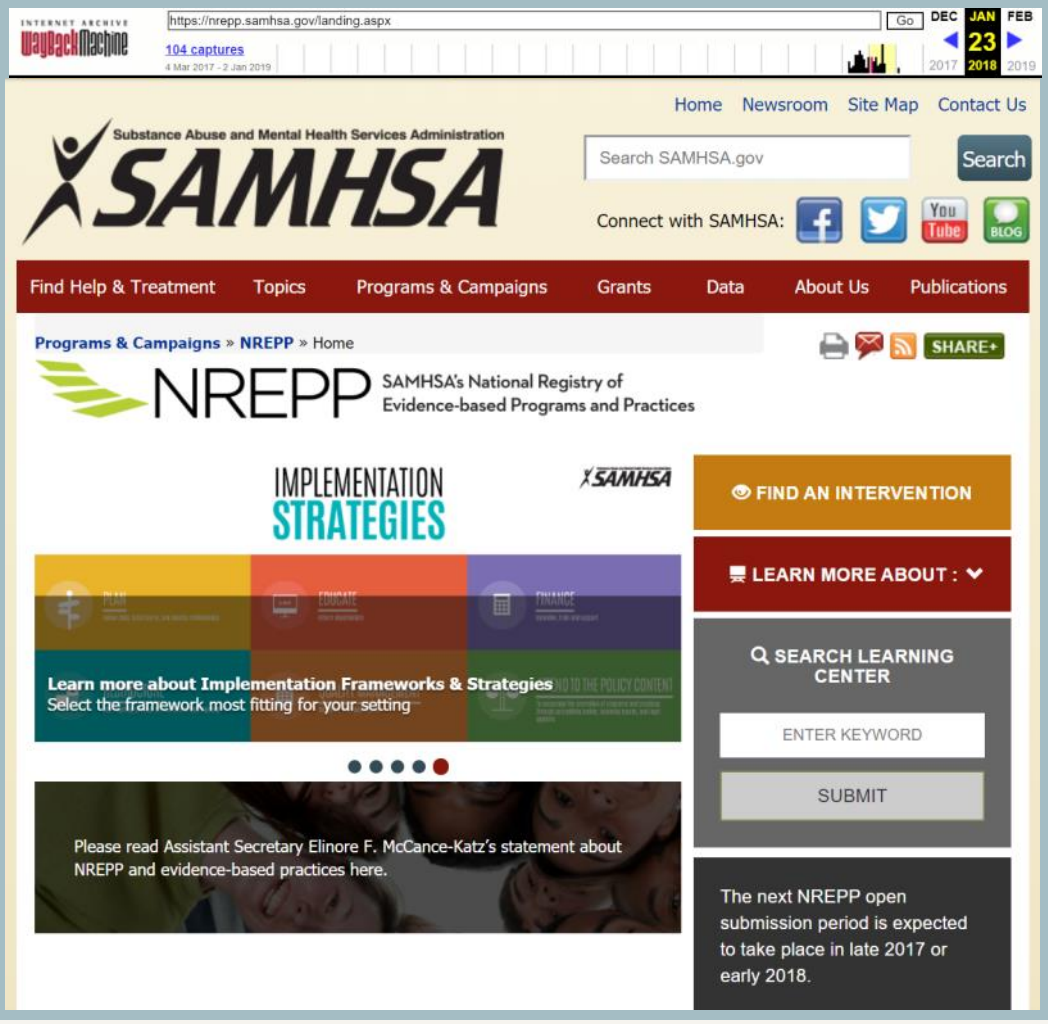


Table 1

Number of Resources by Tag in the "Substances" section of the SAMHSA Store on January 18, 2017 and September 5, 2019.

Category	Number of publications tagged		Change	
	1/18/2017	9/5/2019	Number	Percent
Alcohol	134	68	-66	-49%
Anabolic Steroids	2	0	-2	-100%
Bath Salts	1	0	-1	-100%
Buprenorphine	1	10	9	900%
Cocaine	6	6	0	0%
Ecstasy	1	0	-1	-100%
Fentanyl	0	1	1	New category
GHB	2	0	-2	-100%
Hallucinogens	1	1	0	0%
Heroin	4	2	-2	-50%
Illegal Drugs	27	15	-12	-44%
Illicit Stimulants	0	1	1	New category
Inhalants	3	2	-1	-33%
Ketamine	1	0	-1	-100%
Marijuana	19	12	-7	-37%
Methadone	1	11	10	1000%
Methamphetamine	16	6	-10	-63%
Nicotine	4	5	1	25%
Opioids or Opiates	60	54	-6	-10%
Over-the-Counter Drugs	16	6	-10	-63%
PCP	1	0	-1	-100%
Pain Relievers	1	3	2	200%
Prescription Drugs	62	30	-32	-52%
Rohypnol	1	0	-1	-100%
Stimulants	9	0	-9	-100%
Synthetic Cannabinoids	1	0	-1	-100%
Tobacco	37	25	-12	-32%
Median change				**-50%**

three case studies on recovery approaches to care. Before it was removed (8. Recovery), users could also have accessed the publication from a link from the "Recovery to Practice" collection. A PDF of the publication is still available; however, it is unclear how a user of the website would be able to access the publication without the full URL.

Access to another ATR-related publication titled "Access to Recovery Implementation Toolkit" was also removed. The toolkit helped guide practitioners to develop "systems of care for substance abuse treatment and recovery." In this case, the publication landing page, and the PDF of the publication were also removed.

SAMHSA did not provide notification for the removal of access to these resources, and neither resource is in a public archive collected at the request of SAMHSA, the Federal Depository Library Program Web Archive, or the Library of Congress. Redirects for the publications were not established, with the URLs for removed publications and landing pages returning a 404 "page not found" error.

Removal of Cultural Competence Content from Topics Pages

As part of the website overhaul, SAMHSA eliminated the "Topics" section from its website, removing many pages and moving others to different sections of the website (14. Topics). As part of this process, much content on cultural competence, a concept associated with the recovery model of care, was eliminated from the website. Cultural competence materials highlighted the importance of cultural factors in effective care, advising providers to consider factors such as age, race, beliefs, and status, when planning and delivering health services.

For example, in altering the "Disaster Preparedness, Response, and Recovery" page, SAMHSA removed a section on "Cultural Awareness and Competency" (16. Disaster), which emphasized that "[p]eople's reactions to disaster and stress, and their coping skills, can differ based on their beliefs, cultural traditions, or economic and social status." Other removals relating to cultural competence are documented in a spreadsheet: www.sunlightfoundation.com/SAMHSAtopics.

In addition to removing sections on cultural competence, SAMHSA removed a collection of pages that directly addressed issues facing specific populations (18. Populations). The "Specific Populations" page provided an overview of how SAMHSA addressed health disparities and included several subpages, including "Racial and Ethnic Minority Populations," "Age- and Gender-Based Populations," "Serving the Needs of Diverse Populations," and "Other Specific Populations." Each subpage provided statistical information and resources for each respective population. Some population-specific resources are still available through the Office of Behavioral Health Equity.

More examples of removals are provided in Table 2, and all changes made during the removal of the "Topics" section are documented in this spreadsheet: www.sunlightfoundation.com/SAMHSAtopics.

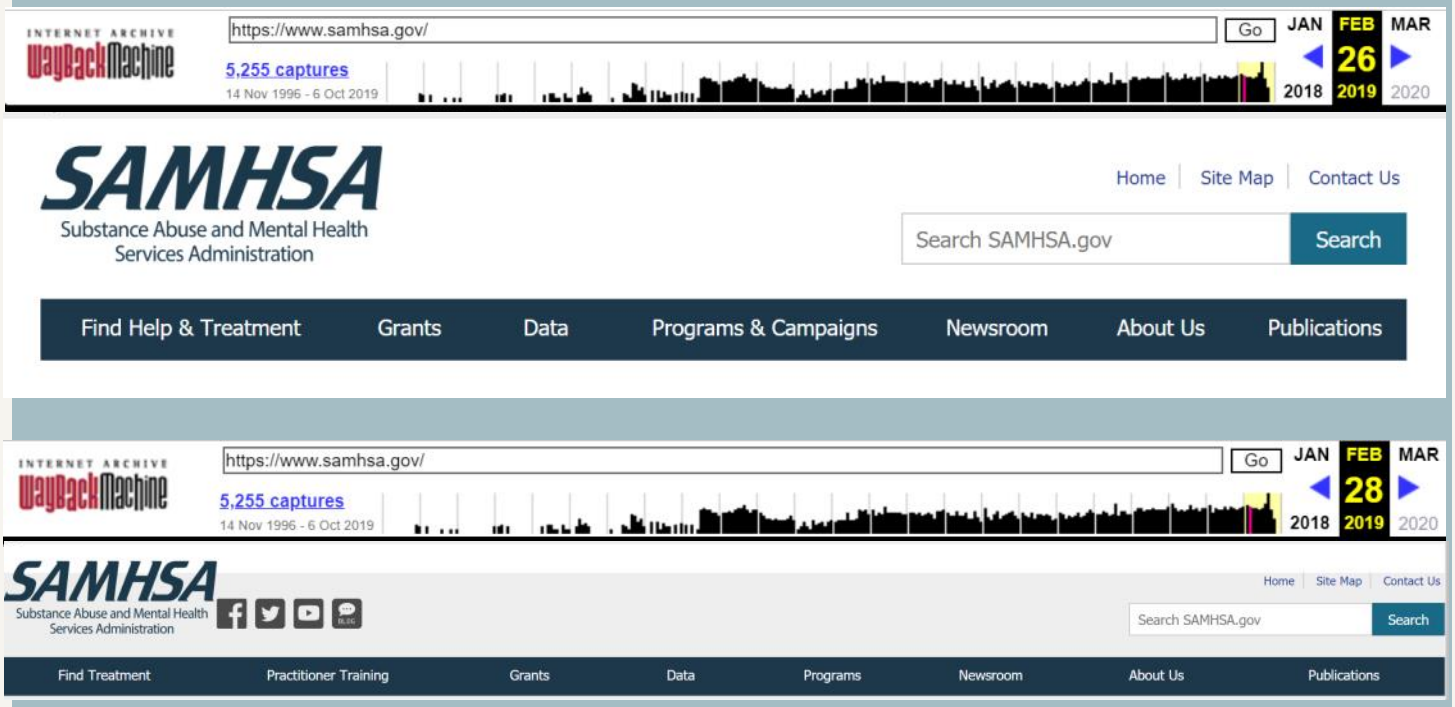
Table 2

Examples of Removals from the "Topics" Section of the SAMHSA website

Link to Technical Documentation	Title	URL	Page Status	Number of subpages removed	Internet Archive's Wayback Machine Capture	
					Before Change	After Change
15. Alcohol	Alcohol, Tobacco, and Other Drugs	https://www.samhsa.gov/atod	Removed	8	1-Jan-19	4-Feb-19
16. Disaster	Disaster Preparedness, Response, and Recovery	https://www.samhsa.gov/disaster-preparedness	Altered	3	3-Dec-18	12-Feb-19
17. Homeless	Homelessness and Housing	https://www.samhsa.gov/homelessness-housing	Removed	5	10-Dec-18	21-Dec-18
18. Populations	Specific Populations	https://www.samhsa.gov/topics/specific-populations	Removed	5	7-Dec-18	21-Dec-18
19. Veterans	Veterans and Military Families	https://www.samhsa.gov/veterans-military-families	Removed	6	11-Dec-18	21-Dec-18
20. Workforce	Workforce	https://www.samhsa.gov/workforce	Altered	5	10-Jan-19	7-Feb-19

Figure 4 SAMHSA Main Menus, February 2019

A comparison of the SAMHSA main menus on February 26, 2019 (top), and February 28, 2019 (bottom). (Webpages captured by the Internet Archive's Wayback Machine).



No notice was provided for the removal of the "Topics" section of the website or the pages within the section. Additionally, for many of the removed pages and sections, we were unable to find any public archive, Finally, the removed pages frequently return an error or redirect to the "Programs' landing page, which contains no information about the subject of the removed page.

Menu Changes

Among several changes to the main menu in late February 2019 (1. Homepage; Figure 4), a subtle change, perhaps reflecting space constraints but certainly communicating a decreased emphasis on the more "soft" recovery model, was made to the "Find Help and Treatment" menu item. It was shortened to "Find Treatment," and the page it linked to moved and renamed to exclude reference to "help." (Compare the February 24, 2019 capture from the Internet Archive's Wayback Machine of the "Find Help and Treatment" page and the March 1, 2019 capture of the "Find Treatment" page).

Other Changes

In addition to changes that appear to bear directly on the medical versus recovery model, SAMHSA made numerous other changes to its website, including changing the design, restructuring the "Programs and Campaigns" section and removing many program websites, removing the "Topics" section, the removal of the SAMHSA archive subdomain, and the addition of a "Practitioner Training" page.

Website Design

Between October 1, 2018, and October 5, 2018, SAMHSA redesigned the visual elements of their website, many of which had been introduced in September 2010. The redesign featured a change in the color palette, a changed logo, and changes to content offered on the Homepage (1. Homepage). These changes modernized the website.

Restructuring the "Programs and Campaigns" Section

During the overhaul, SAMHSA overhauled the "Programs and Campaigns" section of its site (2. Programs), renaming the page "Programs" and removing access to notable resources, including RTP and NREPP, documented above.

Center for the Application of Prevention Technologies (CAPT) website

Another removed resource was the Center for the Application of Prevention Technologies (CAPT) (3. CAPT). The CAPT website provided professionals with online training materials include a five-step "Strategic Prevention Framework (SPF) for planning interventions and approximately 340 grantee stories, tools, and resources.

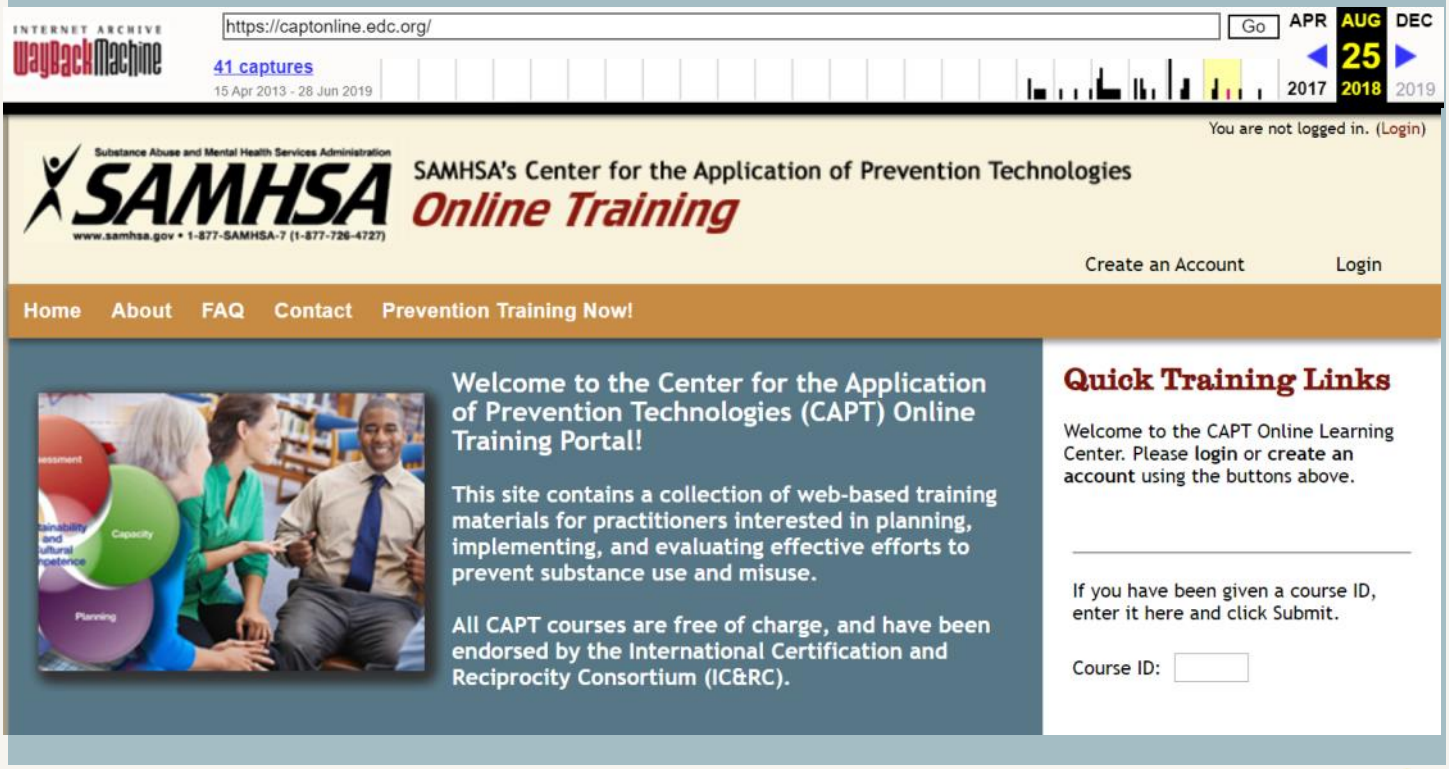
SAMHSA provided no notification for the removal of CAPT. The pages and resources that were hosted on the https://www.samhsa.gov/capt/ file path now return 404 errors. Few CAPT resources are captured in a public archive. There is no evidence that SAMHSA attempted to capture CAPT resources in a publicly-accessible archive before removing them.

Perhaps reflecting the importance of CAPT resources, the contractor that was managing CAPT before it was apparently discontinued, Educational Development Center (EDC), still maintains a CAPT site on its organizational website. It goes without saying that we should not have to rely on private organizations expending private funds to properly archive and maintain access to government resources.

The current status or future of CAPT is unclear, as is SAMHSA's current relationship with EDC. A subdomain on the EDC site that previously featured SAMHSA's logo and design (Figure 5) now features only a message that states, "This webpage, previously hosted by SAMHSA's Center for the Application of Prevention Technologies (CAPT), is no longer available."

Figure 5 **The "CAPT Online Training Site" page**

The August 25, 2018 version of the "CAPT Online Training Site" page on EDC's website, showing SAMHSA's logo and branding. By December 21, 2018, the webpage would no longer be available (Webpages captured by the Internet Archive's Wayback Machine).



Women, Children, and Families Website

The "Women, Children, and Families" program website was also removed (11. WOMEN). The website provided links to resources that focused specifically on women. For instance, the "Publications and Resources" page for the collection provided internal and external links to resources on topics including "Family-Centered Treatment," "Trauma, Violence, and Trauma-Informed Approaches," and "Pregnancy and Substance Use."

One notable page within the "Women, Children, and Families" program website was the "Trainings, Conferences, and Webinars" page. This page provided webinars, toolkits, and online courses for professionals treating women and their families.

SAMHSA failed to provided notification for the removal of the Women, Children, and Families website. Additionally, we were unable to find a public archive of many of these resources. Finally, the URLs of the removed pages redirect to the "Programs" page, which contains no information related to the content of the removed pages.

In addition to CAPT, Women, Children, and Families, RTP, and NREPP, at least four other program websites were removed, including:

- "National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint (NCTIC)" (6. NCTIC)
- "Now Is The Time Technical Assistance Center" (7. TIME)
- "Safe Schools/Healthy Students (SS/HS)" (9. SCHOOLS)
- "Too Smart To Start" (10. SMART)

Several program pages were added, including:

- "Know the Risks of Marijuana" (12. MARIJUANA)
- "EBP Resource Center" (13. EBPResource)

Table 3 documents removed and added programs in the "Programs" section.

The Elimination of the Topics Section

The changes that affected information relating to cultural competence and specific populations documented above were part of a larger set of changes caused by the elimination of the "Topics" section of SAMHSA's site (14. Topics).

The removal of the "Topics" section also saw the removal of pages related to military veterans, alcohol and other drugs (15. Alcohol), homelessness (17. Homeless), and the behavioral health workforce (20. Workforce), among many other removals.[4]

The "Veterans and Military Families" page and six subpages, including the "Reintegration into Civilian Life" page, were removed as part of the elimination of the Topics section (19. Veterans). The pages provided statistical information and resources, including information about suicide rates, homelessness, and substance abuse among veterans. Despite the removal of these topical pages, the SAMHSA website still has some information relating to veterans on its website.

A public web archive of the main page, collected by the Library of Congress, is available but has not been captured since 2016. As with all other removals that resulted from the elimination of the Topics section, no notice of the planned removals was provided, and redirects often take the user to an unrelated page like the "Programs" page.

Removal of SAMHSA's Archive

During the overhaul, SAMHSA has removed its "Archive" subdomain (24. Archives). The subdomain featured snapshots of archived content and subdomains from 2010 to 2015. The archive contained a search bar that allowed users to search for specific items, and also included a "List of Archived Sites," though it is unclear how exhaustive this list is. Many of the websites in the archive do not appear to be available in any web archive, although the archive homepage was captured in the Library of Congress web archive on June 24, 2017.

The "Archive" subdomain would have been a logical choice to store many of the resources removed during the overhaul. Its removal is confounding. Needless to say, archives should be preserved. Now, the SAMHSA website has no archive section, and it is unclear where SAMHSA plans to store superseded versions of its web content in the future.

Table 3

Examples of Changes in the Programs Section of the SAMHSA website

Link to Technical Documentation	Title	URL	Description	Status	Internet Archive's Wayback Machine Capture	
					Before Change	After Change
3. CAPT	Center for the Application of Prevention Technologies (CAPT)	https://www.samhsa.gov/capt/	Training and technical assistance website.	Entire website removed	April 1, 2019	April 24, 2019
4. NREPP	National Registry of Evidence-based Programs and Practices (NREPP)	http://nrepp.samhsa.gov	Database of over 400 evidence-based interventions.	Entire website and database removed	July 22, 2018	N/A
5. EBPWeb	Evidence-Based Practices (EBP) Web Guide	https://www.samhsa.gov/ebp-web-guide	A collection of webpages that links to organizations that use evidence-based practices.	Removed	January 8, 2019	May 17, 2019
6. NCTIC	National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint (NCTIC)	https://www.samhsa.gov/nctic	Training and technical assistance website.	Entire website removed	January 28, 2019	March 23, 2019
7. Time	Now Is The Time Technical Assistance Center	https://www.samhsa.gov/nitt-ta	Training and technical assistance website.	Entire website removed	March 1, 2019	March 8, 2019
8. Recovery	Recovery to Practice	https://www.samhsa.gov/recovery-to-practice	Training and technical assistance website.	Entire website removed	January 8, 2019	March 27, 2019
9. Schools	Safe Schools/Healthy Students (SS/HS)	https://www.samhsa.gov/safe-schools-healthy-students	A website providing a framework to promote positive mental health in students through violence and suicide prevention.	Entire website removed	January 8, 2019	May 22, 2019
10. Smart	Too Smart To Start	http://www.toosmarttostart.samhsa.gov/	A website that provided research-based strategies and materials to prevent underage alcohol use.	Entire website removed	August 15, 2017	September 16, 2017
11. Women	Women, Children, and Families	https://www.samhsa.gov/women-children-families	A website providing resources on addressing the behavioral health and recovery of women and their families.	Entire website removed	January 9, 2019	March 9, 2019
12. Marijuana	Know the Risks of Marijuana	https://www.samhsa.gov/marijuana	A new webpage providing information and links on the risks of marijuana use.	Added	N/A	May 15, 2019
13. EBPResource	EBP Web Resources	https://www.samhsa.gov/ebp-resource-center	A new database of scientifically-based resources for a broad range of audiences.	Added new website/ database	N/A	April 23, 2018

Addition of a New "Practitioner Training" Section

A new dropdown, titled "Practitioner Training," was added to the menu in the place the "Topics" dropdown had been (26. Practitioner). The "Practitioner Training" section features links to SAMHSA's practitioner training and technical assistance programs as well as other resources. The section links to content that was previously available in other sections of the website, including Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) and the GAINS Center.

Removal of Blog Archives

As first reported in PsychCentral, SAMHSA removed its blog archives for the period October 2010 to August 2017. SAMHSA did not actively archive the full set of posts or move it to the (now removed) archives.samhsa.gov domain. Nor did SAMHSA provide notice of these removals. Neither did SAMHSA establish redirects, with URLs for blogs now returning error notices.

Conclusion

The overhaul of SAMHSA's website represents a loss of resources for health professionals seeking to learn about approaches to mental health and substance abuse treatment. While federal government agencies should keep their websites up-to-date, efforts to overhaul their websites should follow sound web governance principles. SAMHSA's overhaul fell short in many ways, with the agency failing to provide notice of significant removals, to properly archive resources before they were removed, and to create useful redirects for removed URLs. In the next chapter we explore principles of good web governance.

Chapter 3: Five Steps to Minimize Confusion and Irritation

SAMHSA, like any federal agency, can, and should, regularly update its website to reflect news about what the agency is doing with its federal funds, the implementation and promotion of new laws, the latest research into mental health treatment, and changes in departmental priorities or policy. However, as a part of the federal government, SAMHSA has a duty to change its website in such a way as to minimize confusion, irritation, wasted time, and frustration among its constituents.

In this regard, SAMHSA's overhaul fell short. By failing to provide proper notice about the removal of NREPP, SAMHSA left contractors confused and users scrambling. By failing to adequately archive resources in RTP, NREPP and CAPT, SAMHSA ensured that practitioners and grantees who wanted to continue to draw on those resources were unable to do so. By not providing redirects to relevant pages, SAMHSA may have left users frustrated by 404 errors or bemused by why they were redirected to a generic, unrelated, page.

Key Web Governance Principles

To minimize the confusion, irritation, wasted time, and frustration of the American people, the Web Integrity Project encourages agencies to adopt four key principles when making changes to their websites.

1. **Content on the federal web should be current and regularly reviewed and updated.** The public should be able to presume content reflects current laws, policies, and evidence.

2. **Content on the federal web should provide notice of when it was last reviewed or altered.** The public should be able to quickly assess the currency and applicability of information on government websites, as well as whether anything has changed since their last visit.

3. **Prior notice should be provided when major changes are about to be made.** The public should be made aware when large swaths of information, or information that they need or rely upon, will soon be removed or significantly altered. When resources are removed, the public should be made aware of the justification for that removal (e.g. obsolescence, change in policy)

4. **Continued access to content should be prioritized.** The public should be able to find useful information that was once available and be directed to content that fills the same need or be provided an explanation of why past content is no longer available. The public should also be able to hold the government accountable by researching changes that were made over time.

Web Change Guidelines

In order to address the deficiencies identified in this report, we suggest SAMHSA adopt these guidelines:

1. The webmaster or designee shall review website content for accuracy, currency, functionality, compatibility, and accessibility at least every six months.

    a. As part of the review process, the webmaster shall identify pages containing content that needs to be updated or removed.

    b. The webmaster will ensure that the website is regularly captured by a publicly-accessible web archive, such as the Internet Archive's Wayback Machine, Archive-It, or a dedicated agency archive website.

        i. In a prominent place on the agency's website (such as the

"archive" link in the website footer), the webmaster shall cause the placement of a link to the relevant landing page on which archived versions of webpages are publicly available, as well as explanatory text notifying users that archived versions of pages within the site are available there.

ii. As part of the review process, the webmaster shall cause the capture of an archival version of each page reviewed.

2. When significant changes are made, the webmaster shall ensure the public has adequate notice of the changes by publishing a notice along the top of the affected webpages.

    a. "Significant change" means a change that involves:

        i. Changes to the style or organization of an entire domain or subdomain; or

        ii. The removal of the contents of a page and the retirement of a URL, irrespective of how well-trafficked the URL or whether a redirect to alternative content in planned.

    b. "Adequate notice" means notice no less than two (2) weeks before a change is made, and ideally for a duration longer than the time between visits for the average engaged user.

        i. Where the significant change involves the removal of the contents of a page and the retirement of a URL, "adequate notice" shall include a justification for the removal and a link, where relevant, to a replacement resource or press release announcing the change in policy.

3. Before any change to the visible content on a webpage is made, the webmaster shall cause the capture of a publicly-accessible archival version of the pre-change page.

4. Before materials from a previous administration, such as press releases, policy statements, or blogs, are removed, all materials shall be archived, and a prominent link to those materials shall be placed on the landing page for the current administration's equivalent material.

    a. The archived material shall be presented using the same structure as the original website.

5. When a URL is retired, a redirect shall be established and maintained for at least one (1) year. The redirect should lead to either:

    a. An alternative URL with similar content that serves a similar purpose; or

    b. A notice explaining why the content is no longer available (e.g. legislative change, policy change, technological redundancy).

    c. If neither 5(a) or 5(b) is possible, the redirect should lead to content that is as relevant as possible to the content on the retired URL. Only in the rarest of circumstances should the redirect lead to the agency homepage.

6. When URLs are retired, care should be taken to ensure other pages formerly linked to on the retired URL are not "orphaned" or "islanded."

If these guidelines were followed, it is likely that less confusion, irritation, wasted time, and frustration would have resulted from the SAMHSA website overhaul. Additionally, all of the removed and altered content would still be available for users.

Conclusion

As with other agencies in the federal government, SAMHSA's website is the primary means through which the agency communicates with the public and practitioners. The agency uses the website to deliver many of its training and technical assistance resources to practitioners and grantees.

Beginning in 2018, SAMHSA overhauled its website, making changes to the design, structure and content of the site. The changes to SAMHSA's website may reflect changing priorities within the agency. New leadership, including Assistant Secretary McCance-Katz, appear to have moved SAMHSA away from its decades-old approach and reliance on recovery-oriented approach.

Whatever the reasons for the overhaul, the changes documented in this report demonstrate key failures in web governance. SAMHSA's website overhaul provides many instructive examples — from the sudden removal of CAPT, the blog archives, or the web archive, through to the confusing notice provided on the NREPP site — of the loss of content and inconvenience to users that can result from poorly executed website changes.

The adoption of four key principles that place continued public access to materials on which they have come to rely at the center of website governance decisions will help agencies avoid confusion, irritation, and wasted time among their core constituencies.

Endnotes

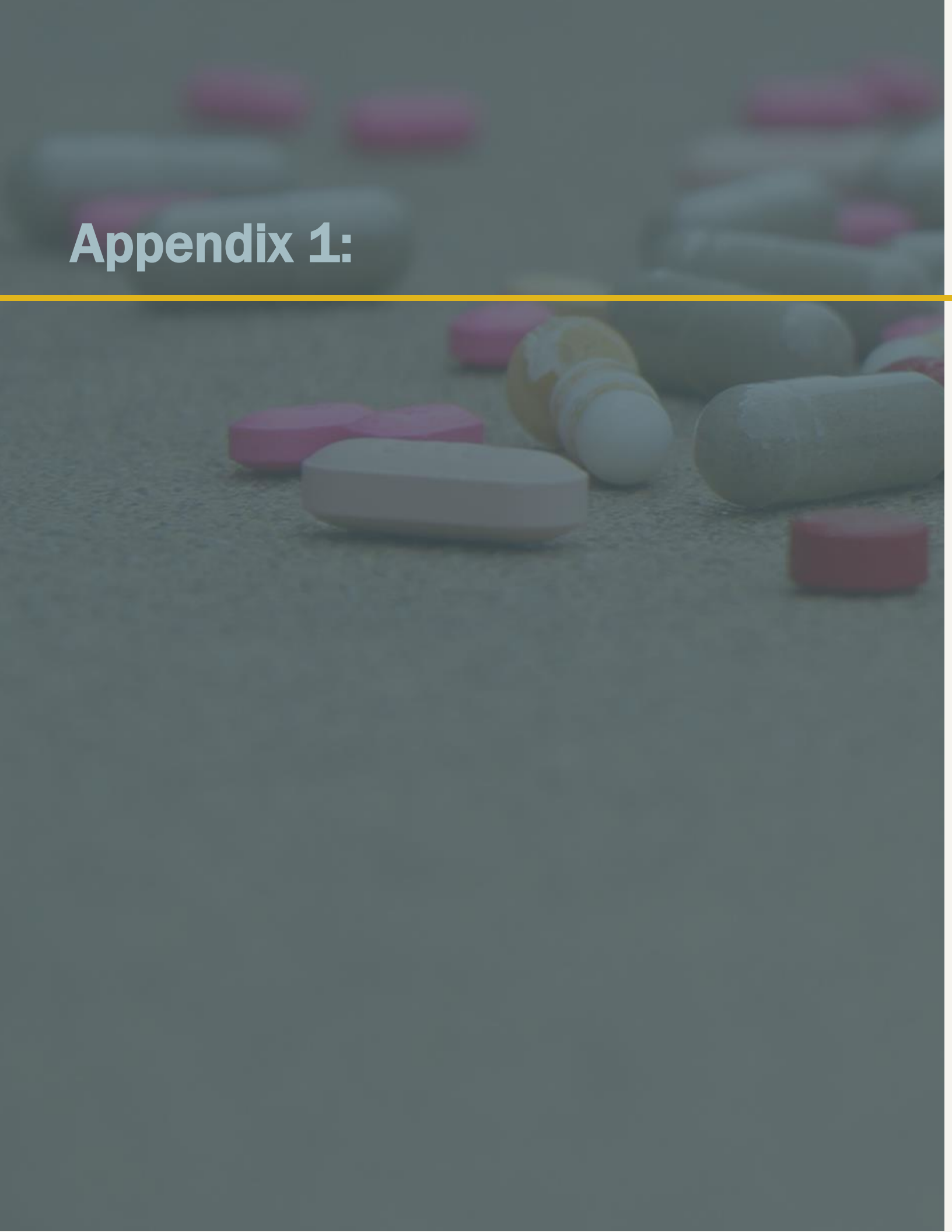
[1] The http://atr.samhsa.gov/ subdomain dates back to at least 2004, when it was hosted at the "Access to Recovery (ATR) Grants" portal.

[2] Although not directly related to the shift away from the recovery model, SAMHSA did remove another resource relating to evidence-based interventions, the "Evidence-Based Practices (EBP) Web Guide" (5. EBPWeb) The web guide featured "research findings and details about EBPs used to prevent and treat mental and substance use disorders," and linked to websites that covered topics such as substance abuse and mental health treatment and prevention. The web guide outlined a clear search and selection process for websites that were featured in the web guide. SAMHSA did not provide notification for the removal of the page. A public web archive of the page, collected by the Library of Congress is available but has not been captured since 2015.

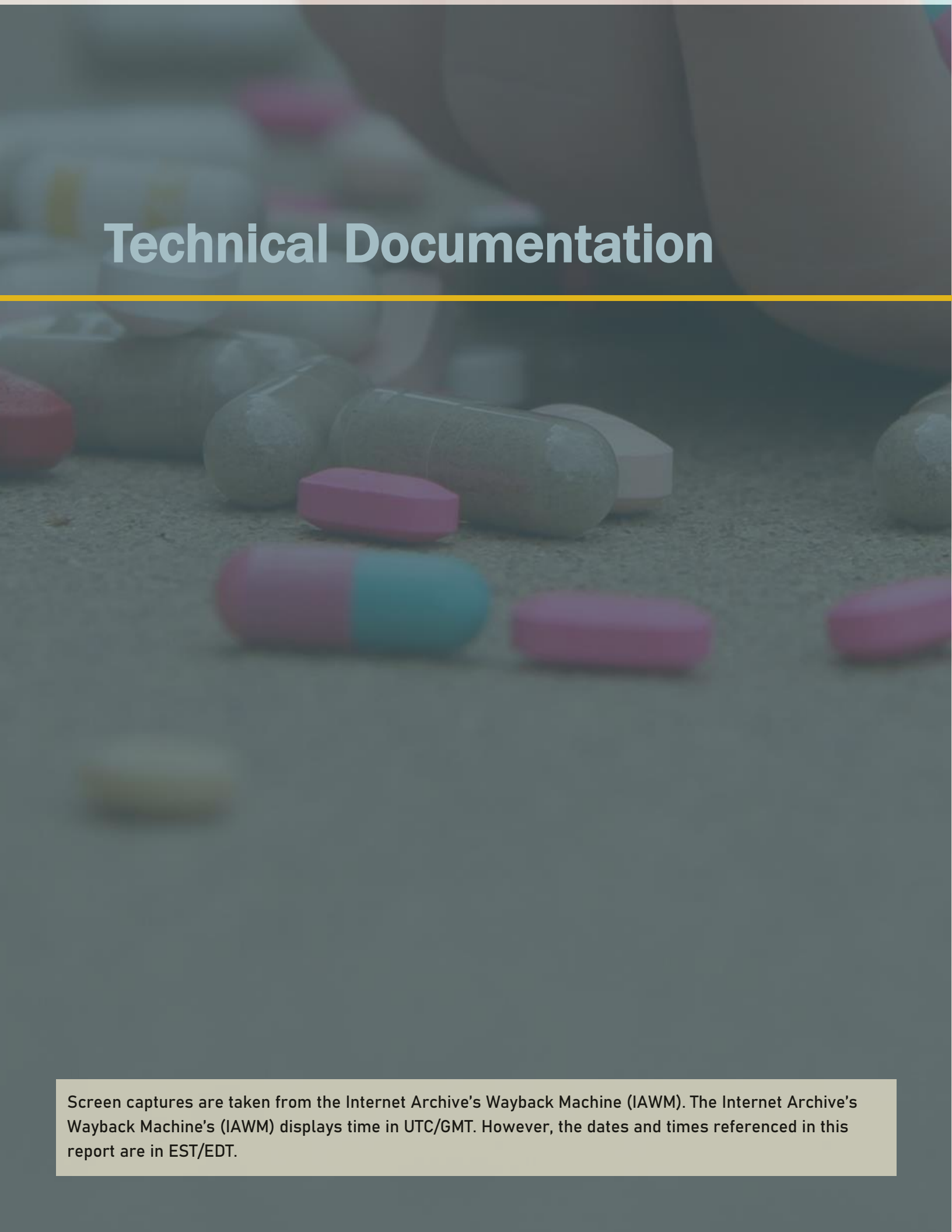
[3] Tags are not exclusive, as a single publication may be listed in several categories, so we can not conclude the exact number of publications that were removed. What is clear is that there has been a reduction in the number of publications available on the "Store" subdomain.

[4] Table 2 provides examples of "Topics" subpages that SAMHSA removed, and all changes made during the elimination of the Topics section are documented in this spreadsheet: www.sunlightfoundation.com/SAMHSAtopics.

Appendix 1:



Technical Documentation



Screen captures are taken from the Internet Archive's Wayback Machine (IAWM). The Internet Archive's Wayback Machine's (IAWM) displays time in UTC/GMT. However, the dates and times referenced in this report are in EST/EDT.

Alterations to SAMHSA's Homepage

Tag: #HOMEPAGE

Summary of Findings

Between October 1, 2018 and February 28, 2019, SAMHSA redesigned its website. In addition to changes to the website design, SAMHSA altered the main menu. SAMHSA removed the link titled "Topics" and added a link titled "Practitioner Training" in its place. The titles of two other main menu items were changed: (1) the "Find Help & Treatment" link was renamed "Find Treatment;" and (2) the "Programs & Campaigns" link was re-named "Programs."

Change Classification

- (1) Altering or removing text and non-text content
- (2) Altering or removing links
- (6) Overhauling or removing an entire website

Reporting

- N/A

Change Details

Page title: Homepage
Page status: Altered

- **Before:** October 1, 2018
- **After:** February 28, 2019

URL: https://www.samhsa.gov

Known archives: A public web archive of this page, collected by the Library of Congress is available from July 22, 2018. Search for the archived version of the page at https://webarchive.loc.gov/.

Description of change:

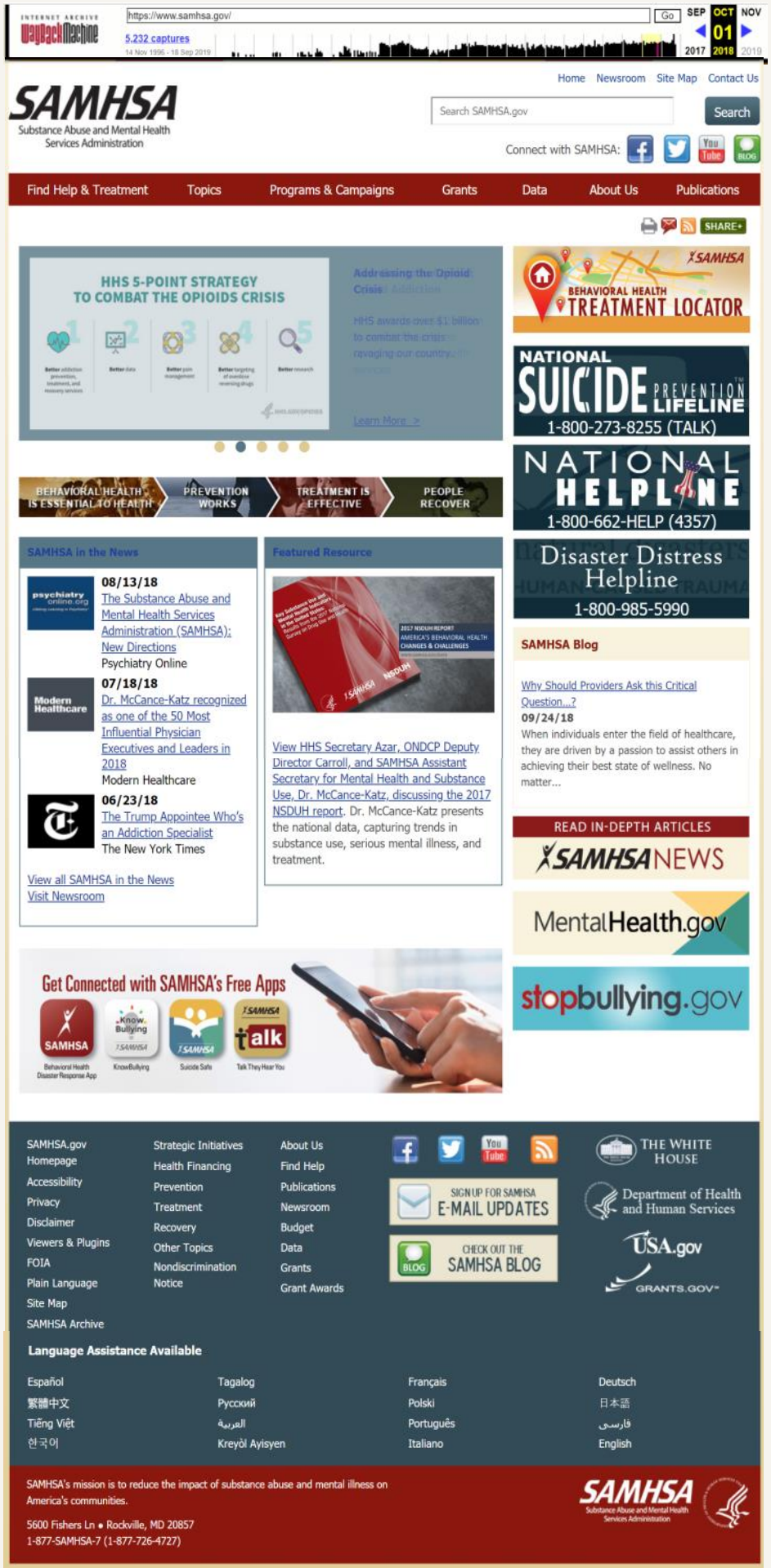
The following content was changed between October 1, 2018 and October 5, 2018:

1. **Overhauled** the design of the website:
   - (i) Altered the layout and color palette.
   - (ii) Removed text and links from website footer.
   - (iii) Altered the main body content, including a banner containing SAMHSA's long-time motto, "Behavioral health is essential to health. Treatment is effective. Prevention works. People recover."
   - (iv) Moved the link to the "Newsroom" page from the top-right corner of the page and added it to the main menu.
   - (v) Removed the link to the "Topics" page from the main menu.

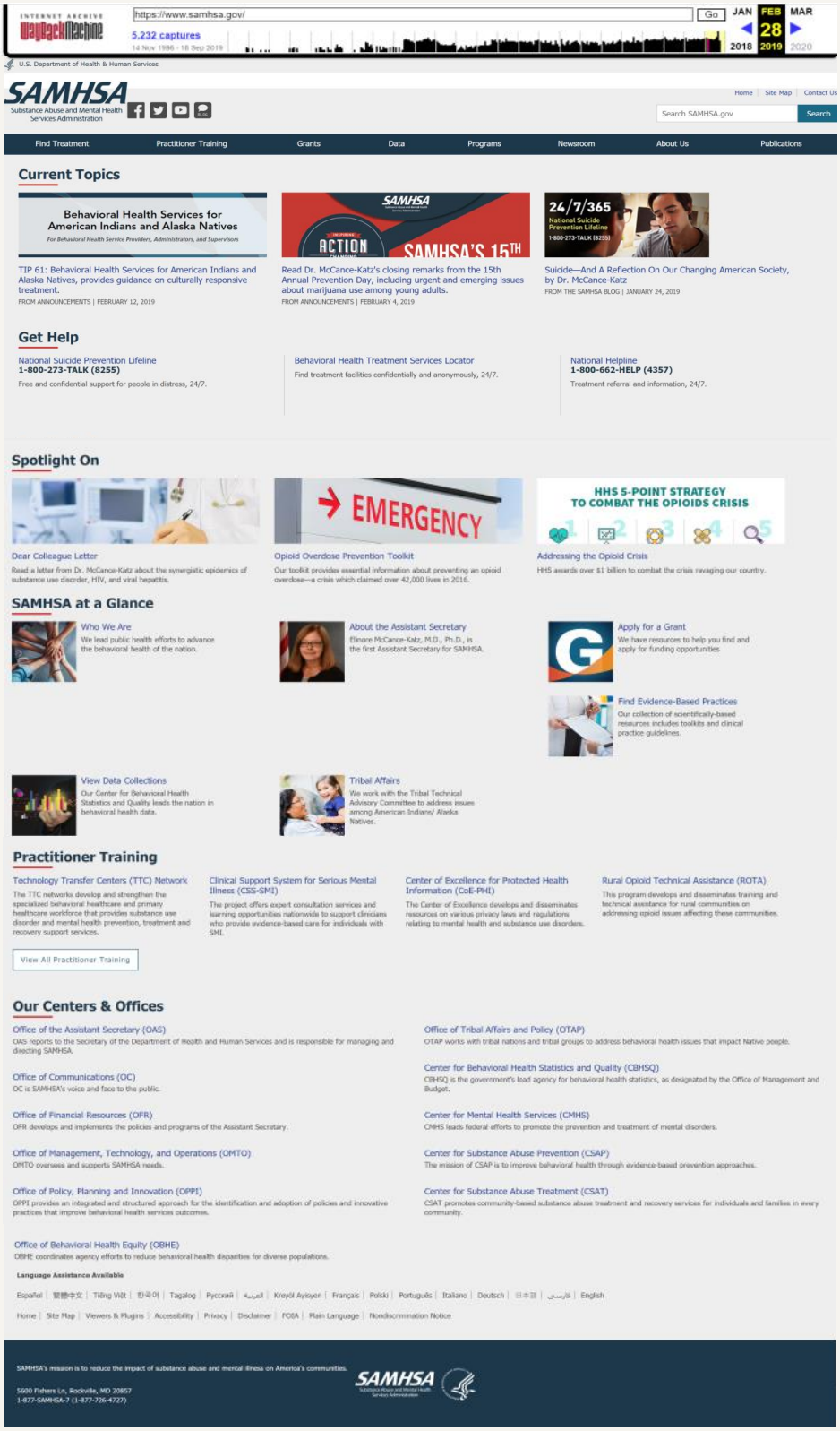
The following content was changed between February 26, 2019 and February 28, 2019:

1. **Altered** the main menu:
   - (i) Renamed "Find Help & Treatment" to "Find Treatment" and changed the link from https://www.samhsa.gov/find-help to https://www.samhsa.gov/find-treatment.
   - (ii) Added link to "Practitioner Training" page.
   - (iii) Renamed "Programs & Campaigns" to "Programs" and changed the link from https://www.samhsa.gov/programs-campaigns to https://www.samhsa.gov/programs.

1. HOMEPAGE


https://www.samhsa.gov/
5,232 captures
SAMHSA
Substance Abuse and Mental Health Services Administration
Home Newsroom Site Map Contact Us
Search SAMHSA.gov
Search
Connect with SAMHSA:
Find Help & Treatment Topics Programs & Campaigns Grants Data About Us Publications
SHARE+
HHS 5-POINT STRATEGY TO COMBAT THE OPIOIDS CRISIS
Addressing the Opioid Crisis
Learn More >
BEHAVIORAL HEALTH TREATMENT LOCATOR
NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-8255 (TALK)
NATIONAL HELPLINE
1-800-662-HELP (4357)
Disaster Distress Helpline
1-800-985-5990
BEHAVIORAL HEALTH IS ESSENTIAL TO HEALTH
PREVENTION WORKS
TREATMENT IS EFFECTIVE
PEOPLE RECOVER
SAMHSA in the News
08/13/18
The Substance Abuse and Mental Health Services Administration (SAMHSA): New Directions
Psychiatry Online
07/18/18
Dr. McCance-Katz recognized as one of the 50 Most Influential Physician Executives and Leaders in 2018
Modern Healthcare
06/23/18
The Trump Appointee Who's an Addiction Specialist
The New York Times
View all SAMHSA in the News
Visit Newsroom
Featured Resource
2017 NSDUH REPORT
AMERICA'S BEHAVIORAL HEALTH CHANGES & CHALLENGES
View HHS Secretary Azar, ONDCP Deputy Director Carroll, and SAMHSA Assistant Secretary for Mental Health and Substance Use, Dr. McCance-Katz, discussing the 2017 NSDUH report. Dr. McCance-Katz presents the national data, capturing trends in substance use, serious mental illness, and treatment.
SAMHSA Blog
Why Should Providers Ask this Critical Question...?
09/24/18
When individuals enter the field of healthcare, they are driven by a passion to assist others in achieving their best state of wellness. No matter...
READ IN-DEPTH ARTICLES
SAMHSA NEWS
MentalHealth.gov
stopbullying.gov
Get Connected with SAMHSA's Free Apps
SAMHSA
Know Bullying
talk
SAMHSA.gov Homepage
Accessibility
Privacy
Disclaimer
Viewers & Plugins
FOIA
Plain Language
Site Map
SAMHSA Archive
Strategic Initiatives
Health Financing
Prevention
Treatment
Recovery
Other Topics
Nondiscrimination Notice
About Us
Find Help
Publications
Newsroom
Budget
Data
Grants
Grant Awards
SIGN UP FOR SAMHSA E-MAIL UPDATES
CHECK OUT THE SAMHSA BLOG
THE WHITE HOUSE
Department of Health and Human Services
USA.gov
GRANTS.GOV
Language Assistance Available
Español
繁體中文
Tiếng Việt
한국어
Tagalog
Русский
العربية
Kreyòl Ayisyen
Français
Polski
Português
Italiano
Deutsch
日本語
فارسی
English
SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.
5600 Fishers Ln • Rockville, MD 20857
1-877-SAMHSA-7 (1-877-726-4727)
SAMHSA
Substance Abuse and Mental Health Services Administration

Screenshot: A comparison of the October 1, 2018 (left) and February 28, 2019 (right) versions of the SAMHSA Homepage showing the site's redesign and changes made to the main menu. Captured by the Internet Archive's Wayback Machine.



Alterations to SAMHSA's "Programs" Page

(Previously "Programs & Campaigns")

Tag: #PROGRAMS

Summary of Findings

Between March 31, 2018 and March 18, 2019, SAMHSA altered its "Programs & Campaigns" page. Text and links to several program pages were removed, including text and links for CAPT, NREPP, and NCTIC (among others). Text and a link to the "EBP Resource Center," which was intended to replace NREPP, was added to the page. The title of the page was changed from "Programs & Campaigns" to "Programs," and the page was moved from https://www.samhsa.gov/programs-campaigns to https://www.samhsa.gov/programs.

Change Classification

- (2) Altering or removing links
- (3) Moving an entire webpage or collection of webpages or establishing redirects

Reporting

- N/A

Change Details

Page title: Programs (Previously "Programs & Campaigns")
Page status: Altered

- **Before:** March 31, 2018
- **After:** March 18, 2019

URL: https://www.samhsa.gov/programs (Previously https://www.samhsa.gov/programs-campaigns)

Known archives: No known public archive.

Description of change:

The following content was changed between March 31, 2018 and April 6, 2018:

1. **Added** a link and description for the "EBP Resource Center."

The following content was changed between July 27, 2018 and August 3, 2018:

1. **Removed** a link and description for the NREPP program page.

The following content was changed between February 22, 2019 and March 1, 2019:

1. **Removed** the links and descriptions for the following programs:

   (i) CAPT
   (ii) EBP Web Guide
   (iii) NCTIC
   (iv) Recovery to Practice
   (v) Safe Schools/Healthy Students (SS/HS)
   (vi) Too Smart To Start
   (vii) Underage Drinking
   (viii) Voice Awards
   (ix) Wellness Initiative
   (x) Women, Children, and Families

2. **Renamed** page from "Programs & Campaigns" to "Programs."

The following content was changed between March 1, 2019 and March 8, 2019:

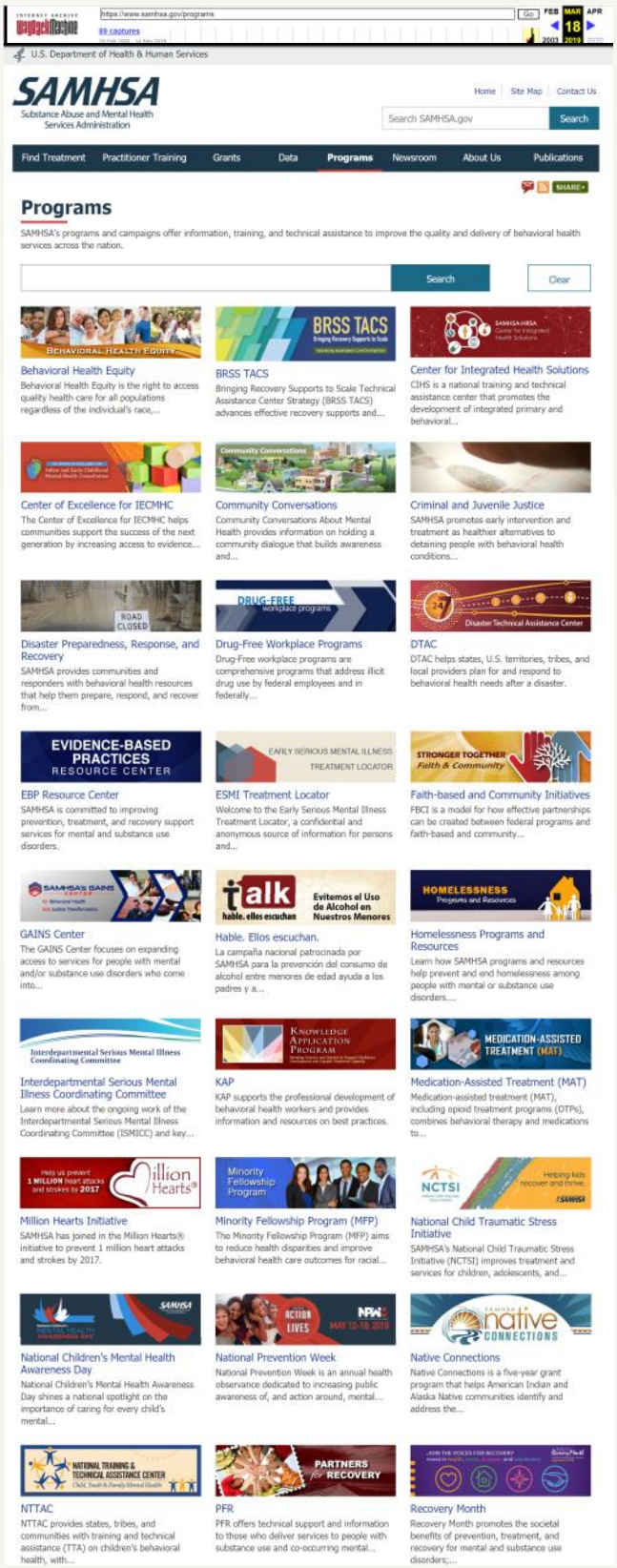
1. **Removed** a link and description for the "Now is the Time Technical Assistance Center."

The following content was changed between March 8, 2019 and March 18, 2019:

1. **Moved** the "Programs" page to the URL www.samhsa.gov/programs

   - The page at the URL www.samhsa.gov/programs appears to be a newly-created page, and was first captured by IAWM on March 1, 2019.
   - The content at the URL www.samhsa.gov/programs was almost identical to the content formerly hosted on www.samhsa.gov/programs-campaigns.
   - The URL www.samhsa.gov/programs-campaigns redirects to www.samhsa.gov/programs.

Screenshot: A comparison of the March 31, 2018 version of the "Programs and Campaign" page and the top portion of the March 18, 2019 version of the "Programs" page showing the removal of text and links to several programs. Captured by the Internet Archive's Wayback Machine.



Removal of the "Center for the Application of Prevention Technologies" (CAPT) Website

Tag: #CAPT

Summary of Findings

Between April 1, 2019 and April 24, 2019, SAMHSA removed a collection of webpages for the Center for the Application of Prevention Technologies (CAPT) from its website. CAPT provided "a national substance abuse prevention training and technical assistance (T/TA) system dedicated to strengthening prevention systems and the nation's behavioral health workforce." These resources include a page for the five-step "Strategic Prevention Framework" (SPF) and a list of approximately 340 grantee stories, tools, and resources.

Change Classification

- (5) Removing an entire webpage or document
- (6) Overhauling or removing an entire website
- (8) Altering, removing, or deleting datasets

Reporting

- N/A

Change Details

Page title: Center for the Application of Prevention Technologies (CAPT)
Page status: Removed

- **Before:** April 1, 2019
- **After:** April 24, 2019
- **URL:** https://www.samhsa.gov/capt/ (redirects to https://www.samhsa.gov/programs)

Known archives: No known public archive.

Description of change:

The following content was changed between April 1, 2019 and April 24, 2019:

1. **Removed** the "Center for the Application of Prevention Technologies (CAPT)" main page and established a redirect to the "Programs" page at the URL https://www.samhsa.gov/programs.

- The "Center for the Application of Prevention Technologies" main page was the landing page for CAPT's website, which provided information, grantee resources, and links to further its stated mission of "promot[ing] the application of prevention science to advance state, tribal, jurisdictional, and community efforts to address substance use and misuse."

- The main page linked to four subpages, which were also removed:

(i) Applying the Strategic Prevention Framework (SPF)

(a) The framework had the following description: "The five-step SPF guides you in selecting, implementing, and evaluating effective, culturally appropriate, and sustainable prevention activities."

(b) The "Applying the Strategic Prevention Framework (SPF)" page linked to seven subpages, each accessible via the CAPT sidebar and through a link in the main body of the page.

1. Five of the subpages pertained to a corresponding step (i.e. 1-5) within the framework:
   - Step 1: Assess Needs
   - Step 2: Build Capacity
   - Step 3: Plan
   - Step 4: Implement
   - Step 5: Evaluate
2. Two additional subpages for "Cultural Competence" and "Sustainability."

(ii) Practicing Effective Prevention

(a) The page had the following description: "Find information on how to plan, implement, and evaluate evidence-based interventions and learn how prevention relates to behavioral health."

(b) The "Practicing Effective Prevention" page linked to three subpages, each accessible via the CAPT sidebar.

1. Prevention and Behavioral Health
   - The "Prevention and Behavioral Health" page linked to two additional subpages: "Risk and Protective Factors" and "Adverse Childhood Experiences."
2. Epidemiology and Prevention
   - The "Epidemiology and Prevention" page linked to four additional subpages: "Prevention Epidemiology and the SPF," "Finding Epidemiological Data," "Analyzing Epidemiological Data," and "Epidemiological Profiles for States and Jurisdictions."
3. Prevention Approaches
   - The page provides information on two primary approaches to preventing substance use disorders: "Individual-level Strategies" and "Environmental Strategies."

(iii) Grantee Stories, Tools, and Resources

(a) The "Grantee Stories, Tools, and Resources" page provided a list of approximately 340 resources of various types (i.e. Grantee Stories, T/TA Tools, Archived Webinars, Videos, Online Courses), with the most recent resources added in 2018.

(b) Examples of types of resources provided by the "Grantee Stories, Tools, and Resources" page, and which are now removed:

1. Examples of T/TA Tools:

- Tools from the CAPT: Increasing Cultural Competence to Reduce Behavioral Health Disparities
- Positive Approaches to Preventing Substance Use and Misuse Among Boys and Young Men of Color: Programs and Strategies At-a-Glance
- Ensuring the Well-being of Boys and Young Men of Color: Factors that Promote Success and Protect Against Substance Use and Misuse

2. Examples of Webinars:

- Cultural Competency for Understanding and Addressing the Prevention Needs of Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ) Populations
- Cultural Competency for Working with Immigrant Populations
- Empowering Communities to Address Health Disparities: Practical Steps to Take at the Local Level

(iv) News and Announcements

(a) The "News and Announcements" page linked users to the "CAPT Newsletter" page, which featured an archive of previous versions of the "CAPT on the Web Newsletter," which were released monthly from February 2015 to September 2018. The newsletter featured "the latest prevention resources, articles, and tools, and spotlights grantee challenges and successes."

Note: Between February 22, 2019 and March 1, 2019 a link and description text for the "Center for the Application of Prevention Technologies (CAPT)" main page was removed from SAMHSA's "Programs" page (#PROGRAMS).

Screenshot: A capture of the April 1, 2019 version of the main "Center for the Application of Prevention Technologies (CAPT)" page showing links to the four main subpages of the site. The page was removed by April 24, 2019. Captured by the Internet Archive's Wayback Machine.

Removal of the "National Registry of Evidence-based Programs and Practices (NREPP)" Website

Tag: #NREPP

Summary of Findings

By September 2017, SAMHSA had frozen and was no longer updating the "National Registry of Evidence-based Programs and Practices (NREPP)" domain, which had a landing page at the URL https://nrepp.samhsa.gov/landing.aspx (Webpage 1). SAMHSA removed the domain some time after July 22, 2018. SAMHSA also removed the "NREPP" page (Webpage 2) on its website. By August 23, 2018, all content was removed from the page and replaced with a message regarding the termination of NREPP and by June 3, 2019, the URL led to a "403 Access Denied" error message. NREPP, which has existed since 1997, had been replaced by a new webpage, the "EBP Resource Center" (See 13. EBPResource).

Change Classification

- (5) Removing an entire webpage or document
- (6) Overhauling or removing an entire website
- (7) Altering or removing search engines and open data platforms
- (8) Altering, removing, or deleting datasets

Reporting

- Washington Post, Trump administration freezes database of addiction and mental health treatments (01/10/2018)

Change Details

Webpage 1

Page title: National Registry of Evidence-based Programs and Practices (NREPP)
Page status: Removed

- **Last Available IAWM Capture:** July 22, 2018

URL: https://nrepp.samhsa.gov/landing.aspx

Known archives: A public web archive of this page, collected by the Library of Congress, is available but has not been captured since 2011. Search for the archived version of the page at https://webarchive.loc.gov/.

Description of change:

The following content was changed after July 22, 2018:

1. **Removed** access to the National Registry of Evidence-based Programs and Practices (NREPP) main page and all pages in the subdomain, nrepp.samhsa.gov.

    - All nrepp.samhsa.gov subdomain URLs return errors.

    - According to a Washington Post report from January 10, 2018, the administration confirmed they had terminated the contract for running the database and the website had not been updated since September 2017. At the time of the Washington Post article, NREPP was accessible.

    - On January 11, 2018, a day after the release of the Washington Post article, SAMHSA released a statement confirming the retirement of NREPP and outlining SAMHSA's new approach to evidence-based practices.

    - The last available IAWM capture of the page is from July 22, 2018.

Webpage 2

Page title: NREPP
Page status: Removed

- **Before:** July 4, 2018
- **After:** July 22, 2019

URL: https://www.samhsa.gov/nrepp (redirects to www.samhsa.gov/ebp-resource-center)

Known archives: A public web archive of this page, collected by the Library of Congress is available from February 28. 2018. Search for the archived version of the page at https://webarchive.loc.gov/.

The following content was changed between July 4, 2018 and August 23, 2018:

1. **Altered** the page to remove all content and replace it with the message:

    SAMHSA is committed to advancing the adoption of evidence-based interventions related to mental health and substance use. In April 2018, SAMHSA launched the Evidence-Based Practices Resource Center (Resource Center) that aims to provide communities, clinicians, policy makers, and others in the field with the information and tools they need to incorporate evidence-based practices into their communities or clinical settings. The Resource Center contains a collection of science-based resources and is part of SAMHSA's new comprehensive approach to identify and disseminate clinically sound and scientifically based policy, practices, and programs. Consistent with the January 2018 announcement from the Assistant Secretary for Mental Health and Substance Use related to discontinuing the National Registry of Evidence-based Programs and Practices (NREPP), SAMHSA has now phased out the NREPP website, which has been in existence since 1997.

    - The page had previously provided information on NREPP and links to various pages within the nrepp.samhsa.gov domain.

Note: Between July 27, 2018 and August 3, 2018 a link and description text for the "NREPP" page was removed from SAMHSA's "Programs" page (#PROGRAMS).

The following content was changed between May 23, 2019 and June 3, 2019:

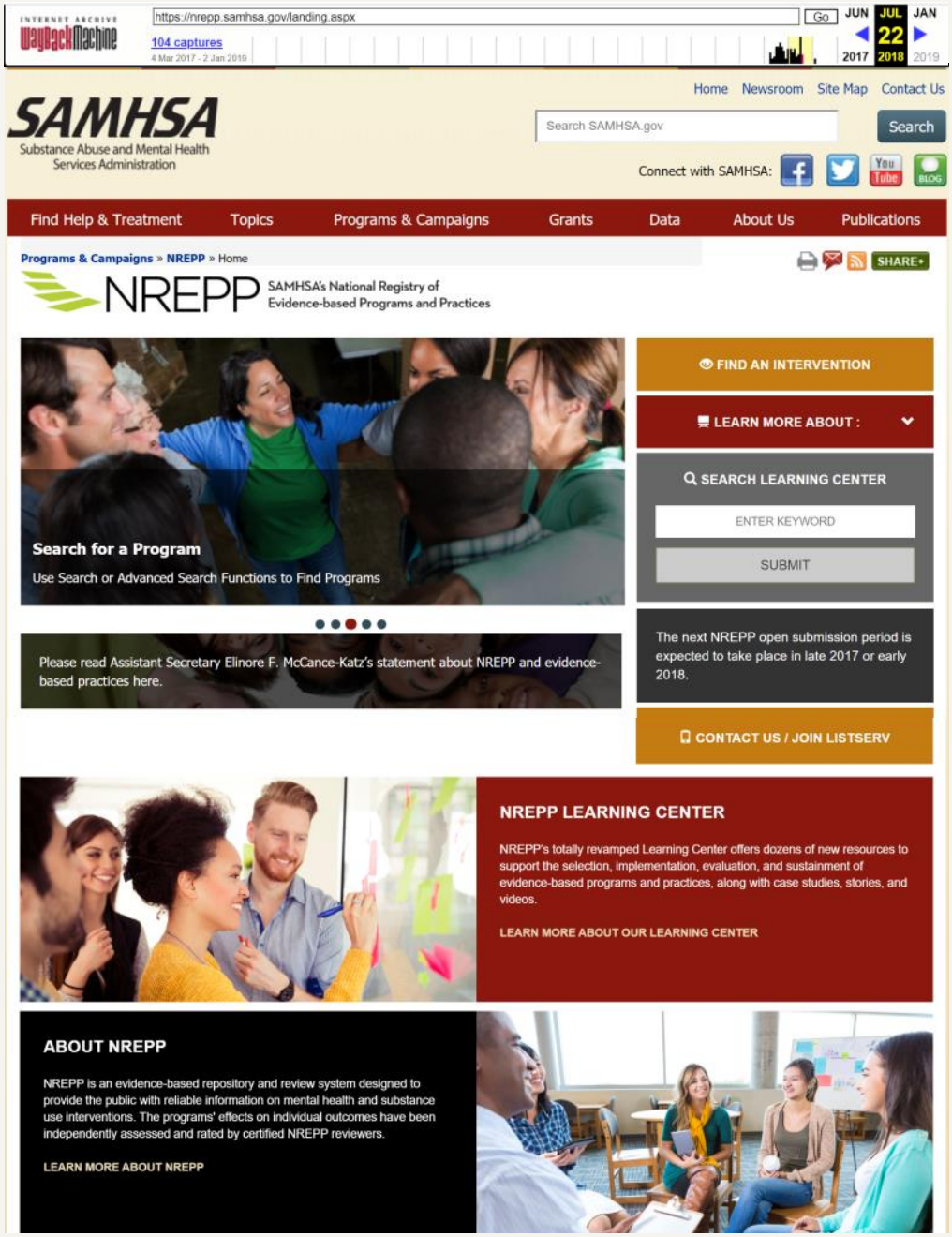
1. **Removed** public access to the "NREPP" page.

    - By June 3, 2019, the URL led to an "403 Access Denied" error message.

The following content was changed between June 3, 2019 and July 22, 2019:

1. **Removed** the "NREPP" page and established a redirect to a new page, titled "EBP Resource Center," at the URL www.samhsa.gov/ebp-resource-center.

Screenshot: A capture of the July 22, 2018 version of the National Registry of Evidence-based Programs and Practices (NREPP) homepage. Captured by the Internet Archive's Wayback Machine.



Removal of the "Evidence-Based Practices (EBP) Web Guide" Pages

Tag: #EBPWeb

Summary of Findings

Between January 8, 2019 and May 17, 2019, SAMHSA removed the "Evidence-Based Practices (EBP) Web Guide" from its website. The guide featured "research findings and details about EBPs used to prevent and treat mental and substance use disorders."

Change Classification

- (5) Removing an entire webpage or document
- (6) Overhauling or removing an entire website

Reporting

- N/A

Change Details

Page title: Evidence-Based Practices (EBP) Web Guide
Page status: Removed

- **Before:** January 8, 2019
- **After:** May 17, 2019

URL: https://www.samhsa.gov/ebp-web-guide (redirects to https://www.samhsa.gov/ebp-resource-center)

Known archives: A public web archive of this page, collected by the Library of Congress, is available but has not been captured since 2015. Search for the archived version of the page at https://webarchive.loc.gov/.

Description of change:

The following content was changed between January 8, 2019 and May 17, 2019:

1. **Removed** the "Evidence-Based Practices (EBP) Web Guide" main page and established a redirect to URL https://www.samhsa.gov/ebp-resource-center.

   - The "Evidence-Based Practices (EBP) Web Guide" homepage was the landing page for the Evidence-Based Practices (EBP) Web Guide, which linked to external websites that provided "research findings and details about EBPs used to prevent and treat mental and substance use disorders."

   - The main page linked to five subpages containing links to external websites arranged by subject area, which were also removed:

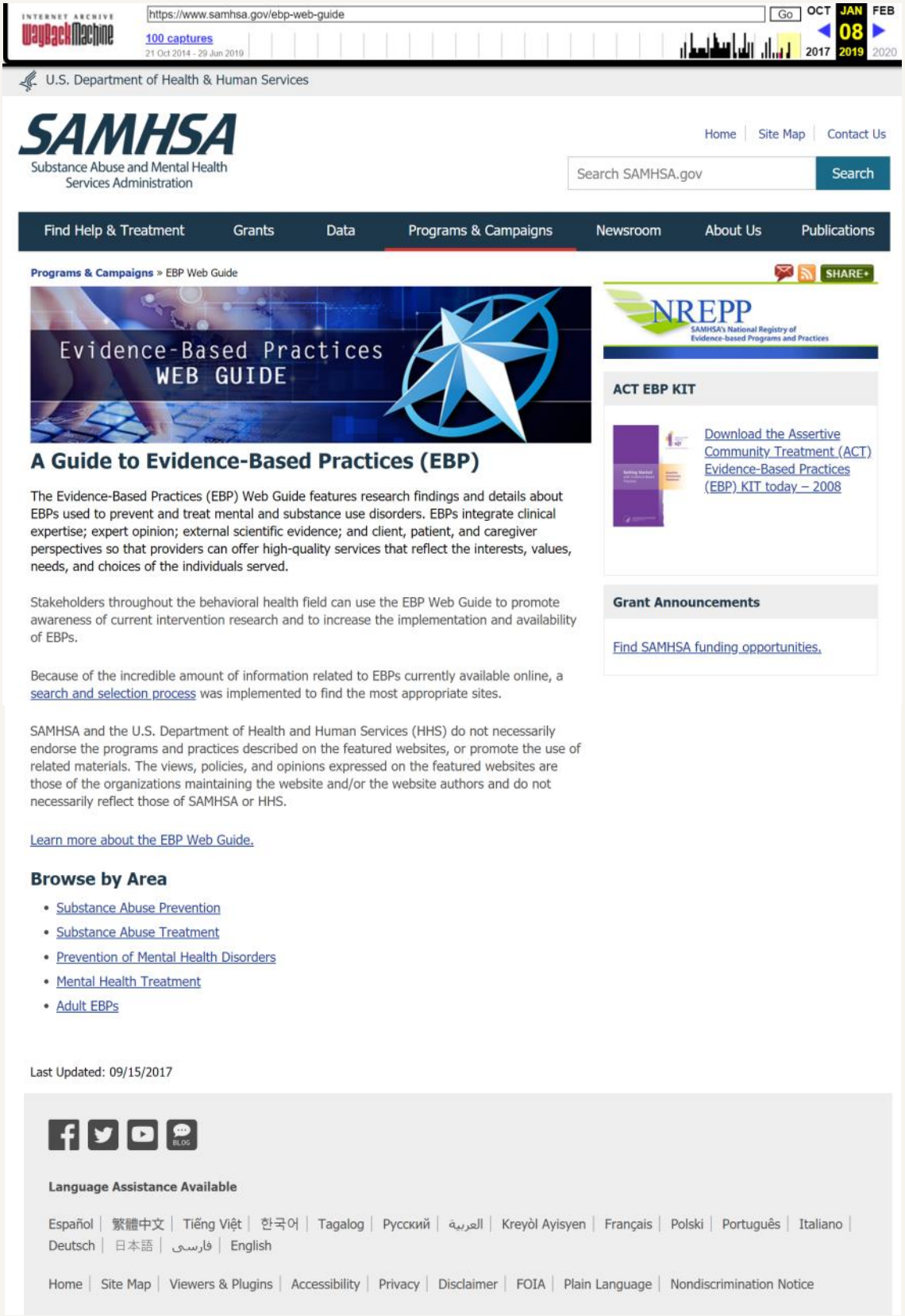
     - Substance Abuse Prevention
     - Substance Abuse Treatment
     - Prevention of Mental Health Disorders
     - Mental Health Treatment
     - Adult EBPs

     (i) Each subpage contained details and links to US and international organizations that "cover" EBPs in the relevant subject area. For instance, the "Mental Health Treatment Evidence-Based Practices (EBP)" page contained a "list of organizations' websites that cover mental health treatment evidence-based practices (EBPs)." Organizations listed on the page include Oregon's Office of Mental Health and Addiction Services (OMHAS) and New Zealand Guidelines Group.

   - A sixth subpage, "Evidence-Based Practices (EBP) Web Guide Criteria," provided information on "how criteria were developed for finding appropriate EBP sites through a thorough search and selection process."

Note: Between February 22, 2019 and March 1, 2019, a link and description text for the "Evidence-Based Practices (EBP) Web Guide" main page was removed from the "Programs" page.

Screenshot: A capture of the January 8, 2019 version of the "Evidence-Based Practices (EBP) Web Guide" page showing the main body content and links to subject areas. The page was removed by May 17, 2019. Captured by the Internet Archive's Wayback Machine.



Removal of the "National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint (NCTIC)" Website

Tag: #NCTIC

Summary of Findings

Between January 28, 2019 and March 23, 2019, SAMHSA removed the “National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint (NCTIC)” webpage. NCTIC supported “interest in developing approaches to eliminate the use of seclusion, restraints, and other coercive practices and to further advance the knowledge base related to implementation of trauma-informed approaches.”

Change Classification

- (5) Removing an entire webpage or document
- (6) Overhauling or removing an entire website

Reporting

- N/A

Change Details

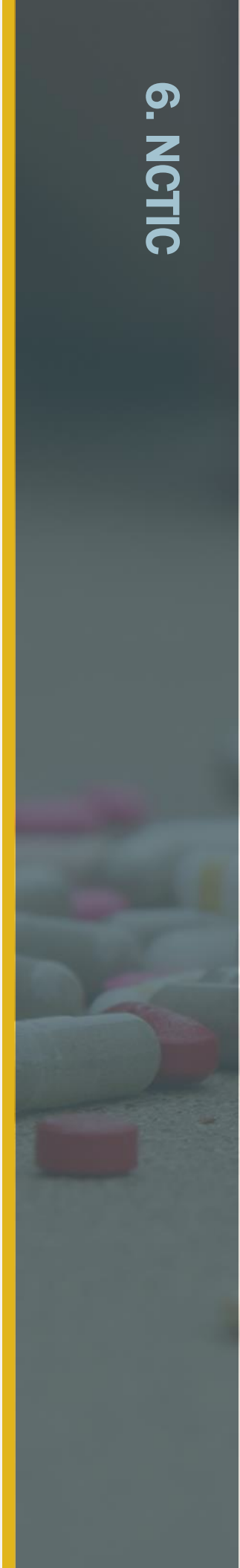
Page title: National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint (NCTIC)

Page status: Removed

- **Before:** January 28, 2019
- **After:** March 23, 2019

URL: https://www.samhsa.gov/nctic (redirects to https://www.samhsa.gov/programs)

Known archives: No known public archive.



Description of change:

The following content was changed between January 28, 2019 and March 23, 2019:

1. **Removed** the "National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint (NCTIC)" main page and established a redirect to the "Programs" page at the URL https://www.samhsa.gov/programs.

   - The page was the landing page for NCTIC, which "supports interest in developing approaches to eliminate the use of seclusion, restraints, and other coercive practices and to further advance the knowledge base related to implementation of trauma-informed approaches."

   - The main page linked to four main subpages, which have also been removed:

     (i) About NCTIC

     - This page provided information on NCTIC's funding, purpose, mission, history, and framework.

     (ii) Trauma-Informed Approach and Trauma-Specific Interventions

     - This page provided SAMHSA's definition and six principles of a trauma-informed approach.

     (iii) Training and Technical Assistance

     - This page provided information on the technical assistance and training that NCTIC provided.

     (iv) Resources

     - This page provided information on NCTIC resources and links to hotlines and referral resources. The page also linked to four external products "developed and/or supported by NCTIC," including:

       (a) Essential Components of Trauma-informed Judicial Practice: A Guide for Judges in Treatment Courts, and Trauma 101: What Every Judge Needs to Know about Trauma – 2013

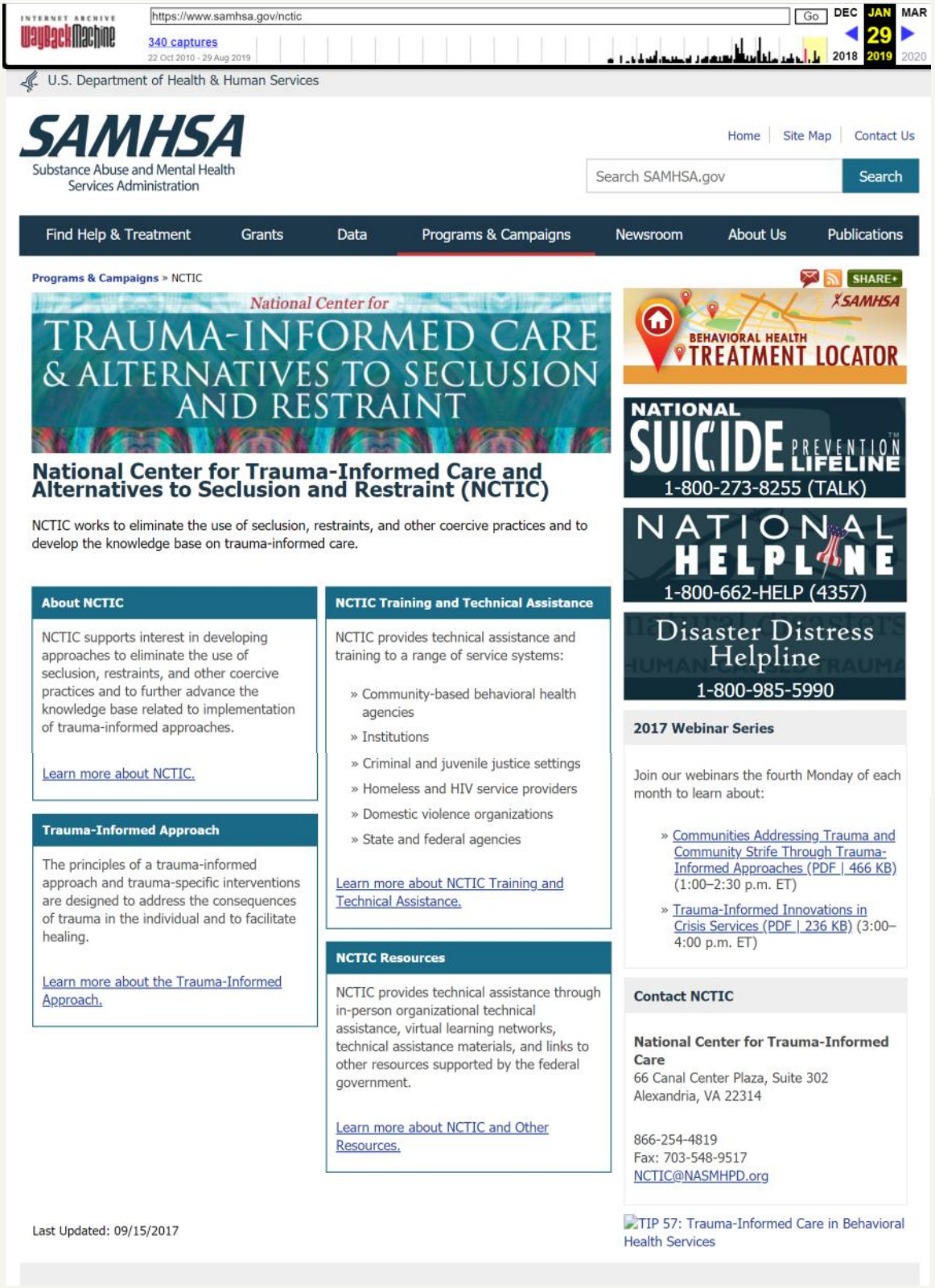
       (b) Engaging Women in Trauma-Informed Peer Support: A Guidebook

       (c) Changing Communities, Changing Lives, NCTIC 2012 Report

       (d) Creating A Place of Healing and Forgiveness: The Trauma-Informed Care initiative at the Women's Correctional Center of Hawaii – 2013

Note: Between February 22, 2019 and March 1, 2019, a link and description for the "National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint (NCTIC)" main page was removed from the "Programs" page.

Screenshot: A capture of the January 28, 2019 version of the "National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint (NCTIC)" program page. The page was removed by March 23, 2019. Captured by the Internet Archive's Wayback Machine.



Removal of the "Now Is The Time Technical Assistance Center" Program Website

Tag: #TIME

Summary of Findings

Between March 1, 2019 and March 8, 2019, SAMHSA removed the "Now Is The Time Technical Assistance Center" site from its website. The training and technical assistance (T/TA) center was a national program that provided assistance for states, tribes, municipalities, communities, and local education agencies through two grant programs: Healthy Transitions and Project Advancing Wellness and Resilience Education (AWARE).

Change Classification

- (5) Removing an entire webpage or document
- (6) Overhauling or removing an entire website

Reporting

- N/A

Change Details

Page title: Now Is The Time Technical Assistance Center
Page status: Removed

- **Before:** March 1, 2019
- **After:** March 8, 2019

URL: https://www.samhsa.gov/nitt-ta (redirects to https://www.samhsa.gov/programs)

Known archives: No known public archive.

Description of change:

The following content was changed between March 1, 2019 and March 8, 2019:

1. **Removed** the "Now Is The Time Technical Assistance Center" main page and established a redirect to the "Programs" page at the URL https://www.samhsa.gov/programs.

    - The page was the landing page for the website of NITT-TA, which was the "national training and technical assistance (T/TA) center for states, tribes, mu-

nicipalities, communities, and local education agencies funded under the Project AWARE and Healthy Transitions grant programs."

- The main page linked to four main subpages, which have also been removed:

  (i) About NITT-TA Center

  - The page provided information on SAMHSA's role in the Now Is The Time initiative, the center's objectives, and the center partners.

  (ii) Grants and Grantees

  - The page provided information on and links to the two grant programs supported by SAMHSA: Healthy Transitions and Project AWARE.

  (iii) Training and Technical Assistance

  - The page provided general information on NITT-TA's Training and Technical Assistance.

  - The page linked to another page on training and technical assistance, "Topics and Formats."

  (iv) Distance Learning Videos

  - The page linked to "Recorded videos of webinars and other multimedia trainings for Healthy Transitions and Project Advancing Wellness and Resilience Education (AWARE) grantees," including the "NITT-TA Center YouTube playlist," which is still live on YouTube.

  - The page linked to three main subpages, all of which have been removed:

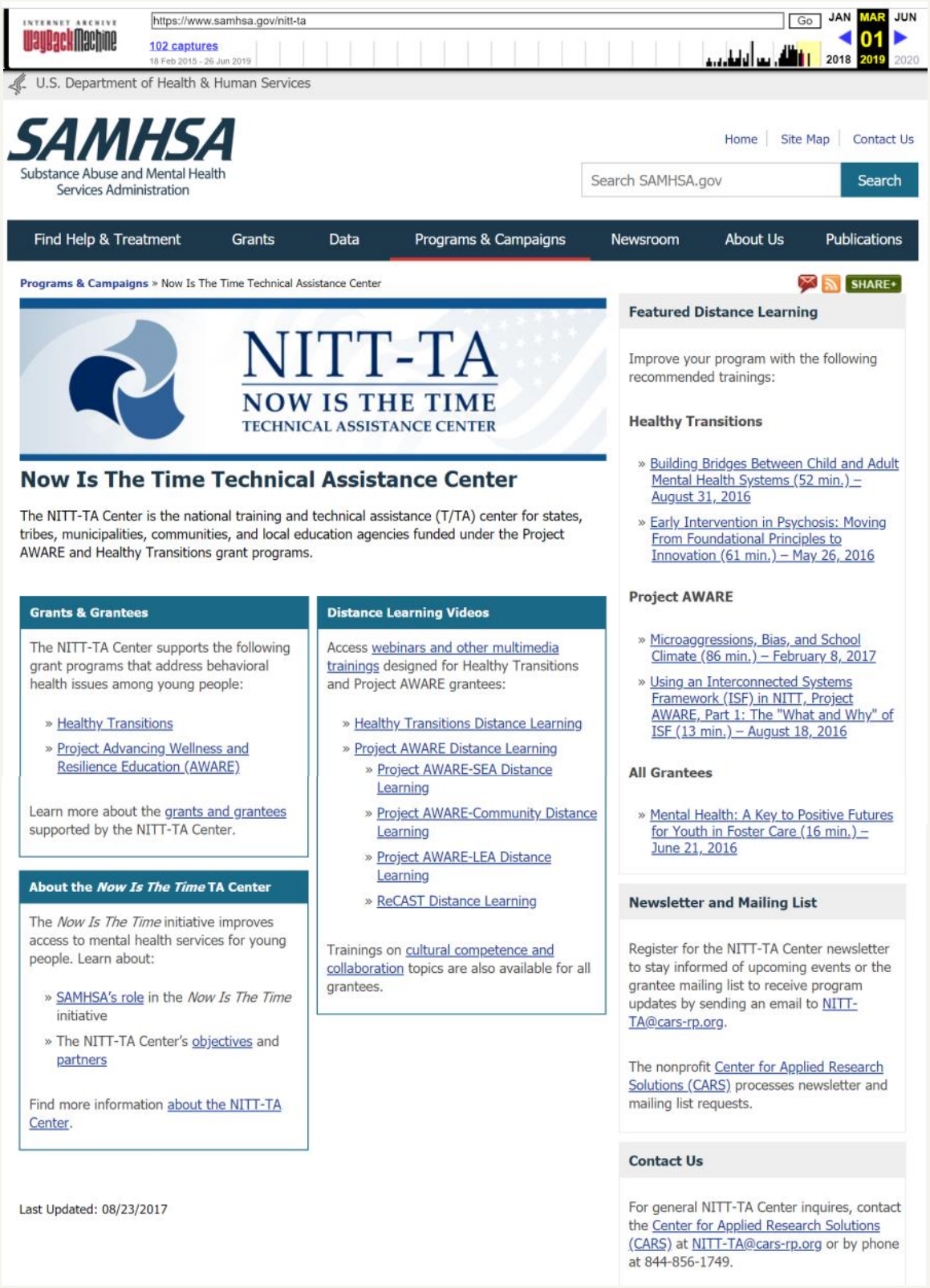
    (a) Healthy Transitions Distance Learning

    (a) Project AWARE Distance Learning

    (a) Cultural Competence and Collaboration

Note: Between March 1, 2019 and March 8, 2019, a link and description for the "Now Is The Time Technical Assistance Center" main page was removed from the "Programs" page

Screenshot: A capture of the March 1, 2019 version of the "Now Is The Time Technical Assistance Center" program page. The page was removed by March 8, 2019. Captured by the Internet Archive's Wayback Machine.



INTERNET ARCHIVE Wayback Machine
https://www.samhsa.gov/nitt-ta
Go JAN MAR JUN 01 2018 2019 2020
102 captures
18 Feb 2015 - 26 Jun 2019

U.S. Department of Health & Human Services

SAMHSA
Substance Abuse and Mental Health Services Administration

Home | Site Map | Contact Us

Search SAMHSA.gov Search

Find Help & Treatment | Grants | Data | Programs & Campaigns | Newsroom | About Us | Publications

Programs & Campaigns » Now Is The Time Technical Assistance Center

SHARE+

NITT-TA
NOW IS THE TIME
TECHNICAL ASSISTANCE CENTER

Now Is The Time Technical Assistance Center

The NITT-TA Center is the national training and technical assistance (T/TA) center for states, tribes, municipalities, communities, and local education agencies funded under the Project AWARE and Healthy Transitions grant programs.

Grants & Grantees

The NITT-TA Center supports the following grant programs that address behavioral health issues among young people:

» Healthy Transitions
» Project Advancing Wellness and Resilience Education (AWARE)

Learn more about the grants and grantees supported by the NITT-TA Center.

About the *Now Is The Time* TA Center

The *Now Is The Time* initiative improves access to mental health services for young people. Learn about:

» SAMHSA's role in the *Now Is The Time* initiative
» The NITT-TA Center's objectives and partners

Find more information about the NITT-TA Center.

Distance Learning Videos

Access webinars and other multimedia trainings designed for Healthy Transitions and Project AWARE grantees:

» Healthy Transitions Distance Learning
» Project AWARE Distance Learning
  » Project AWARE-SEA Distance Learning
  » Project AWARE-Community Distance Learning
  » Project AWARE-LEA Distance Learning
  » ReCAST Distance Learning

Trainings on cultural competence and collaboration topics are also available for all grantees.

Last Updated: 08/23/2017

Featured Distance Learning

Improve your program with the following recommended trainings:

Healthy Transitions

» Building Bridges Between Child and Adult Mental Health Systems (52 min.) – August 31, 2016
» Early Intervention in Psychosis: Moving From Foundational Principles to Innovation (61 min.) – May 26, 2016

Project AWARE

» Microaggressions, Bias, and School Climate (86 min.) – February 8, 2017
» Using an Interconnected Systems Framework (ISF) in NITT, Project AWARE, Part 1: The "What and Why" of ISF (13 min.) – August 18, 2016

All Grantees

» Mental Health: A Key to Positive Futures for Youth in Foster Care (16 min.) – June 21, 2016

Newsletter and Mailing List

Register for the NITT-TA Center newsletter to stay informed of upcoming events or the grantee mailing list to receive program updates by sending an email to NITT-TA@cars-rp.org.

The nonprofit Center for Applied Research Solutions (CARS) processes newsletter and mailing list requests.

Contact Us

For general NITT-TA Center inquires, contact the Center for Applied Research Solutions (CARS) at NITT-TA@cars-rp.org or by phone at 844-856-1749.

Removal of the "Recovery to Practice" Websites

Tag: #RECOVERY

Summary of Findings

SAMHSA removed two "Recovery to Practice" websites. Between March 10, 2017 and June 20, 2017, it removed the "Recovery to Practice" website hosted on the subdomain, http://atr.samhsa.gov/ (Website 1). Between January 8, 2019 and March 27, 2019, SAMHSA removed the "Recovery to Practice" site from its website (Website 2). The websites provided resources on recovery-oriented approaches, including webinars and curricula.

Change Classification

- (5) Removing an entire webpage or document
- (6) Overhauling or removing an entire website

Reporting

- N/A

Change Details

Webpage 1

Page title: Recovery to Practice
Page status: Removed

- **Before:** March 10, 2017
- **After:** June 20, 2017

URL: http://atr.samhsa.gov/

Known archives: A public web archive of this page from January 17, 2017, collected at the request of the White House, is available on Archive-It.

Description of change:

The following content was changed between March 10, 2017 and June 20, 2017:

1. **Removed** access to the entire subdomain at http://atr.samhsa.gov/.
    - The subdomain hosted a website called "Recovery to Practice," which contained a resource library of recovery-oriented interventions.
    - URLs within the subdomain return error notices.

Webpage 2

Page title: Recovery to Practice
Page status: Removed

- **Before:** January 8, 2019
- **After:** March 27, 2019

URL: https://www.samhsa.gov/recovery-to-practice (redirects to https://www.samhsa.gov/programs)

Known archives: No known public archive.

Description of change:

The following content was changed between January 8, 2019 and March 27, 2019:

1. **Removed** the "Recovery to Practice" main page and established a redirect to the "Programs" page at the URL https://www.samhsa.gov/programs.

    - The page was the landing page for the website of the "Recovery to Practice" program, and contained information to help "behavioral health and general healthcare practitioners improve delivery of recovery-oriented services, supports, and treatment."

    - The main page linked to three main subpages, which have also been removed:

        (i) Webinars and Podcasts

        - The page provided "practical applications of recovery principles in diverse practice settings" and included details on and links to webinars and podcasts from the following series:

        (a) Complex Clinical Decisions in Psychopharmacology Podcast Series
        (b) Recovery-oriented Use of Medications Series
        (c) Engagement and Recovery in Behavioral Health Services
        (d) Recovery-Oriented Cognitive Therapy (CT-R) Series
        (e) Impact of Homelessness and Unstable Housing on Provider Services Series
        (f) Integrated Health Care Webinar Series
        (g) Transition-Age Youth (TAY) Series
        (h) Recovery in Criminal Justice Settings
        (i) Psychiatric Advance Directives (PAD)
        (j) Shared Decision-Making (SDM) (three webinars, one 20-minute podcast)
        (k) Person-Centered Practice
        (l) Role of Communities in Recovery Series
        (m) Assessing Practice Implementation
        (n) Recovery in Hospital Settings
        (o) Crisis and Recovery
        (p) Recovery-Oriented Care: Foundation of Cross Discipline Practice

        (ii) Training Opportunities

        - The page offers "discipline-based curricula and on-demand continuing education courses on recovery-oriented practices."

        - The page linked to two main subpages, which have been removed:

            (i) RTP Curricula

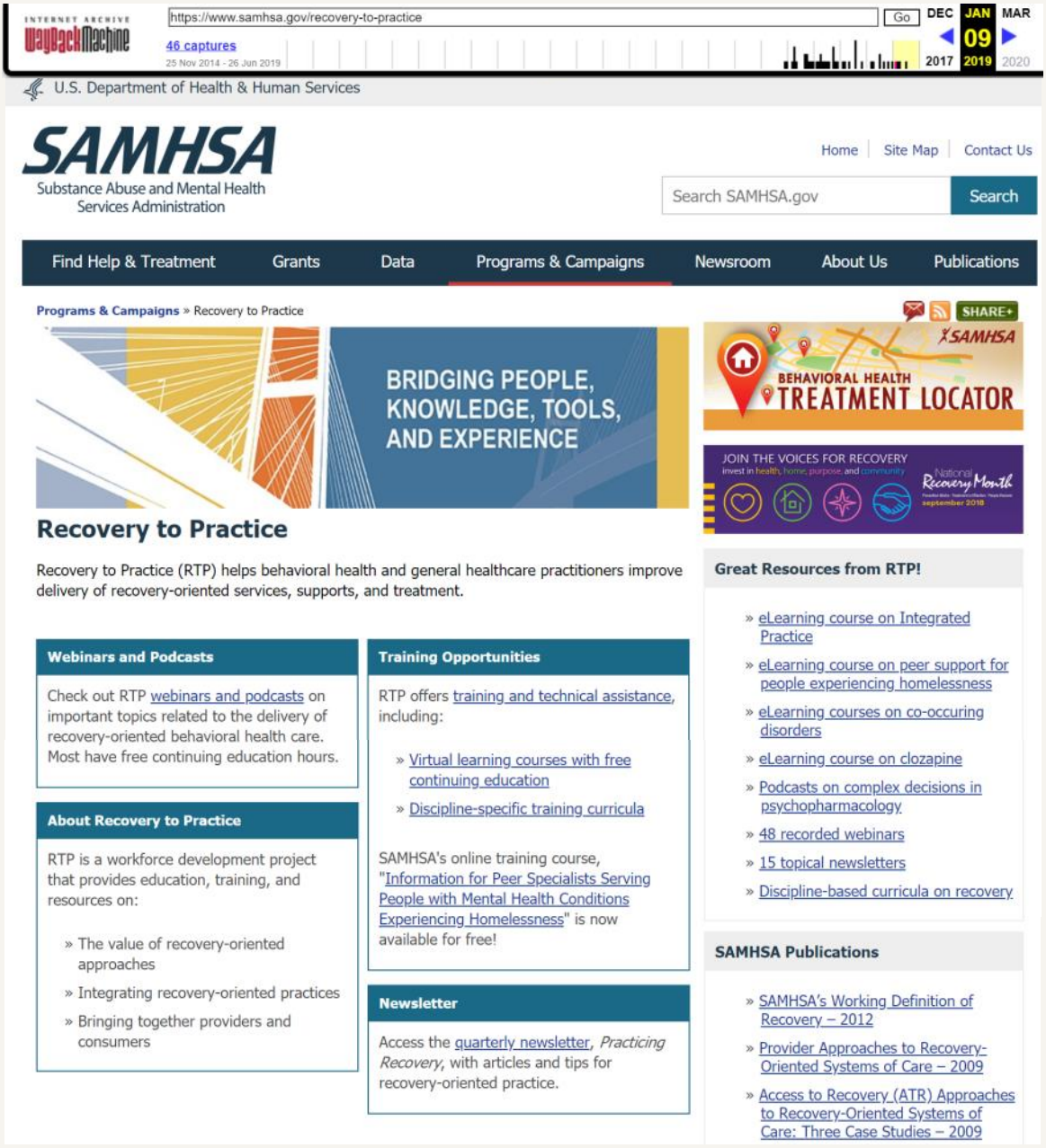
            (ii) Virtual Learning Courses

(iii) Newsletter

- The page linked to issues of SAMHSA's quarterly newsletter for practitioners, "Practicing Recovery" from January 2015 through August 2018.

Note: Between February 22, 2019 and March 1, 2019, a link and description to the "Recovery to Practice" main page was removed from the "Programs" page.

Screenshot: A capture of the January 8, 2019 version of the "Recovery to Practice" program page. The page was removed by March 27, 2019. Captured by the Internet Archive's Wayback Machine.



Removal of the "Safe Schools/ Healthy Students (SS/HS)" Website

Tag: #SCHOOLS

Summary of Findings

Between January 8, 2019 and May 22, 2019, SAMHSA removed the "Safe Schools/ Healthy Students (SS/HS)" site from its website. SS/HS was a framework to promote positive mental health in students through violence and suicide prevention.

Change Classification

- (5) Removing an entire webpage or document
- (6) Overhauling or removing an entire website

Reporting

- N/A

Change Details

Page title: Safe Schools/Healthy Students (SS/HS)
Page status: Removed

- **Before:** January 8, 2019
- **After:** May 22, 2019

URL: https://www.samhsa.gov/safe-schools-healthy-students

Known archives: No known public archive.

Description of change:

The following content was changed between January 8, 2019 and May 22, 2019:

1. **Removed** the "Safe Schools/Healthy Students (SS/HS)" main page and established a redirect to the "Programs" page at the URL https://www.samhsa.gov/programs.
    - The page was the landing page for the website of the SS/HS program, which was a "collaborative effort and comprehensive model to promote mental health among students and create safe and secure schools."
    - The main page linked to four main subpages, which have been removed:

(i) Success Stories

- The page presented information on "the success grantees have had as they implement the Safe Schools/Healthy Students (SS/HS) model."

(ii) National Evaluation

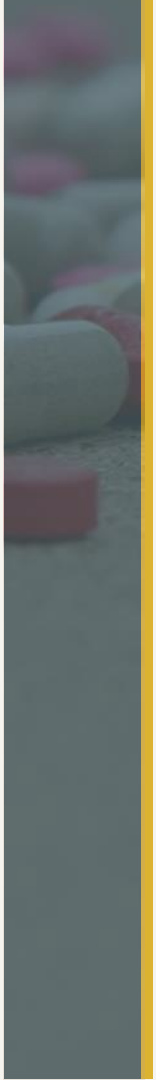
- The page presented information on a five-year study of the SS/HS initiative and a link to the final report, which is hosted and still available on the SAMHSA Store subdomain.

(iii) Resources

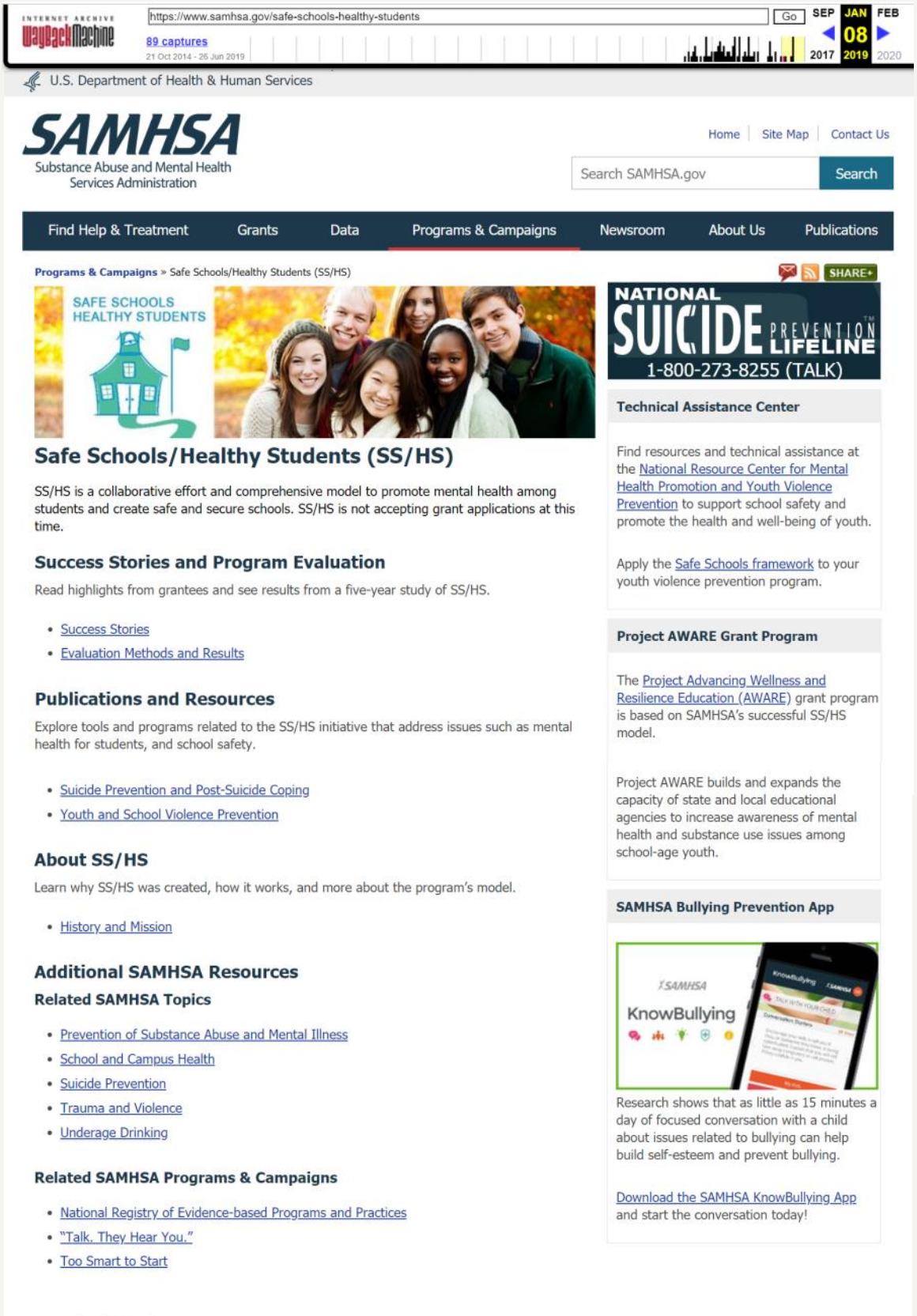
- The page provided information on resources available that align with the SS/HS framework
- The page linked to two subpages:
  - (a) School Violence Prevention Resources
  - (b) Suicide Prevention and Post-Suicide Resources

(iv) About SS/HS

Note: Between February 22, 2019 and March 1, 2019, a link and description to the "Safe Schools/Healthy Students (SS/HS)" main page was removed from the "Programs" page.



Screenshot: A capture of the January 8, 2019 version of the "Safe Schools/Healthy Students (SS/HS)" program page. The page was removed by May 22, 2019. Captured by the Internet Archive's Wayback Machine.



Removal of the "Too Smart To Start" Website

Tag: #SMART

Summary of Findings

Between August 15, 2017 and September 16, 2017, SAMHSA removed the "Too Smart To Start" website. Too Smart To Start was a public initiative that provided research-based strategies and materials at the community level to help prevent underage alcohol abuse. A landing page for the initiative was also removed between September 10, 2017 and August 21, 2018.

Change Classification

- (5) Removing an entire webpage or document
- (6) Overhauling or removing an entire website

Reporting

- N/A

Change Details

Webpage 1

Page title: Too Smart To Start
Page status: Removed

- **Before:** August 15, 2017
- **After:** September 16, 2017

URL: https://www.toosmarttostart.samhsa.gov/

Known archives: A public web archive of this page, collected by the Library of Congress is available but has not been captured since 2012. Search for the archived version of the page at https://webarchive.loc.gov/.

Description of change:

The following content was changed between August 15, 2017 and September 16, 2017:

1. **Removed** access to the Too Smart To Start main page and all pages in the subdomain www.toosmarttostart.samhsa.gov.
    - All toosmarttostart.samhsa.gov subdomain URLs return errors.
    - Too Smart To Start was a public initiative that provided "research-based strategies and materials to professionals and volunteers at the community level to help them conduct an underage alcohol use prevention program."

Webpage 2

Page title: Too Smart To Start
Page status: Removed

- **Before:** September 10, 2017
- **After:** August 21, 2018

URL: https://www.samhsa.gov/too-smart-to-start

Known archives: No known public archive.

Description of change:

The following content was changed between September 10, 2017 and August 21, 2018:

1. **Removed** the "Too Smart To Start" page.

    - The page had previously provided information on Too Smart to Start and links to various pages within the toosmarttostart.samhsa.gov domain.

Note: Between February 22, 2019 and March 1, 2019, a link and description for the "Too Smart To Start" site was removed from "Programs" page.

Screenshot: A capture of the August 15, 2017 version of the "Too Smart To Start" main page (Webpage 1). The page was removed by September 16, 2017. Captured by the Internet Archive's Wayback Machine.

Removal of the "Women, Children, and Families" Website

Tag: #WOMEN

Summary of Findings

Between January 9, 2019 and March 9, 2019, SAMHSA removed the "Women, Children, and Families" site from its website. The site featured gender-specific resources, including trainings, publications, data, and a contact list of State Women's Services Coordinators.

Change Classification

- (5) Removing an entire webpage or document
- (6) Overhauling or removing an entire website

Reporting

- N/A

Change Details

Page title: Women, Children, and Families
Page status: Removed

- **Before:** January 9, 2019
- **After:** March 9, 2019

URL: https://www.samhsa.gov/women-children-families

Known archives: No known public archive.

Description of change:

The following content was changed between January 9, 2019 and March 9, 2019:

1. **Removed** the "Women, Children, and Families" main page and established a redirect to the "Programs" page at the URL https://www.samhsa.gov/programs.
    - The page was the landing page for the "Women, Children, and Families" program, which provided "resources on addressing the behavioral health and recovery of women and their families."
    - The main page linked to five subpages:
        (i) Trainings

- Provided a list of "trainings, conferences, and webinars that help professionals working with women and girls with mental and/or substance use disorders," including:

  (a) Training Tool Box for Addressing the Gender-Specific Service Needs of Women with Substance Use Disorders

  (b) Women Matter!

(ii) Publications and Resources

- Provided a list of publications and resources on gender-specific treatment, some of which are still live.
- Removed resources linked from the page include:

  (a) Action Steps for Improving Women's Mental Health – 2009

  (b) SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach – 2014

(iii) Women's Services Coordinators

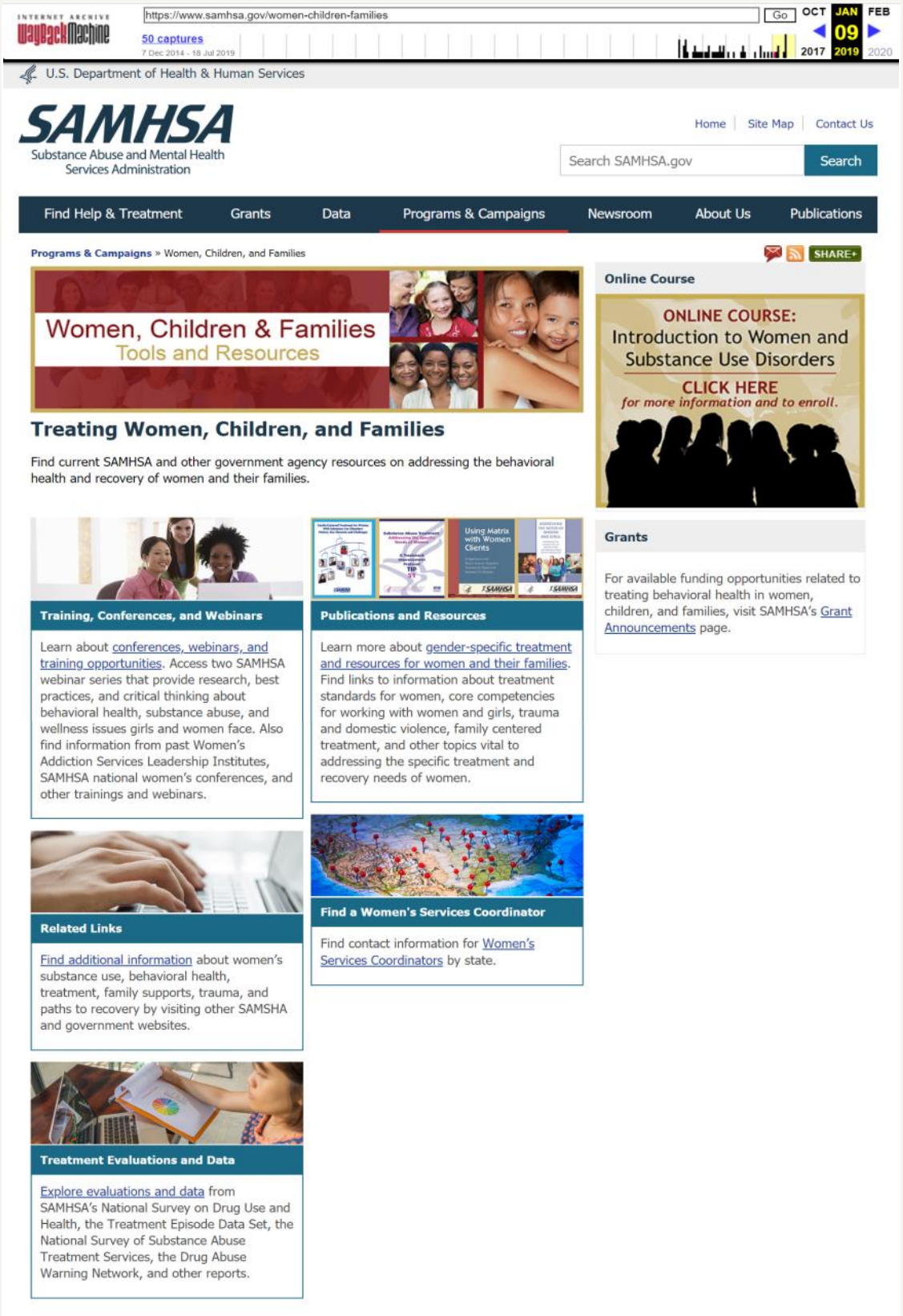
- A list of contact information for Women's Services Coordinators by state.

(iv) Evaluations and Data

(v) Related Links

Note: Between February 22, 2019 and March 1, 2019, a link and description for the "Women, Children, and Families" site was removed from the "Programs" page.

Screenshot: A capture of the January 9, 2019 version of the "Women, Children, and Families" program page. The page was removed by March 9, 2019. Captured by the Internet Archive's Wayback Machine.



Addition of the "Know the Risks of Marijuana" page

Tag: #MARIJUANA

Summary of Findings

In early May 2019, SAMHSA added a new page titled, "Know the Risks of Marijuana" to its website. The page features information on the risks of marijuana use.

Change Classification

- (9) Addition of new content, section, or page

Reporting

- N/A

Change Details

Page title: Know the Risks of Marijuana
Page status: Added

- **First IAWM Capture:** May 15, 2019

URL: https://www.samhsa.gov/marijuana

Known archives: No known public archive.

Description of change:

The following content was changed by May 15, 2019:

1. **Added** a new page titled, "Know the Risks of Marijuana" to SAMHSA's website.

    - The page features information regarding the "negative and long-term effects" of marijuana use, a "marijuana IQ test," statistics about the rise of use and addiction to marijuana, and links to references and relevant resources.

Note: Between April 27, 2019 and May 2, 2019, a link and description for the "Know the Risks of Marijuana" page were added to the "Programs" page.

Screenshot: A capture of the May 15, 2019 version of the "Know the Risks of Marijuana" page showing the top portion of the newly added page. Captured by the Internet Archive's Wayback Machine.

13. EBPResource

Addition of the "EBP Resource Center" page

Tag: #EBPResource

Summary of Findings

In April 2018, SAMHSA added a new database hosted on a page titled, "EBP Resource Center" to its website. According to the page, the database "contains a collection of scientifically-based resources for a broad range of audiences, including Treatment Improvement Protocols, toolkits, resource guides, clinical practice guidelines, and other science-based resources."

Change Classification

- (9) Addition of new content, section, or page

Reporting

- N/A

Change Details

Page title: EBP Resource Center
Page status: Added

- **First IAWM Capture:** April 23, 2018

URL: https://www.samhsa.gov/ebp-resource-center

Known archives: No known public archive.

Description of change:

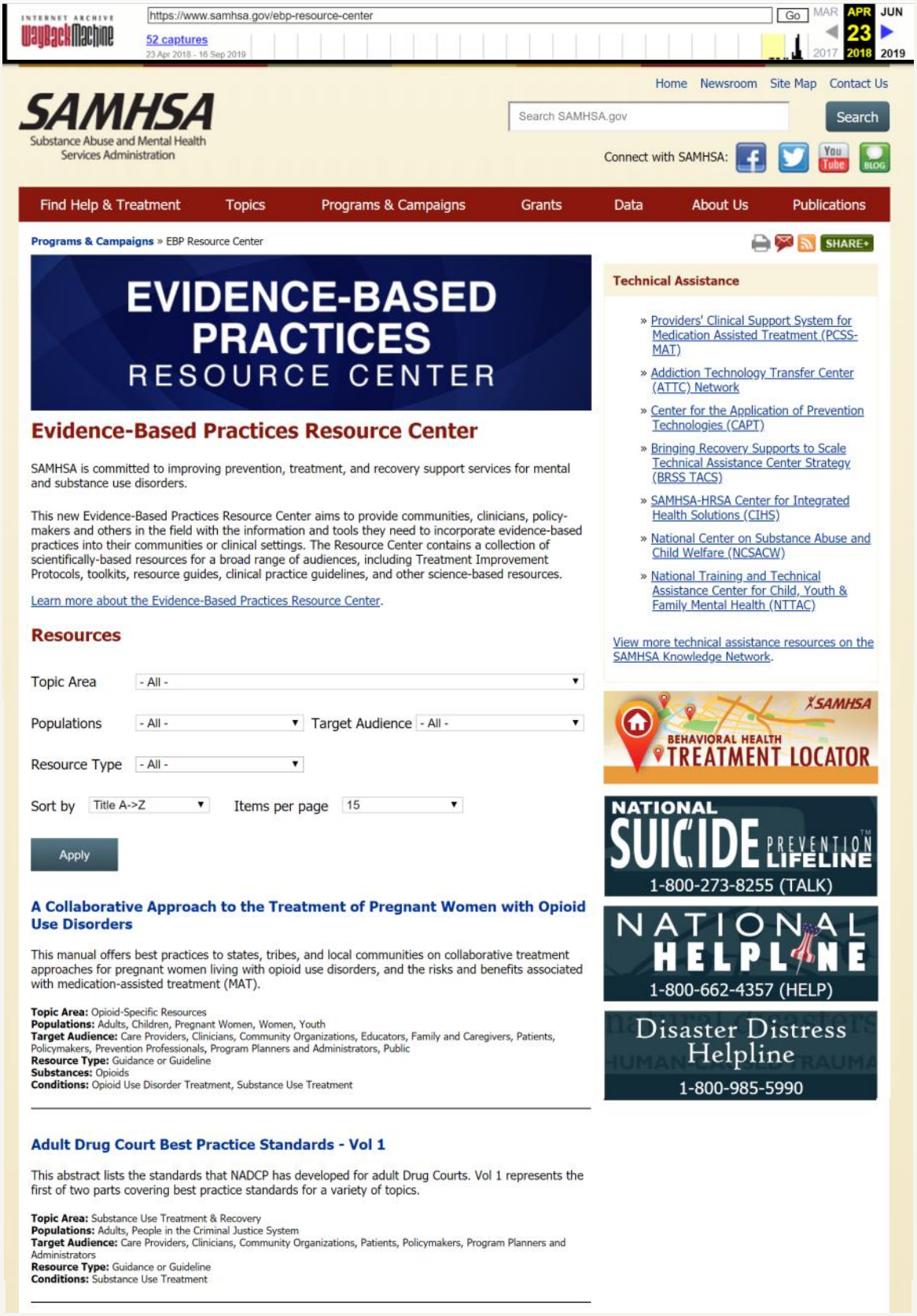
The following content was changed by April 23, 2018:

1. **Added** a new page titled, "EBP Resource Center" to the SAMHSA website.

    - The page is the landing page for the website of the Evidence-Based Practices (EBP) Resource Center, a newly created center that is, according to its website, "part of SAMHSA's new comprehensive approach to identifying and disseminating clinically sound and scientifically based policies, practices and programs."
    - The landing page hosts a database of resources, which, according to the page, "contains a collection of scientifically-based resources for a broad range of audiences, including Treatment Improvement Protocols, toolkits, resource guides, clinical practice guidelines, and other science-based resources."
    - A notice posted on the "NREPP" page (#NREPP) by August 23, 2018 implies that the EBP Resource Center was intended to replace NREPP.

Note: Between March 31, 2018 and April 7, 2018, a link and description for the "EBP Resource Center" was added to the "Programs" page.

Screenshot: A capture of the April 23, 2018 version of the "EBP Resource Center" main page showing the top portion of the newly added page. Captured by the Internet Archive's Wayback Machine.



Removal of SAMHSA's "Topics" Page

Tag: #TOPICS

Summary of Findings

Between January 9, 2019 and March 18, 2019, SAMHSA removed the "Topics" page and its subpages from its website. The site provided information on topics "that highlight SAMHSA's efforts to prevent and reduce the impact of mental illness and substance use in America's communities."

Change Classification

- (5) Removing an entire webpage or document
- (6) Overhauling or removing an entire website

Reporting

- N/A

Change Details

Page title: Topics
Page status: Removed

- **Before:** January 9, 2019
- **After:** March 18, 2019

URL: https://www.samhsa.gov/topics (redirects to https://www.samhsa.gov/programs)

Known archives: A public web archive of this page, collected by the Library of Congress, is available, but has not been captured since 2016. Search for the archived version of the page at https://webarchive.loc.gov/.

Description of change:

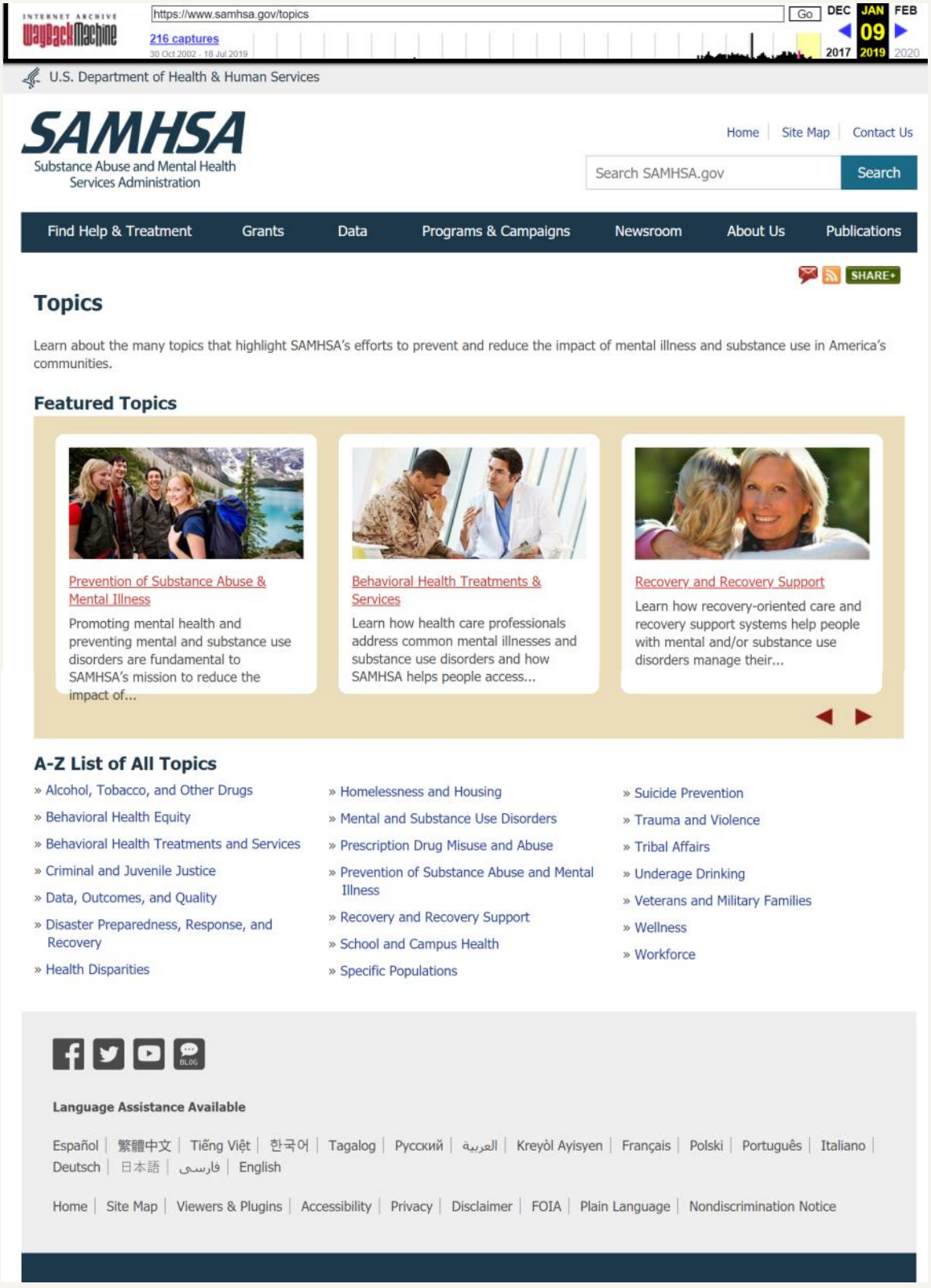
The following content was changed between January 9, 2019 and March 18, 2019:

1. **Removed** the "Topics" page and established a redirect to the "Programs" page at the URL https://www.samhsa.gov/programs.

    - The "Topics" page was the landing page for the Topics section of the SAMHSA website, which included around 150 subpages containing information on topics "that highlight SAMHSA's efforts to prevent and reduce the impact of mental illness and substance use in America's communities."

        - Many of those subpages were removed or altered. See a complete list of "Topics" pages, and their statuses, in this spreadsheet.

Screenshot: A capture of the January 9, 2019 version of the "Topics" page showing an "A-Z List of All Topics." The page was removed by March 18, 2019. Captured by the Internet Archive's Wayback Machine.



Removal of "Alcohol, Tobacco, and Other Drugs" Pages

Tag: #ALCOHOL

Summary of Findings

Between January 15, 2019 and January 18, 2019, SAMHSA removed the "Alcohol, Tobacco, and Other Drugs" page (Webpage 1) and its eight subpages, including the "Marijuana (Cannabis)" page (Webpage 2), from its website. The pages contained information, statistics, and links on various drugs.

Change Classification

- (5) Removing an entire webpage or document

Reporting

- N/A

Change Details

Webpage 1

Page title: Alcohol, Tobacco, and Other Drugs
Page status: Removed

- **Before:** January 1, 2019
- **After:** February 4, 2019

URL: https://www.samhsa.gov/atod (redirects to https://www.samhsa.gov/find-help/atod)

Known archives: A public web archive of this page, collected at the request of the Department of Health and Human Services, is available on Archive-It, but has not been captured since March 2015.

Description of change:

The following content was changed between January 15, 2019 and January 17, 2019 (according to our web monitoring software. See the Internet Archive's Wayback Machine captures of the page, which correspond to a wider time window, for January 1, 2019 and February 4, 2019)**:**

1. **Removed** the "Alcohol, Tobacco, and Other Drugs" page and established a redirect to https://www.samhsa.gov/find-help/atod, a page that provides small amounts of information about alcohol, tobacco, marijuana, and opioids, and provides links to

federal agencies and resources related to drug abuse.

- The page was the landing page for a section on alcohol, tobacco, and other drugs, which provided information, statistics, and links on drugs including alcohol, tobacco, marijuana, stimulants, hallucinogens, and opioids.

- The page linked to eight subpages, which were also removed (between January 16, 2019 and January 18, 2019, according to our web monitoring software. Links to the Internet Archive's Wayback Machine captures of the page, which correspond to a wider time window, are provided below.):

  (i) The "Alcohol" page (January 8, 2019 and March 18, 2019)

  (ii) The "Tobacco" page (January 8, 2019 and January 29, 2019)

  (iii) The "Marijuana (Cannabis)" page (Webpage 2) (January 8, 2019 and January 29, 2019)

  (iv) The "Stimulants" page (January 8, 2019 and May 26, 2019)

  (v) The "Hallucinogens" page, (January 8, 2019 and June 18, 2019)

  (vi) The "Opioids" page (December 3, 2018 and March 21, 2019)

  (vii) The "Other Drugs" page (January 8, 2019 and June 5, 2019)

  (viii) The "Publications and Resources" page (January 8, 2019 and June 26, 2019)

Webpage 2

Page title: Marijuana (Cannabis)

Page status: Removed

- **Before:** January 8, 2019
- **After:** January 29, 2019

URL: https://www.samhsa.gov/atod/marijuana (redirects to https://www.samhsa.gov/find-help/atod)

Known archives: No known public archive.

Description of change:

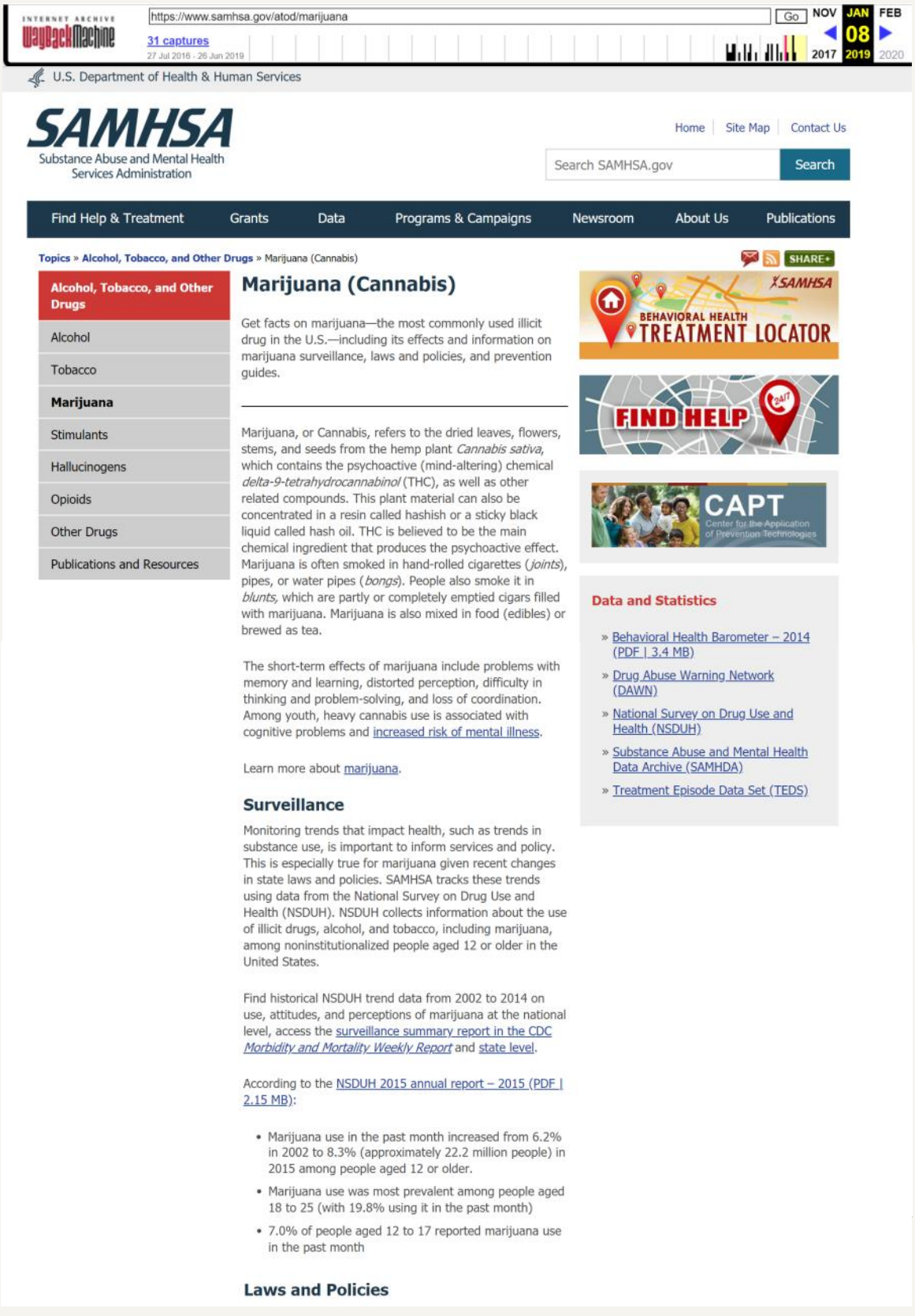
The following content was changed between January 16, 2019 and January 18, 2019 (according to our web monitoring software. See the Internet Archive's Wayback Machine captures of the page, which correspond to a wider time window, for January 8, 2019 and January 29, 2019):

1. **Removed** the "Marijuana (Cannabis)" page and established a redirect to https://www.samhsa.gov/find-help/atod, a page that provides small amounts of information about alcohol, tobacco, marijuana, and opioids, and provides links to federal agencies and resources related to drug abuse.

   (i) The page is an example of one of the eight subpages removed from the "Alcohol, Tobacco, and Other Drugs" section of the SAMHSA website.

   (ii) The page included introductory statistics and information, as well as information organized under the headings "Surveillance," "Laws and Policies," and "Preventing Youth Marijuana Use."

Screenshot: A capture of the top portion of the January 8, 2019 version of the "Marijuana (Cannabis)" page. This page was one of eight subpages removed from the "Alcohol, Tobacco, and Other Drugs" section of the SAMHSA website. Captured by the Internet Archive's Wayback Machine.



Alteration of "Disaster Preparedness, Response, and Recovery" Page

Tag: #DISASTER

Summary of Findings

Between January 14, 2019 and January 18, 2019, SAMHSA altered the "Disaster Preparedness, Response, and Recovery" page on its website to remove information about cultural awareness and competence. It also removed three subpages related to disaster preparedness, response, and recovery. The pages contained information and links relating to SAMHSA's efforts, grants, and resources relating to disaster preparedness, response, and recovery.

Change Classification

- (4) Altering or removing an entire pertinent section of a webpage or collection of webpages
- (5) Removing an entire webpage or document

Reporting

- N/A

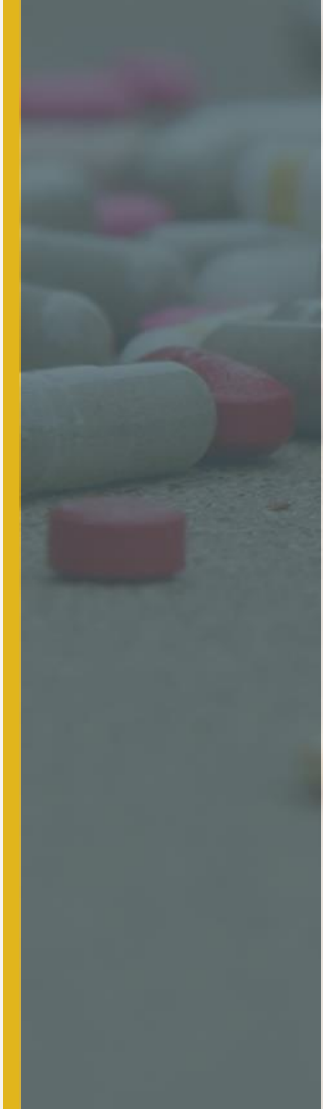
Change Details

Page title: "Disaster Preparedness, Response, and Recovery"
Page status: Altered/Removed

- **Before:** December 3, 2018
- **After:** February 12, 2019

URL: https://www.samhsa.gov/disaster-preparedness

Known archives: A public web archive of this page, collected at the request of the Department of Health and Human Services, is available on Archive-It, but has not been captured since March 2015.



Description of change:

The following content was changed between January 14, 2019 and January 16, 2019 (according to our web monitoring software. See the Internet Archive's Wayback Machine captures of the page, which correspond to a wider time window, for December 3, 2018 and February 12, 2019):

1. **Altered** the "Disaster Preparedness, Response, and Recovery" page.

   (i) Altered the organization of sentences and paragraphs, and made minor grammatical changes.

   (ii) Removed the following text and links:

   > The SAMHSA Disaster Behavioral Health Information Series (DBHIS) special installment on resilience and stress management provides a collection of materials and tips that address resilience.
   >
   > One resource available to assist in the management of stress is SAMHSA's Disaster Distress Helpline – 1-800-985-5990. The Disaster Distress Helpline provides free, confidential crisis counseling and support 24/7 to people experiencing stress, anxiety, and other depression-like symptoms.
   >
   > States and local governments are working to help their residents become more resilient in order to minimize post-disaster health consequences and promote recovery.

   (iii) Added the following section and links.

   > **Related Links**
   >
   > - SAMHSA's Disaster Distress Helpline
   > - SAMHSA's Disaster App
   > - Behavioral Health Disaster Response Mobile App

   (iv) Removed the following text and links:

   > **Learn more about:**
   >
   > - SAMHSA's Efforts for Disaster Preparedness, Response, and Recovery
   > - SAMHSA and Partner Agency Grants Related to Disaster Preparedness, Response, and Recovery
   > - Publications and Resources on Disaster Preparedness, Response, and Recovery
   >
   > **Cultural Awareness and Competency**
   >
   > People's reactions to disaster and stress, and their coping skills, can differ based on their beliefs, cultural traditions, or economic and social status. Behavioral health workers increasingly recognize the importance of cultural competence in developing, planning, and delivering effective disaster behavioral health services.
   > Learn more about applying cultural awareness to disaster behavioral health planning from the following:
   >
   > - Webinar presented by SAMHSA's Disaster Technical

Assistance Center (DTAC)

- Webinar to assist behavioral health responders in providing culturally aware disaster behavioral health services for children and families

SAMHSA provides Tips for Talking With and Helping Children and Youth Cope After a Disaster or Traumatic Event: A Guide for Parents, Caregivers, and Teachers – 2012 on helping children and youth after a disaster or traumatic event. SAMHSA also provides the guide in Spanish.

For more information, visit the Disaster Preparedness and Recovery publications page in the SAMHSA Store.

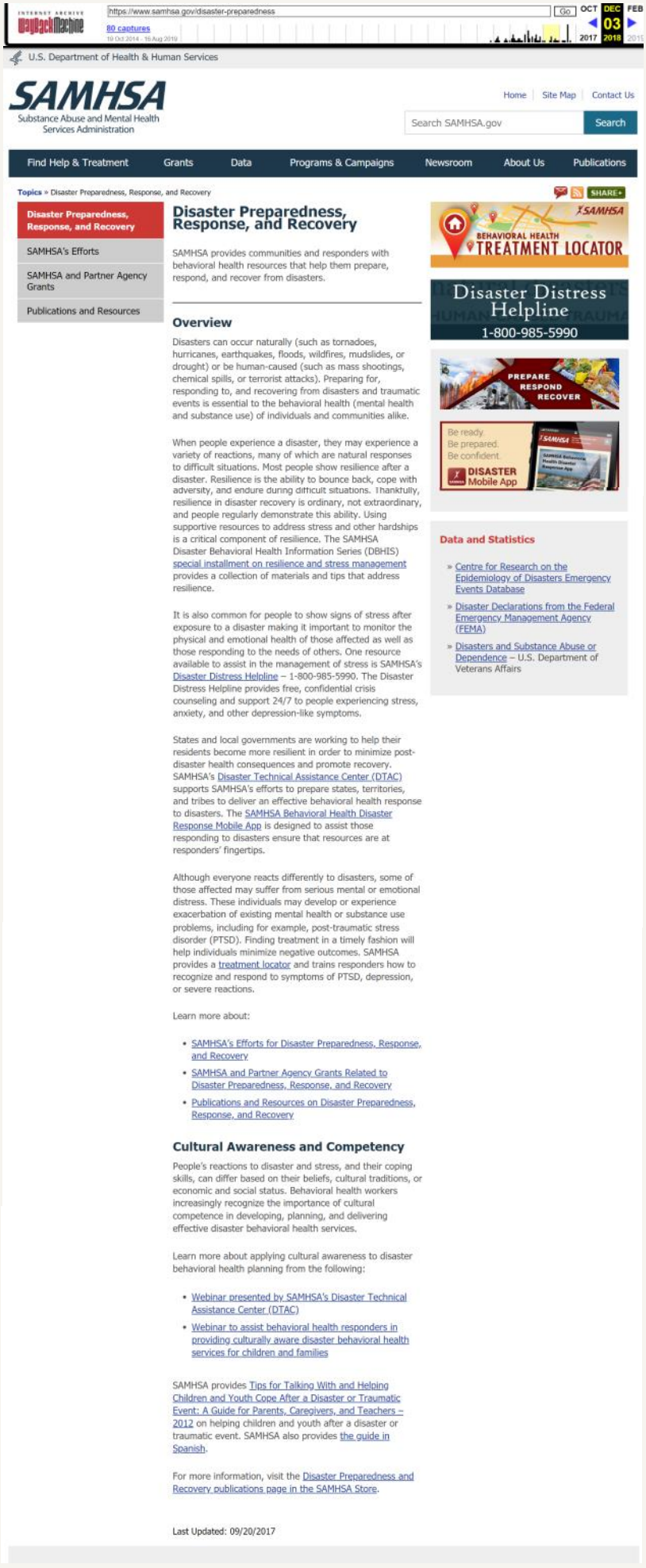
- The "Disaster Preparedness, Response, and Recovery" page was the landing page for a section on disaster preparedness, response and recovery, which provided information about SAMHSA's efforts, partnerships, and resources for dealing with disasters.

- The page linked to three subpages, which were removed (between January 16, 2019 and January 18, 2019, according to our web monitoring software. Links to the Internet Archive's Wayback Machine captures of the page, which correspond to a wider time window, are provided below.):

  (i) The "SAMHSA's Efforts" page (January 9, 2019 and June 26, 2019)

  (ii) The "SAMHSA and Partner Agency Grant" page (January 8, 2019 and June 26, 2019).

  (iii) The "Publications and Resources" page (January 9, 2019 and June 26, 2019).



https://www.samhsa.gov/disaster-preparedness
80 captures
OCT DEC FEB 03 2017 2018

U.S. Department of Health & Human Services

SAMHSA
Substance Abuse and Mental Health Services Administration

Disaster Preparedness, Response, and Recovery
SAMHSA's Efforts
SAMHSA and Partner Agency Grants
Publications and Resources

Disaster Preparedness, Response, and Recovery

SAMHSA provides communities and responders with behavioral health resources that help them prepare, respond, and recover from disasters.

Overview

Disasters can occur naturally (such as tornadoes, hurricanes, earthquakes, floods, wildfires, mudslides, or drought) or be human-caused (such as mass shootings, chemical spills, or terrorist attacks). Preparing for, responding to, and recovering from disasters and traumatic events is essential to the behavioral health (mental health and substance use) of individuals and communities alike.

When people experience a disaster, they may experience a variety of reactions, many of which are natural responses to difficult situations. Most people show resilience after a disaster. Resilience is the ability to bounce back, cope with adversity, and endure during difficult situations. Thankfully, resilience in disaster recovery is ordinary, not extraordinary, and people regularly demonstrate this ability. Using supportive resources to address stress and other hardships is a critical component of resilience. The SAMHSA Disaster Behavioral Health Information Series (DBHIS) special installment on resilience and stress management provides a collection of materials and tips that address resilience.

It is also common for people to show signs of stress after exposure to a disaster making it important to monitor the physical and emotional health of those affected as well as those responding to the needs of others. One resource available to assist in the management of stress is SAMHSA's Disaster Distress Helpline – 1-800-985-5990. The Disaster Distress Helpline provides free, confidential crisis counseling and support 24/7 to people experiencing stress, anxiety, and other depression-like symptoms.

States and local governments are working to help their residents become more resilient in order to minimize post-disaster health consequences and promote recovery. SAMHSA's Disaster Technical Assistance Center (DTAC) supports SAMHSA's efforts to prepare states, territories, and tribes to deliver an effective behavioral health response to disasters. The SAMHSA Behavioral Health Disaster Response Mobile App is designed to assist those responding to disasters ensure that resources are at responders' fingertips.

Although everyone reacts differently to disasters, some of those affected may suffer from serious mental or emotional distress. These individuals may develop or experience exacerbation of existing mental health or substance use problems, including for example, post-traumatic stress disorder (PTSD). Finding treatment in a timely fashion will help individuals minimize negative outcomes. SAMHSA provides a treatment locator and trains responders how to recognize and respond to symptoms of PTSD, depression, or severe reactions.

Learn more about:

- SAMHSA's Efforts for Disaster Preparedness, Response, and Recovery
- SAMHSA and Partner Agency Grants Related to Disaster Preparedness, Response, and Recovery
- Publications and Resources on Disaster Preparedness, Response, and Recovery

Cultural Awareness and Competency

People's reactions to disaster and stress, and their coping skills, can differ based on their beliefs, cultural traditions, or economic and social status. Behavioral health workers increasingly recognize the importance of cultural competence in developing, planning, and delivering effective disaster behavioral health services.

Learn more about applying cultural awareness to disaster behavioral health planning from the following:

- Webinar presented by SAMHSA's Disaster Technical Assistance Center (DTAC)
- Webinar to assist behavioral health responders in providing culturally aware disaster behavioral health services for children and families

SAMHSA provides Tips for Talking With and Helping Children and Youth Cope After a Disaster or Traumatic Event: A Guide for Parents, Caregivers, and Teachers – 2012 on helping children and youth after a disaster or traumatic event. SAMHSA also provides the guide in Spanish.

For more information, visit the Disaster Preparedness and Recovery publications page in the SAMHSA Store.

Last Updated: 09/20/2017

SAMHSA BEHAVIORAL HEALTH TREATMENT LOCATOR

Disaster Distress Helpline
1-800-985-5990

PREPARE RESPOND RECOVER

Be ready.
Be prepared.
Be confident.
DISASTER Mobile App

Data and Statistics

- Centre for Research on the Epidemiology of Disasters Emergency Events Database
- Disaster Declarations from the Federal Emergency Management Agency (FEMA)
- Disasters and Substance Abuse or Dependence – U.S. Department of Veterans Affairs

Screenshot: A capture of the December 3, 2018 (previous page) and February 12, 2019 (below) versions of the "Disaster Preparedness, Response, and Recovery" page. Captured by Internet Archive's Wayback Machine.

INTERNET ARCHIVE Wayback Machine
https://www.samhsa.gov/disaster-preparedness Go DEC FEB APR
80 captures 19 Oct 2014 - 16 Aug 2019 2018 12 2019 2020

U.S. Department of Health & Human Services

SAMHSA
Substance Abuse and Mental Health Services Administration

Home | Site Map | Contact Us

Search SAMHSA.gov Search

Find Help & | Grants | Data | Programs & | Newsroom | About Us | Publications

SHARE+

Disaster Preparedness, Response, and Recovery

SAMHSA provides communities and responders with behavioral health resources that help them prepare, respond, and recover from disasters.

Disasters can occur naturally (e.g., tornadoes, hurricanes, earthquakes, floods, wildfires, mudslides, or drought) or be human-caused (e.g., mass shootings, chemical spills, or terrorist attacks). Preparing for, responding to, and recovering from disasters and traumatic events is essential to the behavioral health of individuals and communities alike.

When people experience a disaster, they may experience a variety of reactions, many of which are natural responses to difficult situations. Most people show resilience after a disaster. Resilience is the ability to bounce back, cope with adversity, and endure during difficult situations. Thankfully, resilience in disaster recovery is ordinary, not extraordinary, and people regularly demonstrate this ability. Using supportive resources to address stress and other hardships is a critical component of resilience.

It is also common for people to show signs of stress after exposure to a disaster making it important to monitor the physical and emotional health of those affected as well as those responding to the needs of others. Although everyone reacts differently to disasters, some of those affected may suffer from serious mental or emotional distress. These individuals may develop or experience exacerbation of existing mental health or substance use problems, including for example, post-traumatic stress disorder. Finding treatment in a timely fashion will help individuals minimize negative outcomes.

SAMHSA's Disaster Technical Assistance Center (DTAC) supports SAMHSA's efforts to prepare states, territories, and tribes to deliver an effective behavioral health response to disasters. The SAMHSA Behavioral Health Disaster Response Mobile App is designed to assist those responding to disasters ensure that resources are at responders' fingertips. SAMHSA also provides a treatment locator and trains responders how to recognize and respond to symptoms of PTSD, depression, or severe reactions.

Related Links

- SAMHSA's Disaster Distress Helpline
- SAMHSA's Disaster App
- Behavioral Health Disaster Response Mobile App

Last Updated: 01/17/2019

Data and Statistics

» Centre for Research on the Epidemiology of Disasters Emergency Events Database

» Disaster Declarations from the Federal Emergency Management Agency (FEMA)

» Disasters and Substance Abuse or Dependence – U.S. Department of Veterans Affairs

Removal of "Homelessness and Housing" Pages

Tag: #HOMELESS

Summary of Findings

Between December 14, 2018 and December 16, 2018, SAMHSA removed the "Homelessness and Housing" page (Webpage 1) from its website. After January 9, 2019, SAMHSA also removed five subpages, including the "Trauma and Trauma-Informed Care" page (Webpage 2), from its website. The pages contained information and statistics on homelessness, its relationship with poverty and trauma, and SAMHSA's programs, grants, and publications relating to homelessness.

Change Classification

- (5) Removing an entire webpage or document

Reporting

- N/A

Change Details

Webpage 1

Page title: Homelessness and Housing
Page status: Removed

Before: December 10, 2018

After: December 21, 2018

URL: https://www.samhsa.gov/homelessness-housing (redirects to https://www.samhsa.gov/homelessness-programs-resources)

Known archives: A public web archive of this page, collected at the request of the Department of Health and Human Services, is available on Archive-It, but has not been captured since March 2015.

Description of change:

The following content was changed between December 14, 2018 and December 16, 2018 (according to our web monitoring software. See the Internet Archive's Wayback Machine captures of the page, which correspond to a wider time window, for December 10, 2018 and December 21, 2018):

1. **Removed** the "Homelessness and Housing" page and established a redirect to the "Homelessness Programs and Resources" page at the URL https://www.samhsa.gov/homelessness-programs-resources.

- The "Homelessness and Housing" page was the landing page for a section on homelessness and housing on the SAMHSA website, which provided information and statistics on homelessness, its relationship with poverty, trauma among the homeless, and SAMHSA's programs, grants, and publications relating to homelessness.

- The page linked to five subpages, which were removed between January 8, 2019 and June 26, 2019. (The wide time frame reflects the sporadic captures in the Internet Archive's Wayback Machine, for which captures are provided in parentheses below):

  (i) The "Poverty and Housing" page (January 8, 2019 and June 26, 2019)

  (ii) The "SAMHSA's Efforts" page (January 8, 2019 and June 26, 2019)

  (iii) The "Trauma and Trauma-Informed Care" page (Webpage 2) (January 8, 2019 and June 26, 2019)

  (iv) The "Grants" page (March 14, 2019 and March 16, 2019 according to our monitoring software; see IAWM captures for January 8, 2019 and June 26, 2019)

  (v) The "Publications and Resources" page (January 8, 2019 and June 26, 2019)

Webpage 2

Page title: Trauma and Trauma-Informed Care
Page status: Removed

- **Before:** January 8, 2019
- **After:** June 26, 2019

URL: https://www.samhsa.gov/homelessness-housing/trauma-informed-care (redirects to https://www.samhsa.gov/homelessness-programs-resources)

Known archives: A public web archive of this page from February 14, 2017, collected at the request of the Federal Depository Library Program Web Archive, is available on Archive-It.

Description of change:

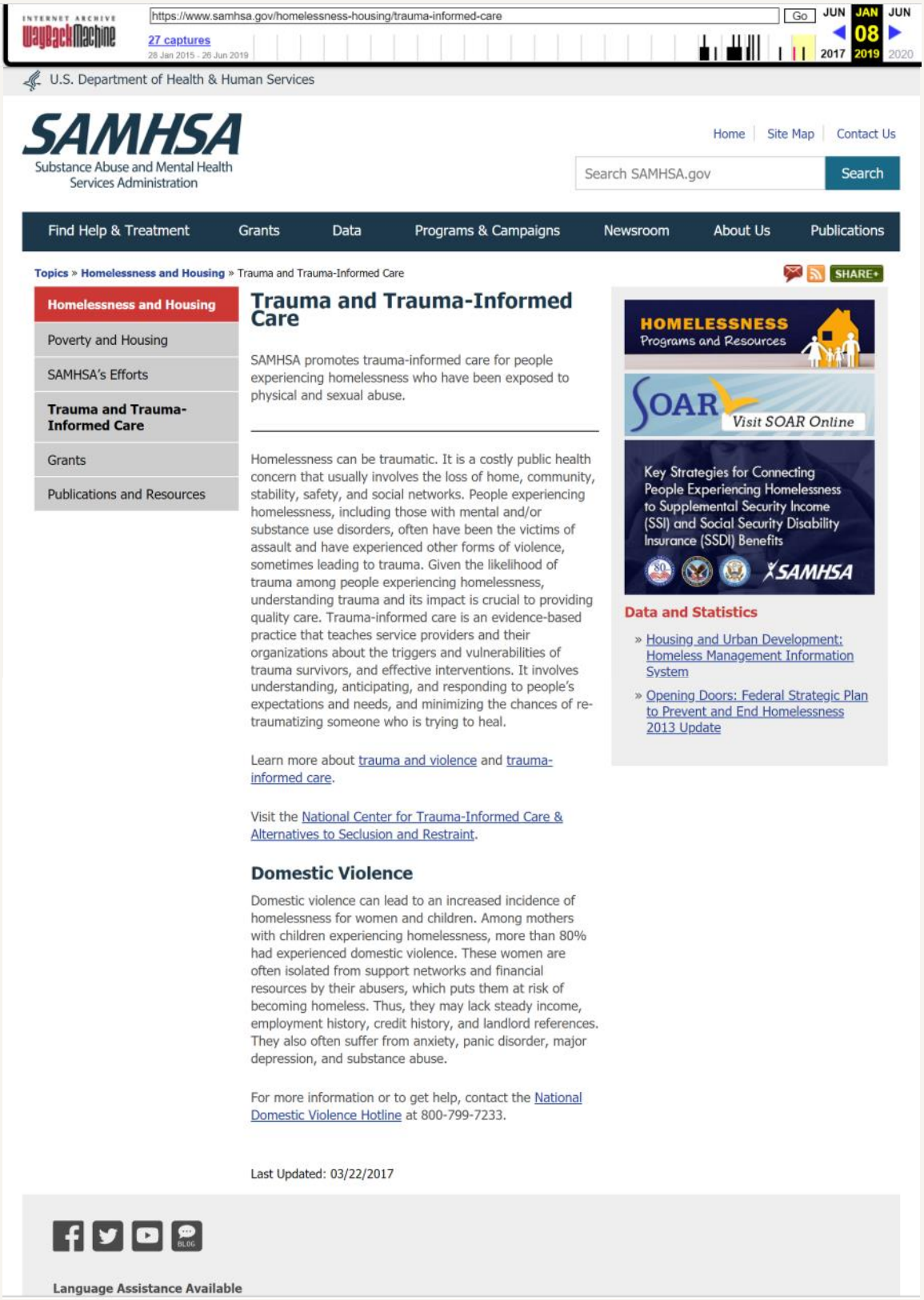
The following content was changed between January 8, 2019 and June 26, 2019 (the wide time frame reflects the sporadic captures in IAWM):

1. **Removed** the "Trauma and Trauma-Informed Care" page and established a redirect to the "Homelessness Programs and Resources" page at the URL https://www.samhsa.gov/homelessness-programs-resources.

   - The page is an example of one of the five subpages removed from the "Homelessness and Housing" section of the SAMHSA website.

   - The page included introductory information on trauma and homelessness and a section on domestic violence.

Screenshot: A capture of the January 8, 2019 version of the "Trauma and Trauma-Informed Care" page. This page was one of five subpages removed from the "Homelessness and Housing" section of the SAMHSA website. Captured by Internet Archive's Wayback Machine.



Removal of "Specific Populations" Pages

Tag: #POPULATIONS

Summary of Findings

Between December 17, 2018 and December 19, 2018, SAMHSA removed the "Specific Populations" page (Webpage 1) from its website. After January 8, 2019, SAMHSA also removed five subpages, including the "Racial and Ethnic Minority Populations" page (Webpage 2), the "Age- and Gender-Based Populations" page (Webpage 3), the "Serving the Needs of Diverse Populations" page (Webpage 4), and the "Other Specific Populations" page, from its website. The pages contained information relating to different population groups, cultural awareness and competence, and SAMHSA's publications relating to different population groups.

Change Classification

- (5) Removing an entire webpage or document

Reporting

- N/A

Change Details

Webpage 1

Page title: Specific Populations
Page status: Removed

- **Before:** December 7, 2018
- **After:** December 21, 2018

URL: https://www.samhsa.gov/topics/specific-populations (redirects to https://www.samhsa.gov/behavioral-health-equity)

Known archives: No known public archive.

Description of change:

The following content was changed between December 17, 2018 and December 19, 2018 (according to our web monitoring software. See the Internet Archive's Wayback Machine captures of the page, which correspond to a wider time window, for December 7, 2018 and December 21, 2018):

1. **Removed** the "Specific Populations" page and established a redirect to https://www.samhsa.gov/behavioral-health-equity.

    - The "Specific Populations" page was the landing page for a section of SAMHSA's website about its public health mission as it relates to different

population groups including LGBTQ individuals, children, and Alaska Natives, which provided information relating to cultural awareness and competence, and SAMHSA's publications relating to different population groups.

- The "Specific Populations" page included an overview of SAMHSA's public health mission and sections on "cultural and linguistic competency," "Behavioral Health Equity," and "Behavioral Health Workforce."

- The page linked to five subpages, which were removed between January 8, 2019 and June 26, 2019. (The wide time frame reflects the sporadic captures in the Internet Archive's Wayback Machine, for which captures are provided in parentheses below):

  (i) The "Racial and Ethnic Minority Populations" page (Webpage 2) (January 8, 2019 and April 3, 2019)

  (ii) The "Age- and Gender-Based Populations" page (Webpage 3), which contained sections on "children, youth, and families," "men and women," "pregnant women and infants," "lesbian, gay, bisexual, and transgender (LGBT) individuals," and "older adults" (March 5, 2019 and March 19, 2019)

  (iii) The "Serving the Needs of Diverse Populations" page (Webpage 4), which included sections on "behavioral health disparities and cultural awareness," specific populations (Minorities and American Indians and Alaska Natives), "financing the workforce," and "data on the workforce." (January 9, 2019 and June 26, 2019)

  (iv) The "Other Specific Populations" page (Webpage 5) (January 8, 2019 and May 2, 2019)

  (v) The "Publications and Resources" page (January 9, 2019 and June 26, 2019)

Webpage 2

Page title: Racial and Ethnic Minority Populations
Page status: Removed

- **Before:** January 8, 2019
- **After:** April 3, 2019

URL: https://www.samhsa.gov/specific-populations/racial-ethnic-minority (redirects to https://www.samhsa.gov/programs)

Known archives: A public web archive of this page from June 12, 2017, collected by the Library of Congress is available. Search for the archived version of the page at https://webarchive.loc.gov/.

Description of change:

The following content was changed between January 8, 2019 and April 3, 2019:

1. **Removed** the "Racial and Ethnic Minority Populations" page and established a redirect to https://www.samhsa.gov/programs.

   - The page is an example of one of the five subpages removed from the "Specific Populations" section of the SAMHSA website.

   - The page included information on illegal drug use, alcohol use, and substance dependence or abuse for different racial and ethnic groups.

Webpage 3

Page title: Age- and Gender-Based Populations
Page status: Removed

- **Before:** March 5, 2019
- **After:** March 19, 2019

URL: https://www.samhsa.gov/specific-populations/age-gender-based (redirects to https://www.samhsa.gov/programs)

Known archives: A public web archive of this page from August 24, 2017, collected at the request of the Federal Depository Library Program Web Archive, is available on Archive-It.

Description of change:

The following content was changed between March 5, 2019 and March 19, 2019:

1. **Removed** the "Age- and Gender-Based Populations" page and established a redirect to https://www.samhsa.gov/programs

    - The page is an example of one of the five subpages removed from the "Specific Populations" section of the SAMHSA website.

    - The page included sections on mental health and substance use relating to "children, youth, and families," "men and women," "pregnant women and infants," "lesbian, gay, bisexual, and transgender (LGBT) individuals," and "older adults."

Webpage 4

Page title: Serving the Needs of Diverse Populations
Page status: Removed

- **Before:** January 9, 2019
- **After:** June 26, 2019

URL: https://www.samhsa.gov/specific-populations/serving-needs-diverse-populations (redirects to https://www.samhsa.gov/behavioral-health-equity)

Known archives: No known public archive.

Description of change:

The following content was changed between January 9, 2019 and June 26, 2019 (the wide time frame reflects the sporadic captures in IAWM):

1. **Removed** the "Serving the Needs of Diverse Populations" page and established a redirect to https://www.samhsa.gov/behavioral-health-equity.

    - The page is an example of one of the five subpages removed from the "Specific Populations" section of the SAMHSA website.

    - The page included sections on "behavioral health disparities and cultural awareness," specific populations (Minorities and American Indians and Alaska Natives), "financing the workforce," and "data on the workforce."

Webpage 5

Page title: Other Specific Populations
Page status: Removed

- **Before:** January 8, 2019
- **After:** May 2, 2019

URL: https://www.samhsa.gov/specific-populations/other (redirects to https://www.samhsa.gov/behavioral-health-equity)

Known archives: No known public archive.

Description of change:

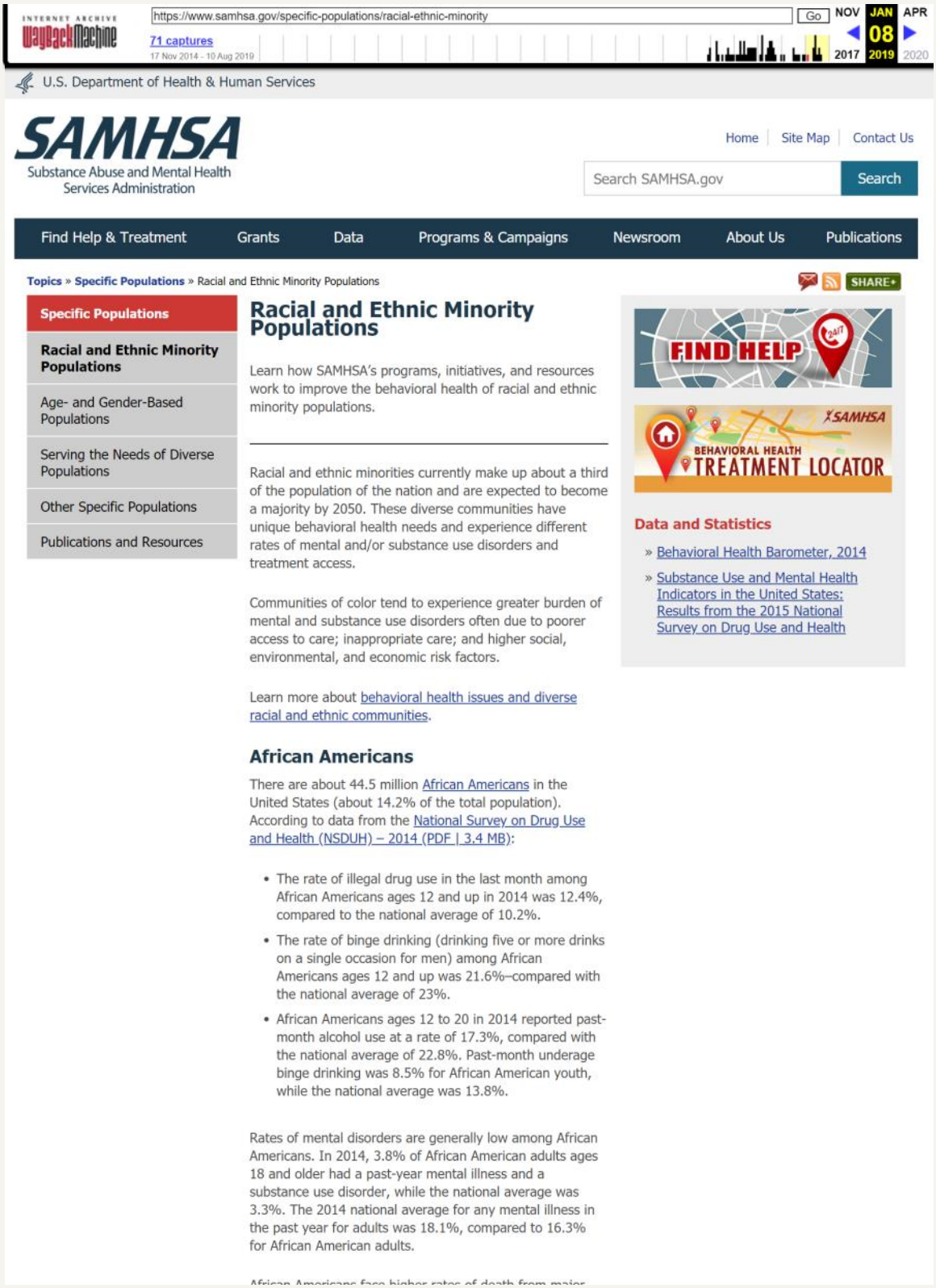
The following content was changed between January 8, 2019 and May 2, 2019 (the wide time frame reflects the sporadic captures in IAWM):

1. **Removed** the "Other Specific Population" page and established a redirect to https://www.samhsa.gov/behavioral-health-equity

    - The page is an example of one of the five subpages removed from the **"**Specific Populations" section of the SAMHSA website.

    - The page included information on mental illness and substance abuse in people who live in rural areas, people experiencing homelessness, people involved with the criminal justice system, and veterans and military families.

Screenshot: A capture of the top portion of the January 8, 2019 version of the "Racial and Ethnic Minority Populations" page (Webpage 2). This page was one of five subpages removed from the "Specific Populations" section of the SAMHSA website. Captured by the Internet Archive's Wayback Machine.



Removal of "Veterans and Military Families" Pages

Tag: #VETERANS

Summary of Findings

Between December 14, 2018 and December 16, 2018, SAMHSA removed the "Veterans and Military Families" page (Webpage 1) from its website. After January 9, 2019, SAMHSA also removed six subpages, including the "Reintegration into Civilian Life" page (Webpage 2), from its website. The pages contained information relating to substance dependency and mental illness among veterans and SAMHSA's programs, grants, and publications relating to veterans and military families.

Change Classification

- (5) Removing an entire webpage or document

Reporting

- N/A

Change Details

Webpage 1

Page title: Veterans and Military Families
Page status: Removed

- **Before:** December 11, 2018
- **After:** December 21, 2018

URL: https://www.samhsa.gov/veterans-military-families (redirects to https://www.samhsa.gov/smvf-ta-center)

Known archives: A public web archive of this page, collected by the Library of Congress is available from May 28, 2018. Search for the archived version of the page at https://webarchive.loc.gov/.

Description of change:

The following content was changed between December 14, 2018 and December 16, 2018 (according to our web monitoring software. See the Internet Archive's Wayback Machine captures of the page, which correspond to a wider time window, for December 11, 2018 and December 21, 2018):

1. **Removed** the "Veterans and Military Families" main page and established a redirect to https://www.samhsa.gov/smvf-ta-center:

- The "Veterans and Military Families" page was the landing page for a section on veterans and military families on the SAMHSA website, which provided information relating to substance dependency and mental illness among veterans and SAMHSA's programs, grants, and publications relating to veterans and military families.

- The main page linked to six subpages, which were removed between January 8, 2019 and August 30, 2019 (The wide time frame reflects the sporadic captures in the Internet Archive's Wayback Machine, for which captures are provided in parentheses below.):

    (i) The "SAMHSA's Efforts" page (January 8, 2019 and August 30, 2019)

    (ii) The "Critical Issues" page (January 8, 2019 and July 15, 2019)

    (iii) The "At-Risk Populations" page (January 8, 2019 and August 30, 2019)

    (iv) The "Reintegration into Civilian Life" (Webpage 2) (March 12, 2019 and March 14, 2019 according to our monitoring software; see IAWM captures for January 8, 2019 and June 26, 2019)

    (v) The "Grants" page (March 13, 2019 and March 15, 2019 according to our monitoring software; see IAWM captures for January 9, 2019 and June 27, 2019)

    (vi) The "Publications and Resources" page (January 24, 2019 and July 1, 2019)

Webpage 2

Page title: Reintegration into Civilian Life
Page status: Removed

- **Before:** January 8, 2019
- **After:** June 26, 2019

URL: https://www.samhsa.gov/veterans-military-families/reintegration-into-civilian-life

Known archives: A public web archive of this page, collected at the request of the Department of Health and Human Services, is available on Archive-It, but has not been captured since March 2015.

Description of change:

The following content was changed between between March 12, 2019 and March 14, 2019 (according to our monitoring software; see IAWM captures for January 8, 2019 and June 26, 2019):

1. **Removed** the "Reintegration into Civilian Life" page and established a redirect to https://www.samhsa.gov/programs.

    - The page is an example of one of the six subpages removed from the "Veterans and Military Families" section of the SAMHSA website.

    - The page included introductory information and links to programs that provide assistance for veterans returning to civilian life.

Screenshot: A capture of the January 8, 2019 version of the "Reintegration into Civilian Life" page. This page was one of six subpages removed from the "Veterans and Military Families" section of the SAMHSA website. Captured by the Internet Archive's Wayback Machine

Alterations and Removal of "Workforce" pages

Tag: #WORKFORCE

Summary of Findings

Between January 14, 2019 and January 16, 2019, SAMHSA altered the "Workforce" page (Webpage 1) on its website. After January 8, 2019, SAMHSA also removed five subpages, including the "Diverse Populations" page (Webpage 2), from its website. The pages contained information, statistics, and links on SAMHSA's efforts to develop a trained and culturally competent behavioral health workforce.

Change Classification

- (4) Altering or removing an entire pertinent section of a webpage or collection of webpages
- (5) Removing an entire webpage or document

Reporting

- N/A

Change Details

Webpage 1

Page title: Workforce
Page status: Altered

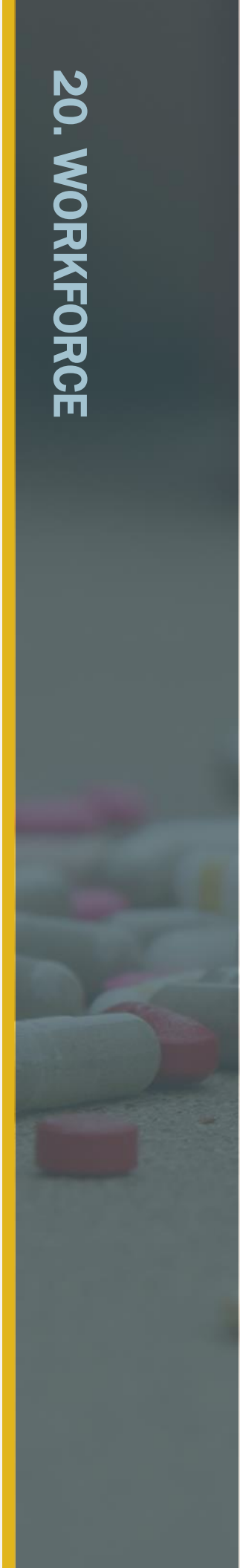
- **Before:** January 10, 2019
- **After:** February 7, 2019

URL: https://www.samhsa.gov/workforce

Known archives: A public web archive of this page, collected at the request of the Department of Health and Human Services, is available on Archive-It, but has not been captured since March 2015.

Description of change:

The following content was changed between January 14, 2019 and January 16, 2019 (according to our web monitoring software. See the Internet Archive's Wayback Machine captures of the page, which correspond to a wider time window, for January 10, 2019 and February 7, 2019):



1. **Altered** the "Workforce" page.

   (i) Removed the "Overview" section heading.

   (ii) Made minor grammatical and format changes to the first two paragraphs formerly under the "Overview" heading.

   (iii) Altered the remaining paragraphs on the page:

   From:

   The behavioral health workforce is one of the fastest growing workforces in the country. Employment projections for 2020 based on the U.S. Bureau of Labor Statistics forecast a rise in employment for substance abuse and mental health counselors with a 36.3% increase from 2010 to 2020—greater than the 11% projected average for all occupations. This is based on an expected increase in insurance coverage for mental health and substance use services brought about by passage of health reform and parity legislation and the rising rate of military veterans seeking behavioral health services.

   Serious workforce shortages exist for health professionals and paraprofessionals across the United States. For example, consider:

   - In 2011, there were only 2.1 child and adolescent psychiatrists per 100,000 people and 62 clinical social workers per 100,000 people across the United States.
   - 62 million people (20-23%) of the U.S. population live in rural or frontier counties; 75% of these counties have no advanced behavioral health practitioners.
   - In 2012, the turnover rates in the addiction services workforce ranged from 18.5% to more than 50%.

   To support an ongoing focus and discussion on addressing these challenges, SAMHSA is planning the development of regionally based workforce workgroups to allow states and stakeholders to share strategies for enhancing, developing, and financing the behavioral health workforce. These workgroups will allow for the dissemination of information, state-to-state sharing, and linkages to resources among federal, state, tribal and local partners.

   To address the challenges in recruiting, training, and retaining a diverse behavioral health workforce, SAMHSA has funded a number of programs, initiatives, and technical assistance centers. For detailed information on the challenges and how SAMHSA works with federal and other partners to address them, visit the SAMHSA Administrator's Report to Congress – 2013.

   Learn more about:

   - Development of Competencies and Capacities to Address Behavioral Health
   - Meeting the Challenges of the Changing Environment
   - Serving the Needs of Diverse Populations

- Grants Related to Workforce
- Publications and Resources on Workforce

To:

Although the field is growing due to increases in insurance coverage for mental health and substance use services and the rising rate of military veterans seeking behavioral health services, serious workforce shortages exist for health professionals and paraprofessionals across the United States. To support anticipated demands, the SAMHSA-Health Resources and Services Administration (HRSA) Center for Integrated Health Solutions (CIHS) promotes the development of integrated, bidirectional primary and behavioral health services to better address the needs of people with mental health and substance use conditions. HRSA-CIHS also provides guidelines on how to provide culturally relevant services.

Being culturally competent and aware is to be respectful and inclusive of the health beliefs and attitudes, healing practices, and cultural and linguistic needs of different population groups. Behavioral health practitioners can bring about positive change by better understanding the differing cultural context among various communities, and being willing and able to work within that context. For more information on this important issue, refer to the SAMHSA Office of Behavioral Health Equity.

SAMHSA is at the forefront of helping the behavioral health workforce implement and use new and evolving practices and technologies. To facilitate the readiness of behavioral health organizations to compete in this environment, SAMHSA created the BHbusiness Plus Initiative, which works with hundreds of behavioral health providers across the nation.

Developing the sector of the workforce trained to prevent and treat substance use disorders is one of SAMHSA's highest priorities. CSAP recognizes the need to strengthen the prevention field by increasing the number of qualified prevention professionals.

Related Links

- Behavioral Health Workforce Education and Training (BHWET)
- Drug-Free Workplace Programs
- Center for the Application of Prevention Technologies (CAPT) Technical Assistance Tools

- The "Workforce" page was the landing page for a section containing information, links, and statistics relating to the behavioral health workforce, the need for cultural competence, SAMHSA's efforts at developing the workforce, and SAMHSA grants and publications relating to the workforce.

- The page linked to five subpages, which were removed between January 8, 2019 and June 26, 2019 (The wide time frame reflects the sporadic captures in the Internet Archive's Wayback Machine, for which captures are provided in parentheses below.):

  (i) The "Competencies and Capacities" page (January 9, 2019 and June 26, 2019)

  (ii) The "Changing Environment" page (January 8, 2019 and June 26, 2019)

(iii) The "Diverse Populations" page (January 17, 2019 and January 19, 2019 according to our monitoring software, see IAWM captures for January 8, 2019 and February 7, 2019)

(iv) The "Grants" page (January 16, 2019 and January 18, 2019 according to our monitoring software; see IAWM captures for January 9, 2019 and June 26, 2019)

(v) The "Publications and Resources" page (March 16, 2019 and March 18, 2019 according to our monitoring software; see IAWM captures for January 8, 2019 and June 26, 2019)

- The URLs of each subpage redirect to https://www.samhsa.gov/workforce.

Webpage 2

Page title: Diverse Populations
Page status: Removed

- **Before:** January 8, 2019
- **After:** February 7, 2019

URL: https://www.samhsa.gov/workforce/serving-needs-diverse-populations

Known archives: A public web archive of this page, collected at the request of the Department of Health and Human Services, is available on Archive-It, but has not been captured since March 2015.

Description of change:

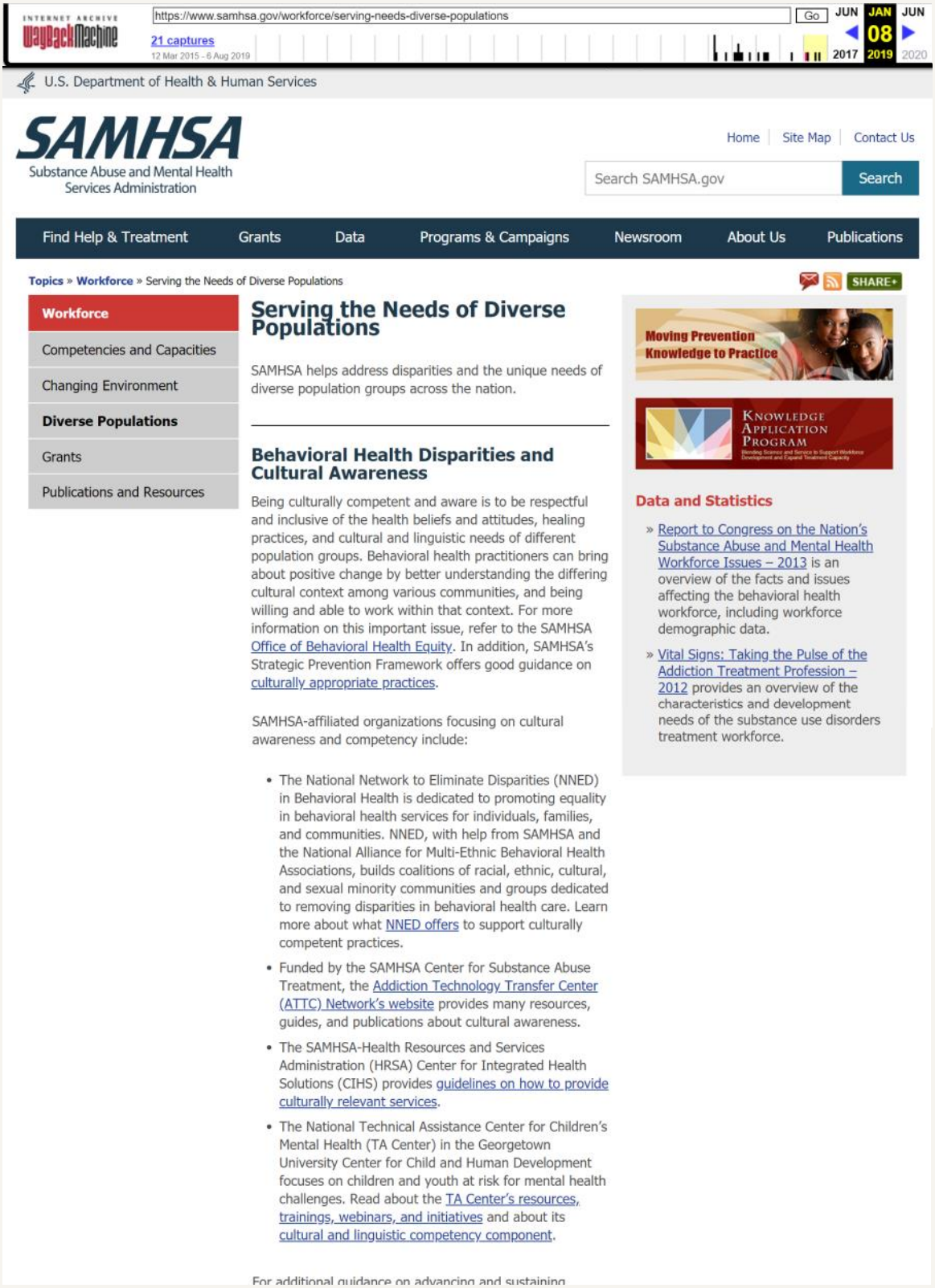
The following content was changed between January 17, 2019 and January 19, 2019 (according to our monitoring software; see IAWM captures for January 8, 2019 and February 7, 2019):

1. **Removed** the "Diverse Populations" page and established a redirect to https://www.samhsa.gov/workforce.

    - The page is an example of one of the five subpages removed from the "Workforce" section of the SAMHSA website.

    - The page included information, links, and statistics on behavioral health disparities and cultural awareness in the workforce, specific populations (children and youth, minorities, LGBT populations, and American Indians and Alaska Natives), financial issues relating to the behavioral health workforce, and data on the Workforce.

Screenshot: A capture of the top portion of the January 8, 2019 version of the "Diverse Populations" page. This page was one of five subpages removed from the "Workforce" section of the SAMHSA website. Captured by Internet Archive's Wayback Machine.



Alterations to the "Recovery Models" Page

Tag: #MODELS

Summary of Findings

Between January 24, 2017 and September 16, 2019, SAMHSA moved the "Recovery Models" page on its store.samhsa.gov subdomain to a new URL and successively reduced the number of publications described and linked from 39 to 5.

Between January 24, 2017 and June 26, 2018, SAMHSA reduced the number of publications on the page from 39 to 14. Between June 26, 2018 and February 3, 2019, SAMHSA removed access to the page. By September 16, 2019, access to the page was returned at a new URL, https://www.store.samhsa.gov/professional-research-topics/recovery-models. During this transition, the number of publications described and linked to was reduced to 5.

Change Classification

- (1) Altering or removing text and non-text content
- (2) Altering or removing links
- (3) Moving an entire webpage or collection of webpages or establishing redirects
- (7) Altering or removing search engines and open data platforms

Reporting

- N/A

Change Details

Page title: Recovery Models
Page status: Moved/Altered

- **Before:** January 24, 2017
- **After:** September 16, 2019

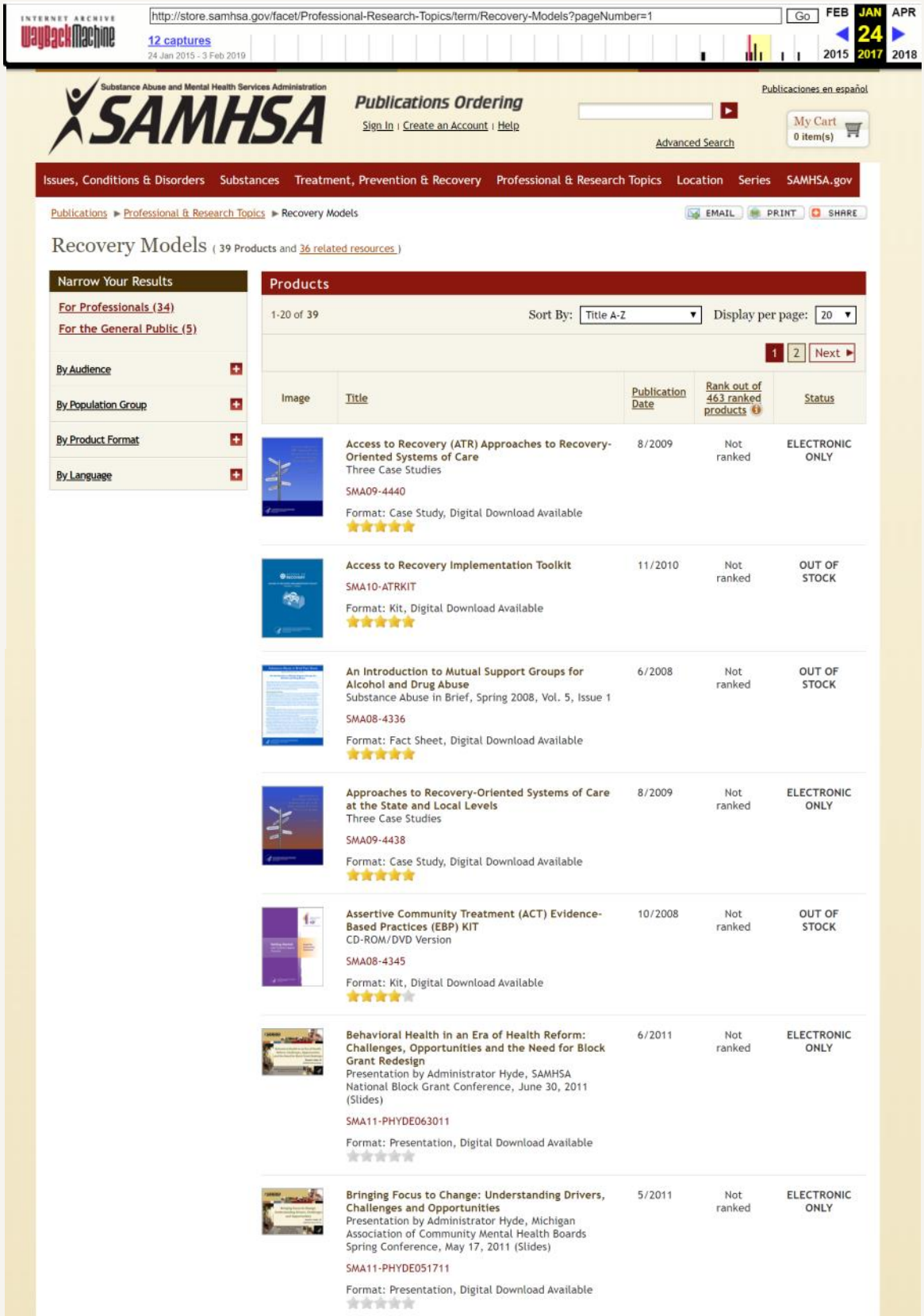
URL: https://www.store.samhsa.gov/professional-research-topics/recovery-models (replaced http://store.samhsa.gov/facet/Professional-Research-Topics/term/Recovery-Models?pageNumber=1)

Known archives: No known public archive.

Description of change:

The following content was changed between January 24, 2017 and June 26, 2018:

Screenshot: A comparison of the top portion of the January 24, 2017 version (below) and the September 16, 2019 (next page) version of the "Recovery Models" page showing the reduced number of publications. Captured by the Internet Archive's Wayback Machine.



1. **Altered** the "Products" section of the page, which displays publications tagged as "Recovery Model" publications:

   - Formerly 39 publications displayed; by June 26, 2018 only 14 displayed.

The following content was changed between June 26, 2018 and February 3, 2019:

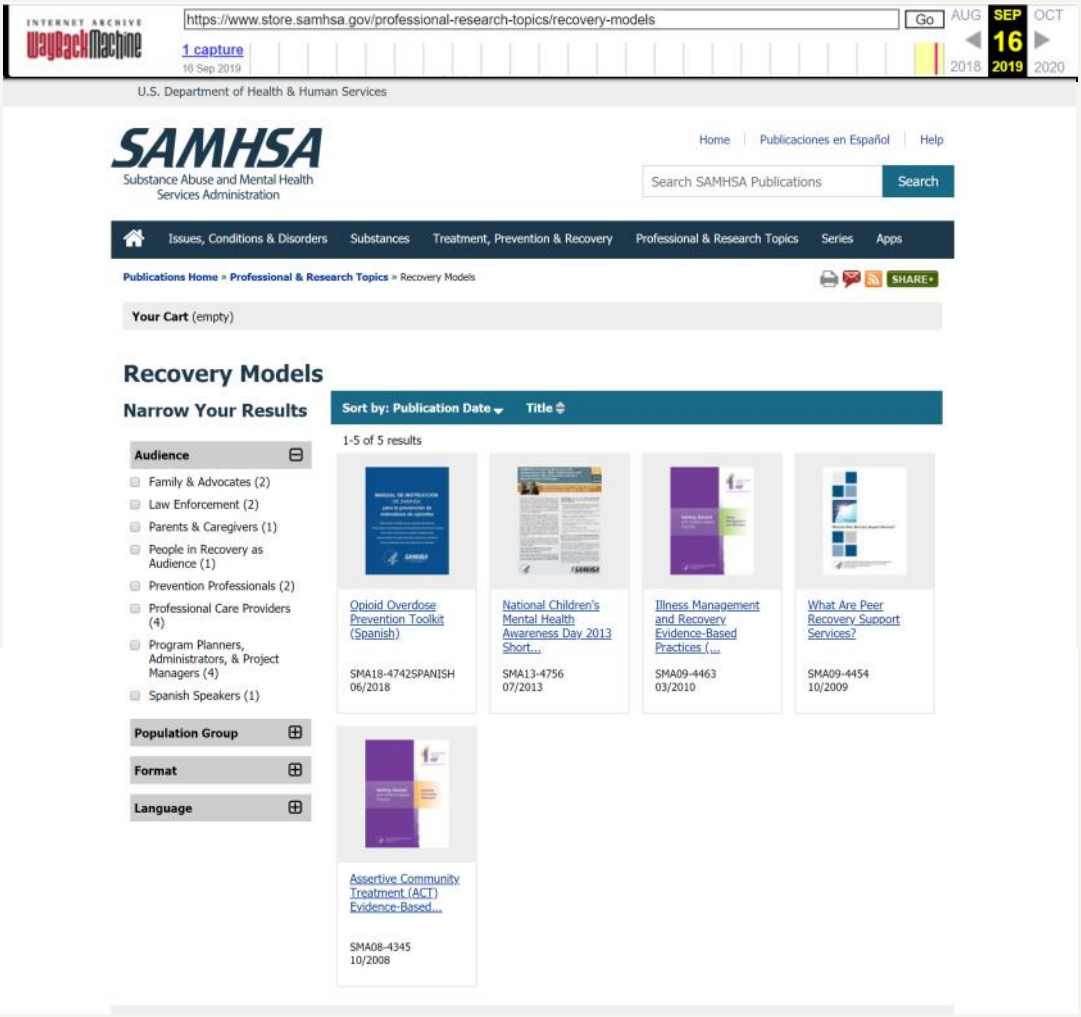
1. **Removed** the "Recovery Models" page at URL http://store.samhsa.gov/facet/Professional-Research-Topics/term/Recovery-Models?pageNumber=1.

   - On February 3, 2019, the URL returned a "Page Not Found" error.

The following content was changed between February 3, 2019 and September 16, 2019:

1. **Moved** the "Recovery Models" page to the URL https://www.store.samhsa.gov/professional-research-topics/recovery-models.

   - The "Recovery Models" page at the new URL displayed only five publications, whereas the previous page displayed 14 publications.



Removal of the "Evidence-Based Practice Resource Library" Page

Tag: #LIBRARY

Summary of Findings

SAMHSA removed access to a page titled "Evidence-Based Practice Resource Library" on its store.samhsa.gov subdomain. The page contained a list of internal and external links to EBP resources available from government agencies and non-profit organizations.

Change Classification

- (5) Removing an entire webpage or document

Reporting

- N/A

Change Details

Page title: Evidence-Based Practice Resource Library
Page status: Removed

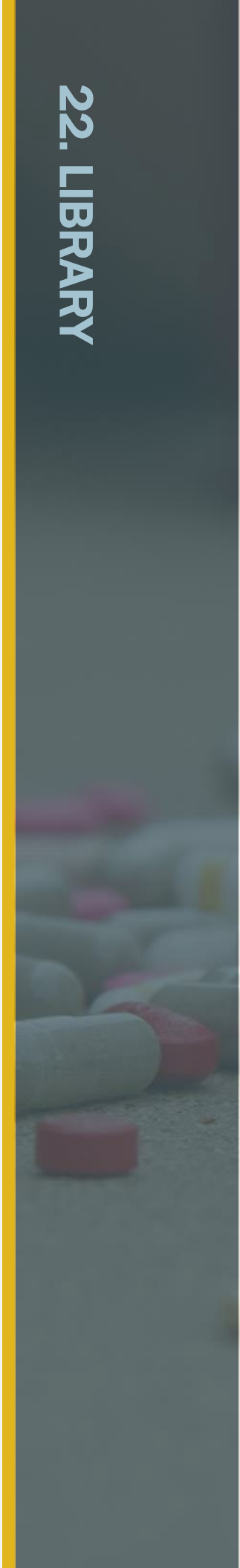
- **Before:** January 13, 2018
- **After:** September 25, 2019

URL: http://store.samhsa.gov/resources/term/Evidence-Based-Practice-Resource-Library

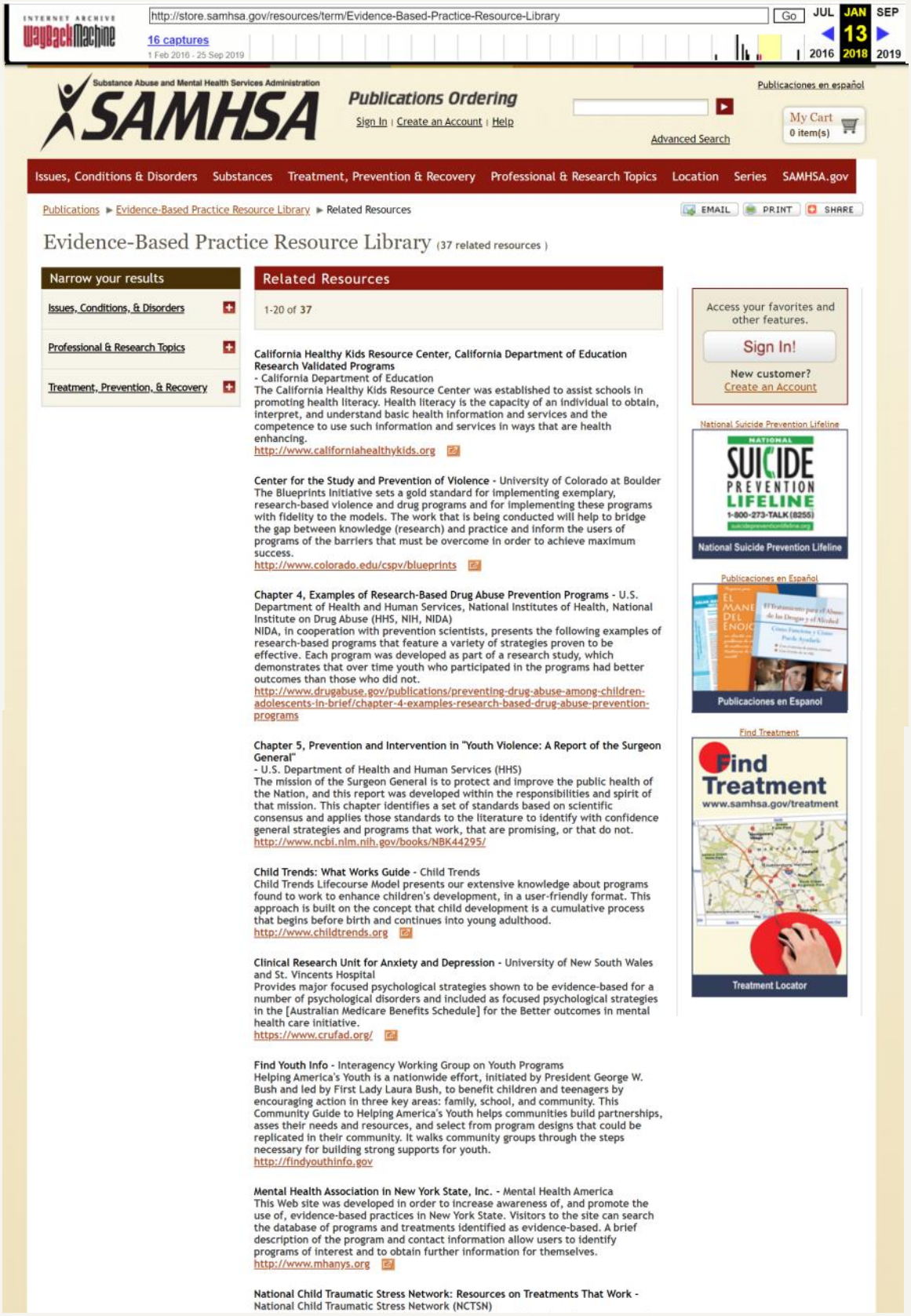
Known archives: No known public archive.

Description of change:

1. Between January 13, 2018 and September 25, 2019, SAMHSA removed the "Evidence-Based Practice Resource Library" from its Store subdomain.



Screenshot: The January 13, 2018 version of the "Evidence-Based Practice Resource Library" page. Captured by the Internet Archive's Wayback Machine.



Alterations to the "Cultural Competence" Page

Tag: #COMPETENCE

Summary of Findings

Between January 24, 2017 and September 25, 2019, SAMHSA moved the "Cultural Competence" page on its store.samhsa.gov subdomain to a new URL and successively reduced the number of publications described and linked from 96 to 55.

Between January 24, 2017 and June 25, 2018, SAMHSA reduced the number of publications on the "Cultural Competence" page from 96 to 61. Between June 25, 2018 and February 3, 2019, SAMHSA removed access to the page. By September 25, 2019, access to the page was returned at a new URL, https://store.samhsa.gov/professional-research-topics/cultural-competence. During this transition, the number of publications available was reduced from 61 to 55.

Change Classification

- (1) Altering or removing text and non-text content
- (2) Altering or removing links
- (3) Moving an entire webpage or collection of webpages or establishing redirects
- (7) Altering or removing search engines and open data platforms

Reporting

- N/A

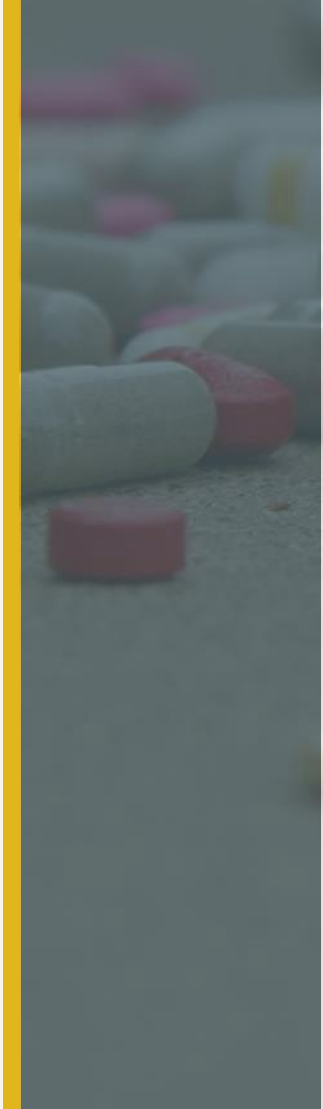
Change Details

Page title: Cultural Competence
Page status: Moved/Altered

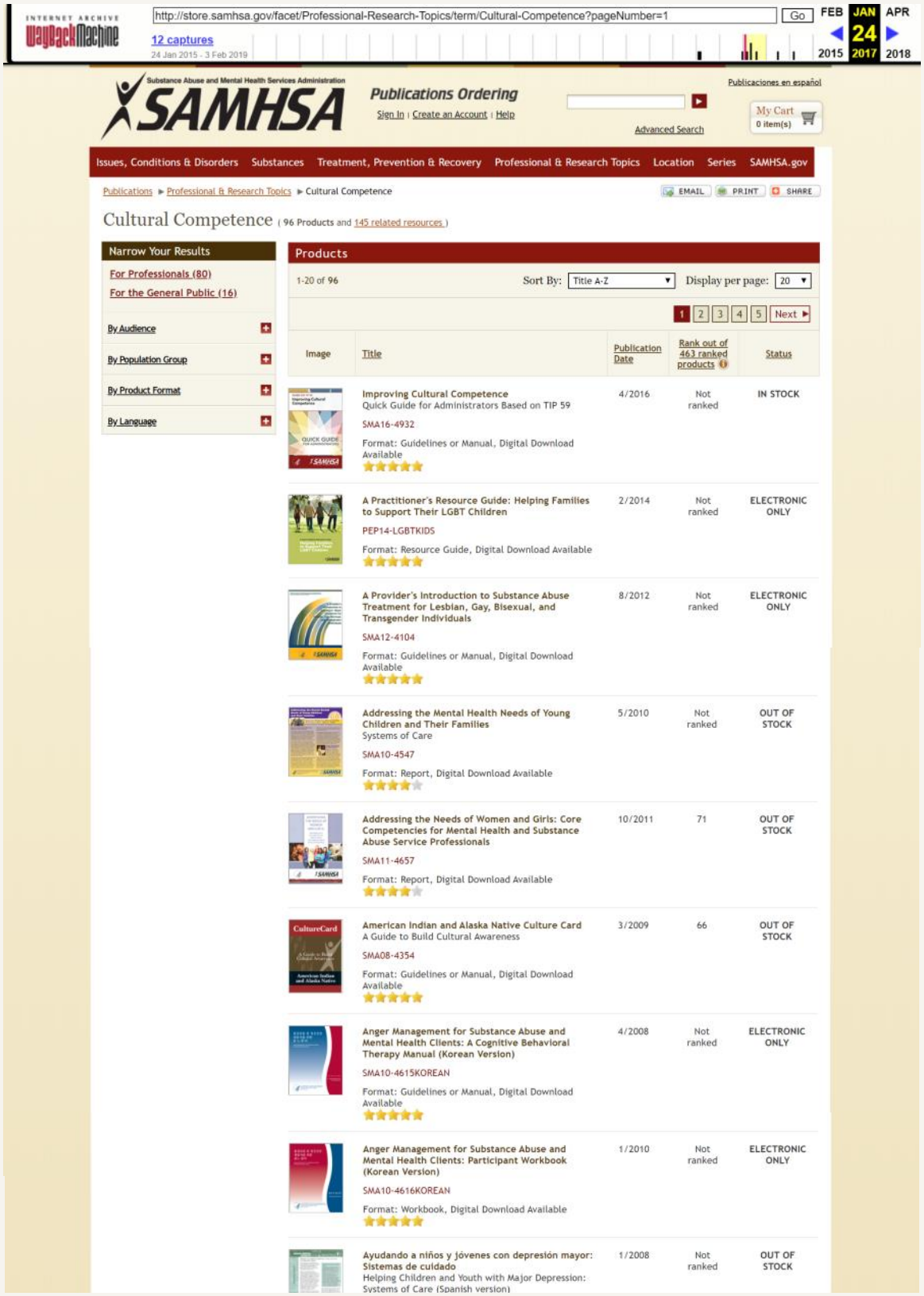
- **Before:** January 24, 2017
- **After:** September 25, 2019

URL: https://store.samhsa.gov/professional-research-topics/cultural-competence (replaced http://store.samhsa.gov/facet/Professional-Research-Topics/term/Cultural-Competence?pageNumber=1)

Known archives: No known public archive.



Screenshot: A comparison of the top portion of the January 24, 2017 (below) and September 25, 2019 (overleaf) versions of the "Cultural Competence" page showing the reduction in publications. Captured by the Internet Archive's Wayback Machine.



INTERNET ARCHIVE Wayback Machine
https://store.samhsa.gov/professional-research-topics/cultural-competence
Go AUG SEP 25 OCT
1 capture 25 Sep 2019
2018 2019 2020

U.S. Department of Health & Human Services

SAMHSA
Substance Abuse and Mental Health Services Administration

Home | Publicaciones en Español | Help

Search SAMHSA Publications Search

Issues, Conditions & Disorders | Substances | Treatment, Prevention & Recovery | Professional & Research Topics | Series | Apps

Publications Home » Professional & Research Topics » Cultural Competence

SHARE+

Your Cart (empty)

Cultural Competence

Narrow Your Results

Audience
- American Indian & Alaska Native as Audience (1)
- Child Care Providers (1)
- College Students as Audience (1)
- Community Coalitions (1)
- Disaster Response Workers as Audience (7)
- Family & Advocates (5)
- Federal Tribal Partners (3)
- Grant Seekers & Grantees (2)

More in this category

Population Group

Format

Language

Sort by: Publication Date Title

1-12 of 55 results

TIP 61: Behavioral Health Services for American Indians and...
SMA18-5070
02/2019

The Comprehensive Community Mental Health Services for...
PEP18-CMHI2016
04/2018

Advancing Best Practices in Behavioral Health for Asian...
SMA17-5032
05/2017

Focus on Prevention
SMA10-4120
03/2017

Spotlight: Building Resilient and Trauma-Informed...
SMA17-5014
02/2017

Bullying Prevention in Indian Country
SMA16-4996
12/2016

The National Tribal Behavioral Health Agenda
PEP16-NTBH-AGENDA
12/2016

Suicide Prevention in Indian Country
SMA16-4995
12/2016

In Brief: Rural Behavioral Health: Telehealth Challenges...
SMA16-4989
11/2016

Guidance Document for Supporting Women in Co-ed Settings
SMA16-4979
09/2016

Suicide Prevention in Alaska Report
SMA16-4970
08/2016

Improving Cultural Competence
SMA16-4933
04/2016

1 2 3 4 5 >

Description of change:

The following content was changed between January 24, 2017 and June 25, 2018:

1. **Altered** the "Products" section of the page, which displays publications tagged as "Cultural Competence" publications:
    - Formerly 96 publications displayed; by June 25, 2018 only 61 displayed.

The following content was changed between June 25, 2018 and February 3, 2019:

1. **Removed** the "Cultural Competence" page at the URL http://store.samhsa.gov/facet/Professional-Research-Topics/term/Cultural-Competence?pageNumber=1.
    - On February 3, 2019, the URL returned a "Page Not Found" error.

The following content was changed between February 3, 2019 and September 25, 2019:

1. **Moved** the "Cultural Competence" page to the URL https://store.samhsa.gov/professional-research-topics/cultural-competence.
    - The "Recovery Models" page at the new URL displayed 55 publications, whereas the previous page displayed 61 publications.

Removal of SAMHSA's Archive Domain

Tag: #ARCHIVE

Summary of Findings

After July 25, 2018, SAMHSA removed the archive.samhsa.gov subdomain. The site archived older publications, materials of historical or research interest, a 2013 snapshot of samhsa.gov, snapshots of other removed subdomains and websites, as well as materials specific to particular administrations.

Change Classification

- (5) Removing an entire webpage or document
- (6) Overhauling or removing an entire website

Reporting

- N/A

Change Details

Page title: SAMHSA Archive
Page status: Removed

Last Available IAWM Capture: July 25, 2018

URL: https://archive.samhsa.gov/

Known archives: A public web archive of this page from June 24, 2017, collected by the Library of Congress, is available. Search for the archived version of the page at https://webarchive.loc.gov/.

Description of change:

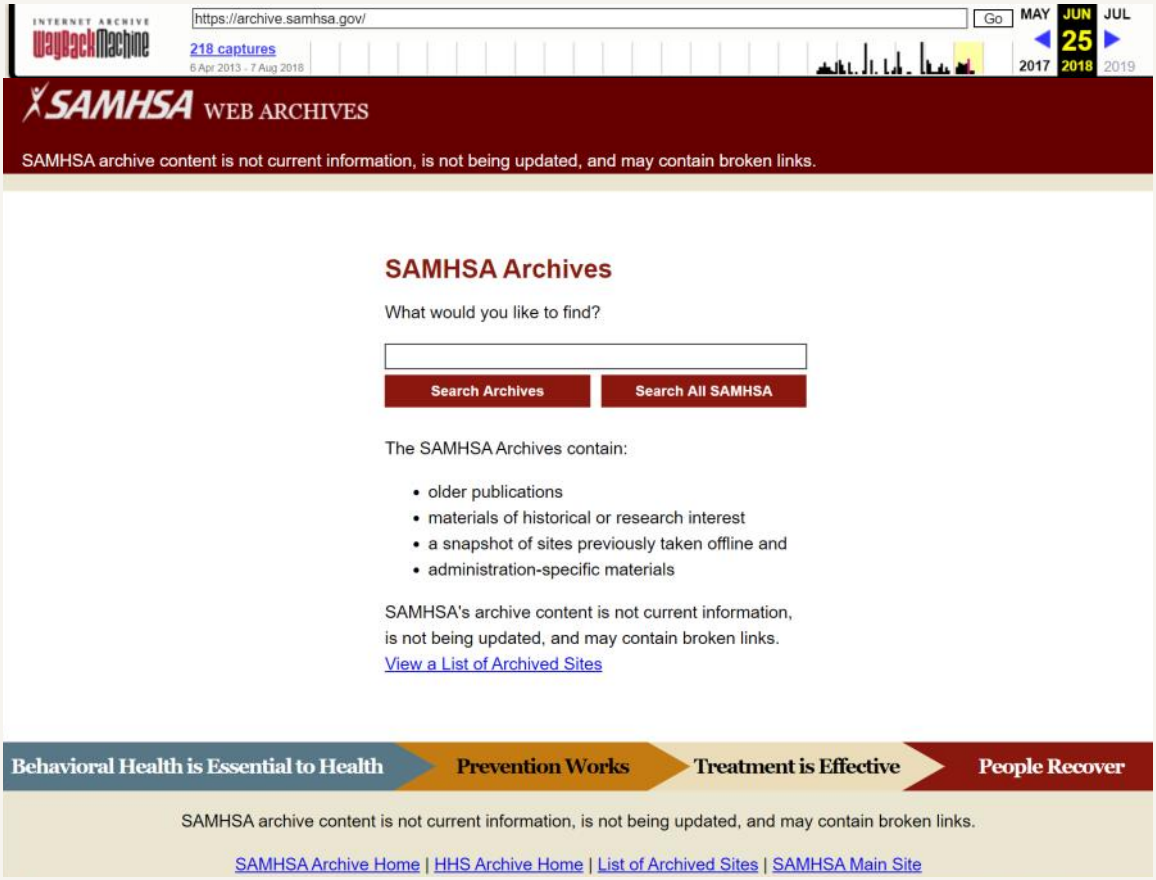
The following content was changed after July 25, 2018:

1. **Removed** the archive.samhsa.gov domain:
    - The last available IAWM capture of the site is from July 25, 2018.
    - According to the "List of Sites" page in the archive, the subdomain contained snapshots of these websites and pages, taken between 2010 and 2015:
        - Buprenorphine

- DATM
- Disaster Distress Helpline
- DPT Site
- Knowledge Application Program (KAP)
- National Advisory Councils Site - 2014 Snapshot
- OAS 2010
- Partners for Recovery
- Recovery Month
- SAMHSA.gov 2013 Main Site
- Women and Children and Families
- Workplace (DWP) Site
- Underage Drinking 2013 Snapshot
- Underage Drinking: Speak With Them
- Underage Drinking: Talk With Them (Chinese language)
- Hablaconellos.samhsa.gov (Spanish language)
- WhataDifference
- Aceptaragnorar (Spanish language)
- WhataDifference (American Indian site)
- WhataDifference (Asian American site)
- What a Difference (African American site)
- Stopstigma.samhsa.gov *(Renamed promoteacceptance.samhsa.gov)*
- 508.samhsa.gov

Note: Many of the links in the list above lead to errors.

Screenshot: A capture of the July 25, 2018 version of the "SAMHSA Archive" page. Captured by Internet Archive's Wayback Machine.



Removal of SAMHSA's Blog Archives

Tag: #BLOG

Summary of Findings

Between January 10, 2019 and January 18, 2019, SAMHSA removed its blog archives covering the period October 2010 to August 2017. As first reported in PsychCentral, a dropdown menu linking to blog posts from each month was altered to include links to fewer pages hosting blog posts from each month. All URLs for pages in the format https://blog.samhsa.gov/archive/20YY/MM, which formerly hosted a month's worth of blog posts, for a month prior to September 2017, now return errors, as do the URLs for each blog post published in August 2017 or earlier.

Change Classification

- (5) Removing an entire webpage or document
- (6) Overhauling or removing an entire website
- (7) Altering or removing search engines and open data platforms
- (8) Altering, removing, or deleting datasets

Reporting

- PsychCentral, SAMHSA Quietly Deleted All Blog Entries Before 2017 (9/24/2019)

Change Details

Page title: SAMHSA Archive
Page status: Altered

- **Before:** January 10, 2019
- **After:** January 18, 2019

URL: https://blog.samhsa.gov/

Known archives: A public web archive of this page from May 25, 2018, collected at the request of the Federal Depository Library Program Web Archive is available on Archive-It.

Description of change:

The following content was changed between January 10, 2019 and January 18, 2019**:**

1. **Altered** the "Archives" drop down menu to remove access to the SAMSHA blog archives for the months of October 2010 to August 2017.

    - Previously the dropdown menu on the right side of the page under the heading "Archives" allowed the user to navigate to pages hosting blogs from any month since October 2010.

- By January 8, 2019, the dropdown menu allowed users to navigate to pages hosting blogs from only September 2017 through January 2019.

  (i) The URLs for each page hosting a month's worth of blogs was in the format https://blog.samhsa.gov/archive/20YY/MM.

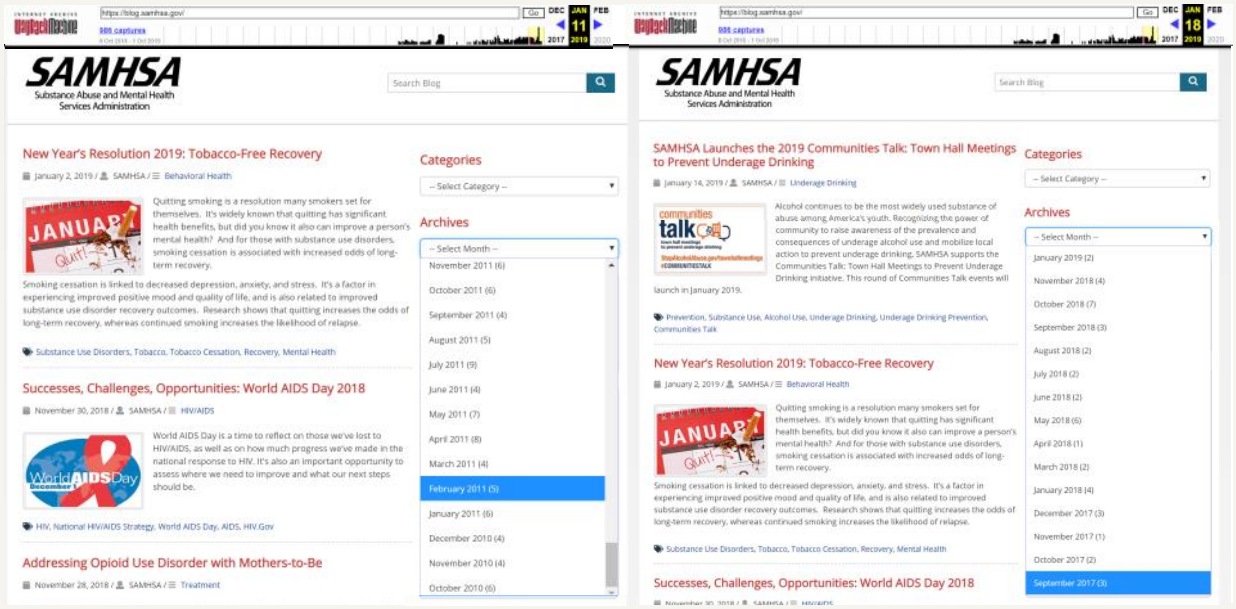
  (ii) The URLs of these pages for October 2010 through August 2017 now return errors (see, for example, the October 2016 page at https://blog.samhsa.gov/2016/10/).

  (iii) These pages linked to individual blog posts, which were hosted at unique URLs. For example, the post "A personal perspective about new data on behavioral health patterns in the LGB community" was hosted at https://blog.samhsa.gov/2016/10/13/a-personal-perspective-about-new-data-on-behavioral-health-patterns-in-the-lgb-community/.

    - The URLs for individual blog posts from October 2010 through August 2017 return "access denied" errors.

2. **Altered** the "Categories" dropdown menu to remove most blog categories, including "Affordable Care Act," "Bullying," "Criminal and Juvenile Justice," "Health Disparities," "Health Reform," "LGBT," and "Medicaid."

Screenshot: A side-by-side comparison of the "Archives" dropdown menu on the January 10, 2019 (left) and January 18, 2019 (right) versions of the "SAMHSA blog" page. Captured by Internet Archive's Wayback Machine.



Addition of "Practitioner Training" Section

Tag: #PRACTITIONER

Summary of Findings

By April 7, 2019, SAMHSA added a new section titled, "Practitioner Training" to its website. The section features links and descriptions for "tools, training, and technical assistance to practitioners in the fields of mental health and substance use disorders."

Change Classification

- (9) Addition of new content, section, or page

Reporting

- N/A

Change Details

Page title: Practitioner Training
Page status: Added

- **First IAWM capture:** April 7, 2019

URL: https://www.samhsa.gov/practitioner-training

Known archives: No known public archive.

Description of change:

The following content was changed by April 7, 2019:

1. **Added** a new section titled, "Practitioner Training."

    - The section features links and descriptions for "tools, training, and technical assistance to practitioners in the fields of mental health and substance use disorders."

    - Some of the pages linked from the "Practitioner Training" page were previously listed on and removed from the "Programs" landing page.

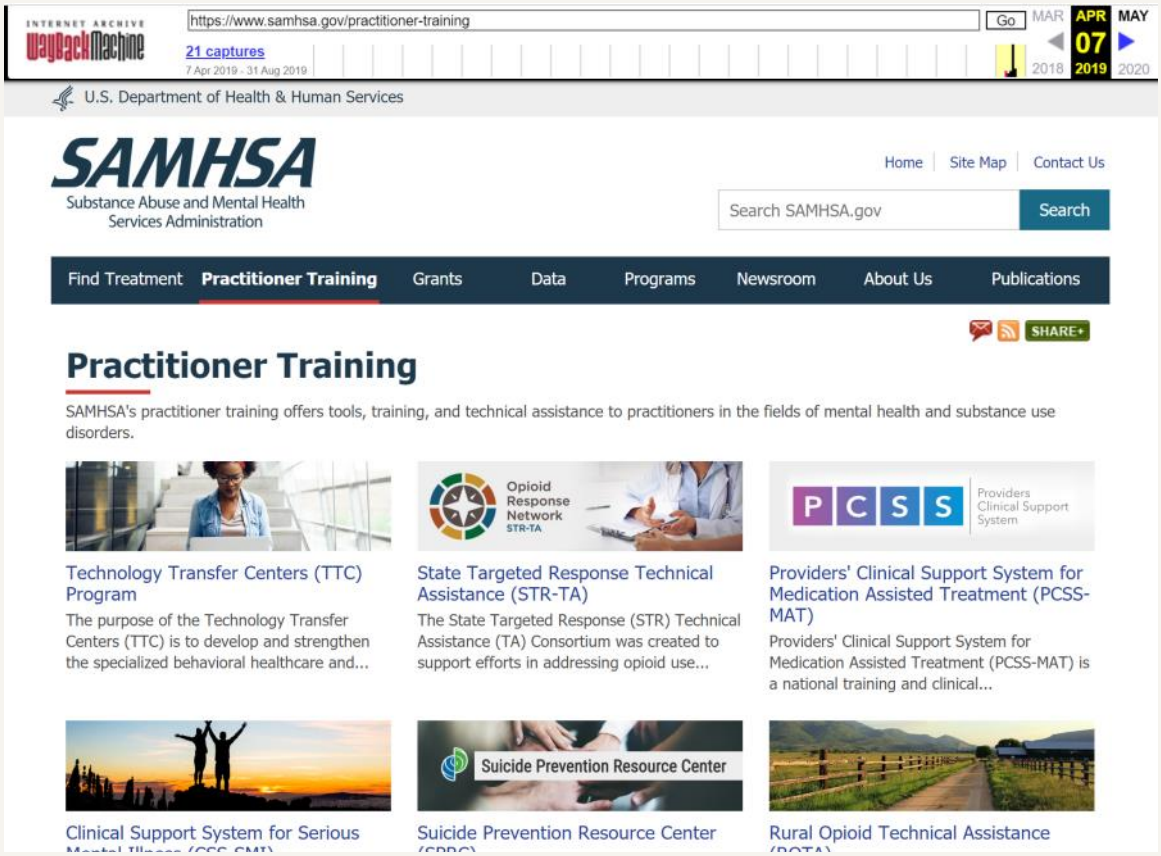
Note: Between February 26, 2019 and February 28, 2019, SAMHSA altered its main menu to add a link to the "Practitioner Training" landing page.

The following content was changed between April 7, 2019 and August 7, 2019:

1. **Altered** the body of the page by removing links and descriptions for:
   - (i) Center of Excellence for Eating Disorders (CoE-ED)
   - (ii) First Responder Mental Health Awareness Training
   - (iii) Historically Black Colleges and Universities Center of Excellence in Behavioral Health (HBCU-CFE)
   - (iv) National Consumer and Consumer Supported Technical Assistance Center (NCTAC)
   - (v) National Network to Eliminate Disparities in Behavioral Health (NNED)
   - (vi) Networking, Certifying & Training Suicide Prevention Hotlines & Disaster Distress Helpline

2. **Altered** the body of the page by adding a link and description for:
   - (i) National Center of Excellence for Eating Disorders (NCEED)

Screenshot: A capture of the April 7, 2019 version of the "Practitioner Training" page showing the top portion of the newly added page. Captured by the Internet Archive's Wayback Machine.



Methodology

This report focuses on changes made to the SAMHSA website as part of an overhaul which began soon after the inauguration of President Trump, but was concentrated in January through March 2019.

Web Monitoring

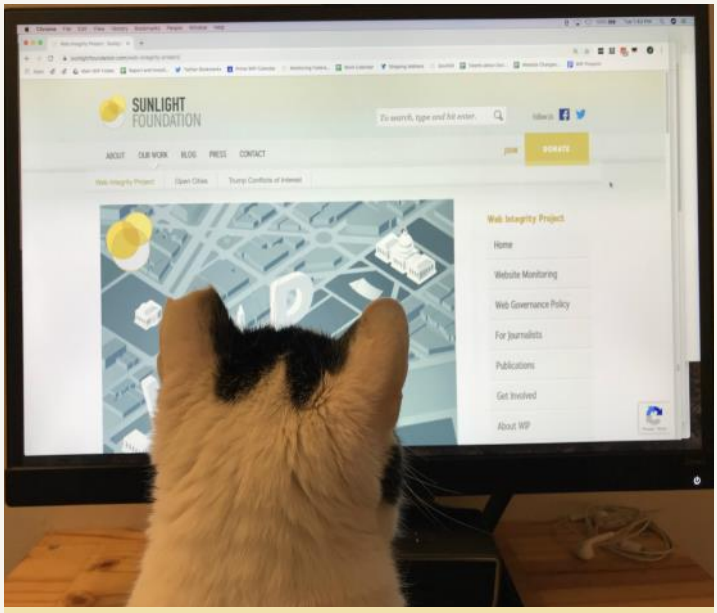
Many of the changes documented in this report were discovered as part of the Web Integrity Project's routine weekly monitoring. WIP uses software that automatically crawls close to 30,000 federal government webpages every 3 to 7 days and captures the HTML code of a page each time it detects a change. A team of analysts reviews the HTML renders of each changed webpage one-by-one, in meticulous detail, making decisions about whether the change is substantial enough for further vetting. At the web monitoring team's weekly meeting, changes are discussed and decisions made about whether to further vet and fully document the change. Any documented change is reviewed by at least three analysts before it is published in any technical documentation or report.

For more information on WIP's web monitoring process, see analyst Aaron Lemelin's "The Web Integrity Project's monitoring processes reveal an increasing disparity in Spanish-language HIV/AIDs content."

Since the Web Integrity Project began regularly monitoring the SAMHSA website in March 2018, we have reviewed thousands of changes to the website. Many of these changes were routine or minor — updates to source code, RSS feeds, and statistics, or the addition of a news release; a small proportion of the changes required further vetting; and an even smaller proportion are reported here.

This report is not exhaustive of all significant or meaningful changes on the SAMHSA website since March 2018. The changes documented here were chosen because they fit within the larger website overhaul that SAMHSA was undertaking at the time.

To read our other web monitoring publications, please visit: https://sunlightfoundation.com/web-integrity-project/publications/.



Unofficial spokescat, Walter, visits the Sunlight Foundation's website regularly. Be like Walter! https://sunlightfoundation.com/web-integrity-project/

The Web Integrity Project
A project of the Sunlight Foundation

1440 G Street NW
Washington, DC 20005

www.sunlightfoundation.com

SUNLIGHT FOUNDATION