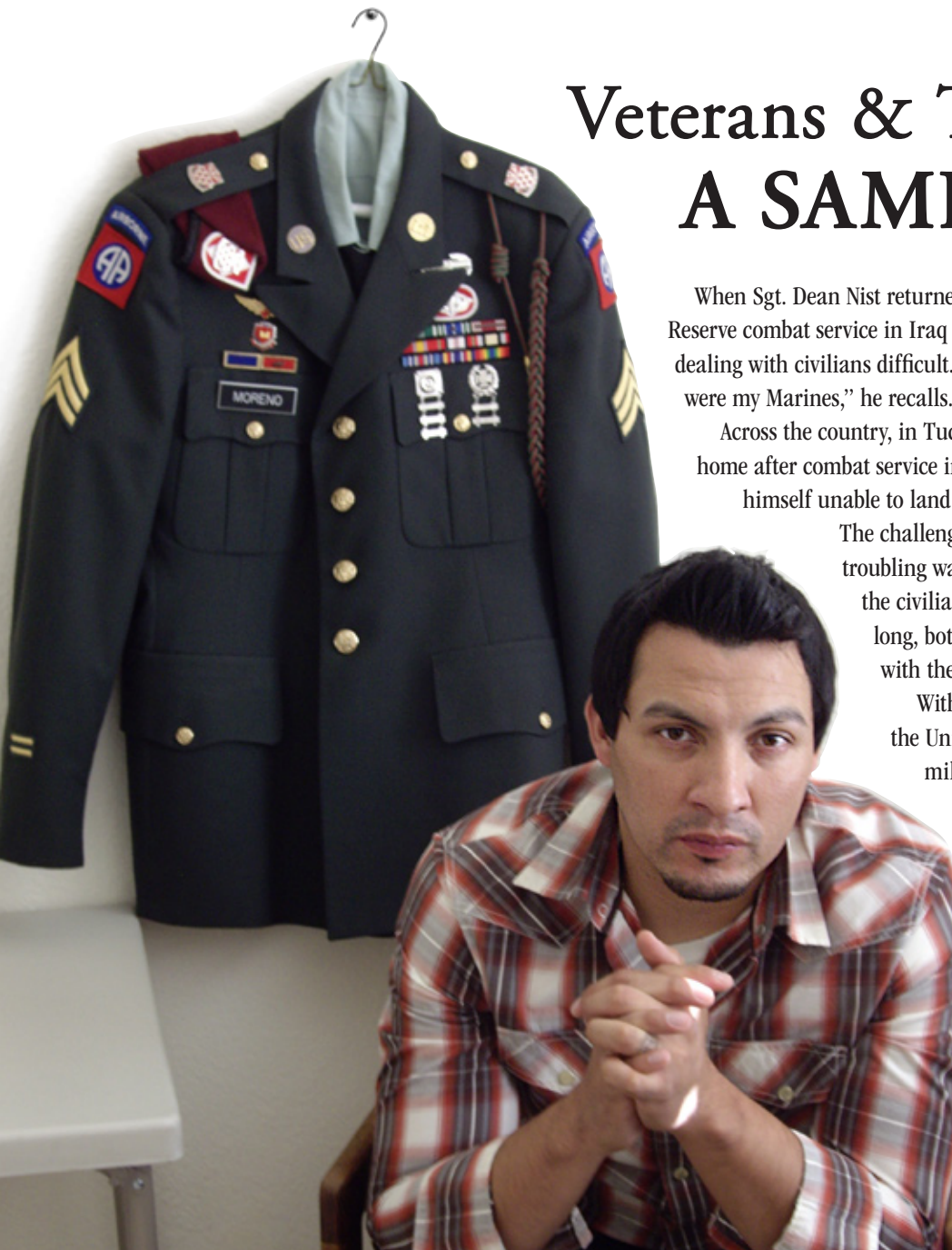


# SAMHSA NEWS

SAMHSA's Award-Winning Newsletter

January/February 2008, Volume 16, Number 1



## Veterans & Their Families: A SAMHSA Priority

When Sgt. Dean Nist returned home to rural Somerset, PA, after Marine Reserve combat service in Iraq that included the battle of Fallujah, he found dealing with civilians difficult. "I ordered my wife and kids around like they were my Marines," he recalls.

Across the country, in Tucson, AZ, former Army Sgt. Abel Moreno returned home after combat service in both Iraq and Afghanistan. Initially, he found himself unable to land a job that paid enough to support his family.

The challenges facing Sgt. Nist and Mr. Moreno, along with troubling wartime memories and feelings of isolation from the civilians around them, added up to major stress. Before long, both veterans were using alcohol heavily to deal with the pressures of readjustment to civilian life.

With some 700,000 of their comrades now back in the United States, similar issues confront active duty military personnel, returning veterans, and their families and communities across the Nation.

To help, SAMHSA is making the reintegration needs of returning veterans

*Continued on page 2*

Two veterans of combat service in Iraq and Afghanistan—former Army Sgt. Abel Moreno (see photo above) and Sgt. Dean Nist (see photo page 2)—share their stories of the road home to civilian life.

Photo by Jason Ridoifi, Vets4Vets

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#### U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

- Substance Abuse and Mental Health Services Administration
  - Center for Mental Health Services
  - Center for Substance Abuse Prevention
  - Center for Substance Abuse Treatment
- [www.samhsa.gov](http://www.samhsa.gov)

# Veterans & Their Families: A SAMHSA Priority

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a top priority in Agency efforts to promote mental health and to prevent and treat substance abuse.

## **SAMHSA's Role**

Combined data from SAMHSA's 2004 to 2006 National Survey on Drug Use and Health (NSDUH) have documented that more than 20 percent of veterans age 18 to 25 suffered serious psychological distress in the preceding year, with females more vulnerable than males.

According to a NSDUH report, one-quarter of veterans age 25 and under had suffered from substance use disorders in the preceding year, with those from low-income families especially vulnerable. The two disorders co-occurred in more than 8 percent of the veterans age 25 and under, and those in families earning less than \$20,000 per year again faced the highest risk. (See "Resources" on page 5.)

While emphasizing that "the Department of Veterans Affairs (VA) has the lead

on providing services to veterans, and the Department of Defense (DoD) has military medical facilities all around the country," SAMHSA Administrator Terry L. Cline, Ph.D., sees an important role for SAMHSA in helping returning veterans and their families. One role is to ensure that mental health providers in the community are aware that VA provides ready access to high-quality mental health services.

In addition to leveraging SAMHSA's existing resources and collaborating with DoD and VA, SAMHSA offers a wealth of knowledge and information about substance abuse and mental health that can inform the efforts of community providers attempting to assist returning veterans and their families.

Dr. Cline recently signed a decision memorandum establishing returning veterans and their families as one of SAMHSA's priority populations. As a result, this population will be included in all relevant announcements of grant availability, and applicants

for SAMHSA grants will be strongly encouraged to address veterans' issues.

The decision also makes returning veterans and their families one of SAMHSA's Matrix program areas and assures attention to their needs over time throughout SAMHSA's major, ongoing programs.

## **Consequences of Trauma**

"Anyone who has been in combat experiences trauma," says A. Kathryn Power, M.Ed., Director of SAMHSA's Center for Mental Health Services (CMHS). Because the current conflicts lack clear front lines and rear guards, they are especially problematic, she adds.

In addition to the horrors of war, longer and multiple deployments, uncertainty of the length of deployments, and the relentless tension of counterinsurgency warfare compound the stress.

"Many people can deal with trauma in a very normalizing way. They can respond and act with resilience," Ms. Power says.

However, post-traumatic stress disorder (PTSD) affects a substantial number of individuals and can seriously interfere with a person's ability to function on a day-to-day basis.

Sgt. Nist remembers a friend employed in a metal shop. "Every time they drop a sheet of metal, he just about goes through the roof," Sgt. Nist says. "He's severely into alcohol and misses 2 or 3 days of work a week."

## **Military Culture**

With the help of family members and friends, Sgt. Nist and Mr. Moreno got their lives back in order. Now, they are committed to helping other returning veterans do the same.

Sgt. Nist, now a member of the Pennsylvania National Guard, serves as president of the Somerset County Military Family Support Group, a voluntary organization. He also was instrumental in organizing a local veterans' center.



Sgt. Dean Nist returned home after Marine Reserve combat service in Iraq. He now serves as president of his local military family support group. "We're very fortunate in our town to have mental health providers who want to help," he says.

Mr. Moreno is a staff member at Vets4Vets, a nonprofit organization providing peer-to-peer services to Iraq and Afghanistan veterans.

Each wave of veterans, whether from World War II or Iraq, forms a special “brotherhood” with its own language, set of experiences, and feeling of community, Mr. Moreno says.

Many issues are similar across the generations, but effective services for veterans require understanding the particulars of their generation’s experience.

“Veterans need a place to talk about feelings, to decompress, and also to know that others out there are feeling the same things,” Mr. Moreno says. “That keeps people from becoming isolated, self-medicating, and worse.”

For care providers who lack a military background, familiarity with the former service members’ culture, jargon, and concerns is an important element in building trust, adds Sgt. Nist.

“We’re very fortunate in our town that our mental health people here asked us, ‘Will you teach us how to understand you?’ ” Sgt. Nist says. “They told me, ‘We are not veterans. We are not going to pretend to know what you’re going through. We want to learn from you so we can help others.’ The first thing they need to do is let the veterans know they’re willing to help them. Then, they need to learn the language [and] how to deal with them.”

Arne Owens, M.S.S.M., Senior Advisor to the SAMHSA Administrator, agrees that providers “need to have some understanding of what the military is about and how it is organized, to be able to tell the difference between a sergeant and a sergeant major. Most people who haven’t been in the military don’t understand those things. Community care providers don’t need military expertise or experience,” he adds,

*Continued on page 4*

## *From the Administrator*

### **Enhancing Services for Returning Veterans**

Across the Nation, veterans are returning home from their tours of duty in Afghanistan and Iraq. For many of these courageous men and women, readjustment to civilian life will take time.

Research shows that substance abuse and mental health problems are far more frequent among returning veterans than in the general population.

A recent report from SAMHSA’s National Survey on Drug Use and Health shows that veterans age 18 to 25 are more likely than older veterans to have higher rates of serious psychological distress, substance use disorder, or co-occurring psychological distress and substance use disorder in the past year.

SAMHSA is collaborating with the Department of Veterans Affairs (VA), the Department of Defense (DoD), the National Guard, and veterans service organizations to enhance the safety net of resources and services for returning veterans.

For example, SAMHSA recently worked with VA to modify our toll-free National Suicide Prevention Lifeline at 1-800-273-TALK. A new prompt offers the option of pressing #1 and connecting directly to a special VA suicide crisis line staffed by mental health professionals.

Community-based counseling and treatment programs need to know how to prepare family and friends for the return of their loved ones. SAMHSA can help by building community awareness and sensitivity to the challenges returning veterans and



Terry L. Cline, Ph.D.

their families face regarding substance abuse and mental health issues.

SAMHSA recently created a special Web page of information for veterans at [www.samhsa.gov/vets](http://www.samhsa.gov/vets). The Agency’s Treatment Locator Web site is another valuable resource for access to thousands of providers in locations around the country.

In May 2006, SAMHSA hosted a national conference on returning veterans (see *SAMHSA News* online), and in spring 2007, the Agency convened a special forum to address mental health and substance abuse treatment needs of returning veterans and their families. In a few months, SAMHSA will sponsor a second national conference on returning veterans.

We look forward to our continued collaboration with VA, DoD, the National Guard, and veterans service organizations to ensure that returning veterans with or at risk for mental or substance use disorders have the opportunity for recovery and a fulfilling life in the community. ▶

*Terry L. Cline, Ph.D.*  
**Administrator, SAMHSA**

# Veterans & Their Families: A SAMHSA Priority

*Continued from page 3*

but rather familiarization with military culture. “We see a role for SAMHSA in helping to build that cultural competence and familiarization. We’re looking at ways to educate and share information.”

## Challenges

Community providers and their local communities face significant challenges. “Today, only about 30 to 40 percent of veterans who are eligible for care actually seek care from VA,” Ms. Power says.

Mr. Moreno, for example, resisted getting help because, as a paratrooper trained to be tough and strong, he “didn’t want to look weak,” he says. Sgt. Nist notes that a roundtrip from Somerset for an appointment at the nearest VA facility “takes the whole day.”

In addition, troubling issues related to trauma can arise years, even a decade or more, after the event. Service-related health care benefits for National Guard and Reserve members, however, currently last only 2 years. Family members affected either by deployments or by issues related to returning veterans also may require mental health or substance abuse care in their communities.

## SAMHSA Activities

The Agency’s support for the missions of DoD and VA has produced several significant results, including the following:

- **Suicide Prevention Lifeline—1-800-273-TALK.** In July, SAMHSA’s collaboration with VA culminated in a new service to help veterans and their families deal with a potential suicidal crisis. According to a recent report from SAMHSA’s National Survey on Drug Use and Health,

male veterans in the general population are at an elevated risk of suicide.

In cooperation with VA, SAMHSA modified its toll-free National Suicide Prevention Lifeline. The Lifeline number, **1-800-273-TALK**, automatically connects callers to crisis centers in their area.

Starting in summer 2007, a new prompt offers the option of pressing #1 and connecting directly to a special VA suicide crisis line, located in Canandaigua, NY, and staffed by mental health professionals.

- **Web Page.** A special Web page for veterans and their families is posted on the SAMHSA Web site at [www.samhsa.gov/vets](http://www.samhsa.gov/vets). (See “Resources” on page 5.)
- **Mental Health Task Force.** SAMHSA’s collaboration with DoD has included participation in the DoD Mental Health Task Force, which was “charged with looking at the efficacy of behavioral health services for active duty members returning from



Iraq and Afghanistan,” says Ms. Power, who served as SAMHSA’s representative on the Task Force.

In June 2007, the group’s recommendations went to the Secretary of Defense, who responded in September of that year with a “blueprint for action.” DoD asked SAMHSA to analyze resources, programs, and initiatives and identify those that can aid in meeting the recommendations of the Task Force.

The result? A recently completed “Crosswalk” document highlights several areas where SAMHSA’s expertise can help. An example, Ms. Power suggests, may be SAMHSA’s national public service campaign seeking to end the discrimination and resulting isolation that affect persons experiencing mental health and substance abuse issues—an effort that DoD “wants to begin to address broadly.”

- **National Forum.** In May 2007, a national forum brought together providers of community mental health and substance abuse services and representatives of veterans’ service organizations. They provided recommendations to SAMHSA on how the mental health and substance abuse provider communities can support DoD and VA efforts in addressing the behavioral health needs of returning veterans and their families.

Mr. Moreno, Sgt. Nist, and his wife, Lori Nist, who serves as secretary of the Somerset County Military Family Support Group, all attended.

## National Conference

Planning is under way for a second national conference to be held in Washington, DC, during summer 2008. That conference will build on the lessons learned from “The Road Home” conference SAMHSA sponsored in 2006 and will provide opportunities for collaborative strategic planning to address the needs of returning veterans and their families (see *SAMHSA News* online, May/June 2006).

Along with SAMHSA, VA, and DoD, organizations representing two of SAMHSA’s major professional constituencies—the National Association of State Alcohol and Drug Abuse Directors and the National Association of State Mental Health Program Directors—are participating in planning discussions. The gathering will emphasize information sharing and coordination among a variety of providers and service systems at the Federal, state, and local levels.

“Improving mental health and substance abuse treatment services for veterans is SAMHSA’s goal. We can help bring people together from the Federal, state, and local levels to make sure veterans are served with the same dedication and commitment they showed as members of our armed forces,” says Dr. Cline.

For more information, visit SAMHSA’s Web site at [www.samhsa.gov/vets](http://www.samhsa.gov/vets). ▶

—By *Beryl Lieff Benderly*

## Resources for Veterans

### SAMHSA

**Web Page:** [www.samhsa.gov/vets](http://www.samhsa.gov/vets)

- Webcasts and conferences on recovery
- How to find treatment for mental health and substance abuse issues
- Publications about coping with trauma
- Statistical reports and more
- Read *SAMHSA News* online, May/June 2007.

**National Suicide Prevention Lifeline:**  
**Call 1-800-273-TALK**

### Office of Applied Studies

To access the recent Office of Applied Studies short report, *Serious Psychological Distress and Substance Use Disorder among Veterans*, visit <http://oas.samhsa.gov/2k7/veteransDual/veteransDual.cfm>.

### SAMHSA News

Coverage of the first conference on veterans and their families, “The Road Home,” is included in the May/June 2006 issue, available online at [www.samhsa.gov/SAMHSA\\_News](http://www.samhsa.gov/SAMHSA_News).

### U.S. DEPARTMENT OF VETERANS AFFAIRS (VA)

Providers can refer veterans to care in VA’s 153 medical centers, more than 600 clinics, and more than 200 Vet Centers that can be

located through the “Find a Facility” tab at [www.va.gov](http://www.va.gov). Also available:

- **VA’s National Center for PTSD:** For fact sheets, tips, and guides on coping with war trauma or a loved one’s return from deployment, visit [www.ncptsd.va.gov/ncmain/veterans](http://www.ncptsd.va.gov/ncmain/veterans).
- **Mental Health Resources:** For information on suicide warning signs and links for specialized topics, visit [www.mentalhealth.va.gov](http://www.mentalhealth.va.gov).
- **Veterans Service Organizations:** Links are available at [www1.va.gov/vso](http://www1.va.gov/vso).

### NON-FEDERAL ORGANIZATIONS

- **Operation Healthy Reunions.** Provides education about mental health issues among soldiers and their families. Visit [www.nmha.org/reunions](http://www.nmha.org/reunions).
- **Tragedy Assistance Program for Survivors (TAPS).** Provides a support network for the surviving families of those who have died in military service. Visit [www.taps.org](http://www.taps.org).
- **Vets4Vets.** Offers a place for veterans of wars in Afghanistan and Iraq to help each other through peer support. Visit [www.vets4vets.us](http://www.vets4vets.us).

For a complete list, read this article online at [www.samhsa.gov/SAMHSA\\_News](http://www.samhsa.gov/SAMHSA_News). ▶

# Millions of Youth Misuse Cough and Cold Medicines

Parents may worry about their children's access to illicit drugs, but young people also misuse easily acquired substances. About 3.1 million Americans age 12 to 25 (5.3 percent) have used over-the-counter (OTC) cough and cold medicines to get high at least once in their lifetimes, according to a new report from SAMHSA's Office of Applied Studies.

The report, *Misuse of Over-the-Counter Cough and Cold Medications among Persons Aged 12 to 25*, also reveals that nearly 1 million people in this age group had misused these OTC drugs in the past year. Specifically, 30.5 percent misused a NyQuil® product, 18.1 percent misused a Coricidin® product, and 17.8 percent misused a Robitussin® product in the past year.

For lifetime use, newly analyzed data from the SAMHSA's National Survey on Drug

Use and Health (NSDUH) show the number of young people who misused OTC drugs is comparable to those who reported having tried LSD (3.1 million) and is significantly greater than the number who reported having tried methamphetamine (2.4 million).

In addition, among people age 12 to 25 who had ever misused OTC cough and cold medicines, 81.9 percent also were lifetime users of marijuana.

## Educating Young People

SAMHSA recently introduced a pilot program to educate consumers of all ages about proper disposal of prescription drugs, in light of increased use of these drugs among young adults. (See *SAMHSA News* online, November/December 2007.)

Because young people are misusing OTC and prescription medications, SAMHSA

Administrator Terry L. Cline, Ph.D., noted that a national response is necessary. "Members of the medical community and parents can help teach young people that OTC drugs are not 'safer' to misuse simply because they are legal and have a legitimate purpose," he said. "Misuse of OTC drugs can have tragic consequences."

More than 140 cough and cold medications available without a prescription contain dextromethorphan (DXM), a cough suppressant that generally is safe when taken at recommended doses for medicinal purposes.

When taken in large amounts, however, DXM can produce hallucinations or dissociative, "out-of-body" experiences similar to those caused by the hallucinogens phencyclidine (PCP) and ketamine. SAMHSA data show that the misuse of medicines containing DXM contributes to thousands of patient visits to hospital emergency departments. (See *SAMHSA News* online, November/December 2006.)

Overdosing on many cough and cold medications can result in serious, life-threatening reactions, including blurred vision, loss of physical coordination, intense abdominal pain, vomiting, uncontrolled violent muscle spasms, irregular heartbeat, delirium, and death.

## To Order

SAMHSA's annual NSDUH is the largest survey of its kind and involves interviewing nearly 67,000 people from around the Nation, including nearly 45,000 people age 12 to 25.

The full report, *Misuse of Over-the-Counter Cough and Cold Medications among Persons Aged 12 to 25*, is available for free download on SAMHSA's Web site at <http://oas.samhsa.gov/2k8/cough/cough.cfm>.

For more information on OTC drug abuse among young people, visit SAMHSA's Family Guide Web site at [www.family.samhsa.gov/get/otcdrugs.aspx](http://www.family.samhsa.gov/get/otcdrugs.aspx). ▶

—By Leslie Quander Wooldridge



# Decline in Illicit Drug Use by 8th Graders

The Nation's 8th graders took center stage in this year's Monitoring the Future (MTF) survey, showing a significant decline in both smoking and illicit drug use in the past year, part of a downward trend for all measured age groups in the last decade.

In addition, 8th graders showed a substantial long-term decline in past-year alcohol use, down to 31.8 percent from its recent peak of 46.8 percent in 1994.

The Monitoring the Future project—now in its 33rd year—is a series of independent surveys of 8th, 10th, and 12th graders conducted by researchers at the University of Michigan under a grant from the National Institute on Drug Abuse (NIDA) at the National Institutes of Health.

The 2007 results appear to reflect an ongoing cultural shift among teens and their attitudes about smoking and substance abuse. Lifetime, past-month, and daily smoking among 8th graders has dropped considerably in the past year, and daily cigarette smoking among 8th graders dropped from 4 percent to 3 percent, down from its 10.4-percent peak in 1996.

Similarly, annual prevalence of marijuana use by 8th graders fell from 11.7 percent in 2006 to 10.3 percent in 2007, and is down from its 1996 peak of 18.3 percent.

The survey also showed that while past-year use of marijuana declined among 8th graders in 2007, it remained steady among 10th and 12th graders. However, in the past decade, there has been a slow downward trend

in overall illicit drug use driven by gradual declines in marijuana smoking.

Past-year marijuana use among 10th graders sits at 24.6 percent after it peaked in 1997 at 34.8 percent. Similarly, past-year marijuana use among 12th graders registers at 31.7 percent after a 1997 peak of 38.5 percent.

The survey results are not without concerns, however. Prescription drug abuse remains high with virtually no significant drop in nonmedical use of most individual prescription drugs. Vicodin® remains one of the most commonly abused drugs among 12th graders: 1 in 10 reported nonmedical use in the past year.

Information on the Monitoring the Future survey is online at [www.drugabuse.gov/Drugpages/MTF.html](http://www.drugabuse.gov/Drugpages/MTF.html). ▶

# Combating Teen Prescription Drug Abuse

## Major Federal Initiative Launched

The White House Office of National Drug Control Policy (ONDCP) recently launched its first major Federal effort to educate parents about teen prescription drug abuse.

Millions of television viewers watched the advertising kickoff of this national public awareness campaign during the Super Bowl on January 24.

The effort includes broadcast, print, and online advertising, community outreach, and new print and online resources.

Though overall teen drug use is down nationwide, more teens abuse prescription drugs than any other illicit drug, except marijuana—more than cocaine, heroin, and methamphetamine combined.

Every day, 2,500 kids age 12 to 17 abuse a prescription painkiller for the first time, and more people are getting addicted to prescription drugs. Drug treatment admissions for prescription painkillers

increased more than 300 percent from 1995 to 2005.

Teens are abusing prescription drugs because many believe the myth that these drugs provide a “safe” high. Especially troubling is that the majority of teens who abuse prescription drugs say they are easy to get and are often free.

For the full ONDCP press release, visit [www.ondcp.gov](http://www.ondcp.gov). *Prescription for Danger: A Report on the Troubling Trend of Prescription and Over-the-Counter Drug Abuse among the Nation's Teens* is available online at [http://theantidrug.com/pdfs/prescription\\_report.pdf](http://theantidrug.com/pdfs/prescription_report.pdf).

For related SAMHSA efforts, see *SAMHSA News* online, November/December 2007, and for more information about youth and substance abuse, visit SAMHSA's Web site at [www.samhsa.gov](http://www.samhsa.gov). ▶

The Abuse of Prescription and Over-the-Counter Drugs is a new brochure for parents. Part of the new Federal initiative, the brochure contains statistics from SAMHSA's National Survey on Drug Use and Health.

70%  
Obtained from friend or relative

Source: SAMHSA, 2006 National Survey on Drug Abuse and Health (September 2007).

# FASD Resources Available

## For Juvenile Justice Professionals

Youth with fetal alcohol spectrum disorders (FASD) are at high risk of getting into trouble with the law, according to the FASD Center for Excellence, funded by SAMHSA's Center for Substance Abuse Prevention.

To help, SAMHSA recently released a new training toolkit—*Tools for Success Curriculum: Working with Youth with Fetal Alcohol Spectrum Disorders (FASD) in the Juvenile Justice System*.

The toolkit is designed for a variety of professionals, including advocates, attorneys, social workers, probation officers, and health and social service providers.

Developed jointly by the SAMHSA FASD Center for Excellence and the Minnesota Organization on Fetal Alcohol Syndrome, the curriculum's goal is to help professionals in the juvenile justice system identify youth who may have FASD and deliver effective services.

*Tools for Success* is a straightforward curriculum, with timelines and talking points provided for each module. A team of two professionals, one from the field of FASD and one from the juvenile justice field, should lead the course, modeling important cross-system collaboration.

### Challenges

Youth with FASD face many challenges that make them vulnerable to criminal activity. They can be easily influenced by peer pressure, can lack impulse control, and may not understand cause and effect or learn from mistakes.

According to the toolkit, 60 percent of people with FASD age 12 and older face legal troubles. These youth often cycle through the juvenile justice system with no recognition of their disabilities, since many people do not display physical abnormalities.

Instead, the disorders are displayed in behaviors that can be misinterpreted easily. For instance, youth with FASD can appear uncooperative because they are confused. They often are unaware of social expectations or cues, and police may think them belligerent.

In addition, these youth often are desperate to make friends, making them vulnerable for use as scapegoats. Generally, they tell people what they want to hear, possibly leading to false confessions. Because they usually cannot grasp broad concepts, youth with FASD may not understand their Miranda rights.

### What's in the Toolkit

The comprehensive *Tools for Success* curriculum helps professionals in the juvenile justice system steer these youth toward a healthy, productive adulthood.

**Facilitator's Manual.** The two-volume manual contains outlines of the seven modules that range 1.5 to 3 hours in length, pre- and posttests, PowerPoint slides, a CD-ROM of all course materials, group activities, and discussion questions.

- Module 1 is an overview of the characteristics, daily challenges, and financial costs of FASD.
- Module 2 focuses on the prevalence of disabilities in the justice system and reviews characteristics that put youth at risk for legal trouble.
- Module 3 focuses on what happens after the first contact with the juvenile justice system, alternatives to formal court, screening and assessment, and competency evaluations.
- Module 4 gives insights into awareness, advocacy, community treatment interventions, and probation.

- Module 5 describes effective education services and behavior management strategies.
- Module 6 explains how transition and aftercare issues are vital to a child's success, with emphasis on employment.
- Module 7 discusses finding resources for parents and professionals and addresses building community support systems.

#### Guide for Parents and Caregivers.

This handout informs parents about FASD, children's rights in the juvenile justice system, effective advocacy strategies, and suggestions for interventions.

*Tools for Success* is available free of charge from SAMHSA's Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727) or 1-800-487-4889 (TDD). Request inventory number SMA07-4291.

### What Is FASD?

Fetal alcohol spectrum disorders describe the range of effects that can occur in individuals whose mothers drank alcohol during pregnancy. These effects may include physical, mental, behavioral, or learning disabilities with possible lifelong implications. ▶





## For Teachers in Elementary & Middle Schools

Children with fetal alcohol spectrum disorders (FASD) may encounter a lifetime of challenges. Prenatal alcohol exposure can cause physical, mental, behavioral, and learning disabilities (see *SAMHSA News*, July/August 2007). According to SAMHSA's FASD Center for Excellence, FASD usually is not diagnosed until children enter school.

In order to help these children succeed, the Center developed a booklet for teachers called *Reach to Teach: Educating Elementary and Middle School Students with Fetal Alcohol Spectrum Disorders*. The 60-page booklet contains valuable information to promote understanding of FASD and its symptoms, as well as tools and strategies to enhance the child's learning and communication between teachers and parents.

### FASD in the Classroom

Learning disabilities that can result from FASD include problems processing information, difficulty with planning and organizing, and short-term memory disorders. Children with FASD often are

contextual learners, meaning they can't easily transfer information learned in one context to another.

In children with FASD, inconsistent performance is common. For example, material learned one day may be forgotten the next day, then remembered 2 or 3 days later—a frustrating pattern for students who are trying hard but not achieving consistent success. Teachers may think the child is purposefully misbehaving or is not paying attention.

Educators can help children diagnosed with FASD by using specific classroom strategies to assist learning. They should:

- Structure a caring and consistent environment, because students with FASD learn better when guidelines for learning and behavior are clear and visible.
- Shift attitudes and improve understanding of FASD. Think “This child *can't*,” rather than “This child *won't*,” and focus on strengths rather than struggles.
- Learn to translate misbehavior, since what looks like inattention may indicate confusion.

- Change teaching style to be more concrete and specific.
- Restructure the physical space in the classroom, such as keeping walls and bulletin boards uncluttered and providing a quiet corner to allow students to refocus.
- Engage the whole school community by seeking out school-wide trainings on FASD, inviting parents to share their experiences, and encouraging teachers to share tips about what works in their classrooms.

The booklet also provides removable forms on which parents and teachers can write the child's daily schedules to improve continuity between school and home. Another form allows parents and teachers to list the child's particular strengths, challenges, and successful strategies as he or she moves from grade to grade.

*Reach to Teach* is available free of charge from SAMHSA's Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727). Ask for inventory number SMA07-4222. For a free PDF copy, visit [http://fascenter.samhsa.gov/documents/reach\\_to\\_teach\\_final\\_011107.pdf](http://fascenter.samhsa.gov/documents/reach_to_teach_final_011107.pdf). ▀

—By Kristin Blank

# Integrating Hepatitis Services into Substance Abuse Programs

Individuals seeking help for certain types of substance abuse are often infected with viral hepatitis, which is most often spread through needle sharing by injection drug users.

Along with HIV/AIDS, viral hepatitis infection is a major public health issue for clients and care providers in substance abuse treatment programs.

In response, SAMHSA launched two initiatives seeking to prevent hepatitis infection among clients seeking treatment. These programs integrate hepatitis services into substance abuse treatment programs to reach people at high risk of infection.

A highlight of these initiatives is included in a recent issue of the journal *Public Health Reports* (Volume 122, Supplement 2, 2007). Authors from SAMHSA's Center for Substance Abuse Treatment (CSAT) include CSAT Director H. Westley Clark, M.D., J.D., M.P.H.; Robert Lubran, M.P.A.,

Director, Division of Pharmacologic Therapies; Kenneth Hoffman, M.D., Medical Officer; and Thomas Kresina, Ph.D.

## Current Programs

SAMHSA developed two new initiatives to prevent and control the spread of hepatitis.

- **Hepatitis Education and Training in Opioid Treatment Programs.** This initiative provides onsite training in prevention, care, and treatment for providers who work in opioid treatment programs. Opioid drugs include heroin, OxyContin®, and morphine.

An expert panel of clinicians and researchers developed a half-day curriculum, which describes the latest data on hepatitis infection, means of transmission, diagnosis, and treatment. Providers also receive information on how to promote immunizations and the importance of care and treatment for patients with HIV and hepatitis co-infections.

This initiative was developed in collaboration with the American Association for the Treatment of Opioid Dependence.

- **Disease Prevention Hepatitis Vaccinations for At-Risk Individuals.** This 1-year pilot program provides free combination hepatitis A and B vaccinations for substance abuse treatment programs. Between January and September 2006, 38 programs in 21 states received a total of 43,950 vaccine doses. Lessons learned from this pilot.

Researchers found that more than 90 percent of patients who were offered the vaccine accepted at least one dose of

it. Results of the pilot program also showed that clients in opioid treatment programs are more likely to complete the vaccination series than in other public settings.

SAMHSA is using the feedback from these two initiatives to work more closely with the Centers for Disease Control and Prevention and state hepatitis C coordinators to expand the range of preventive services offered by substance abuse treatment programs.

For more information, visit [www.samhsa.gov/Matrix/matrix\\_HIV.aspx](http://www.samhsa.gov/Matrix/matrix_HIV.aspx). ▶

—By Erin Bryant

## What Is Hepatitis?

Hepatitis is an inflammation of the liver, usually caused by viral or toxic agents, but it may have many other causes. Viral hepatitis is a liver disease caused by several different forms of the virus, which are currently labeled A, B, C, delta, and E.

Vaccines to prevent hepatitis A and B infections exist; however, there is no vaccine to prevent hepatitis C infection. Injection drug users are at high risk for all forms of viral hepatitis.

Particularly severe liver disease from hepatitis infection can be caused by a super-infection of hepatitis A and hepatitis B viruses in patients with chronic liver disease caused by underlying hepatitis C infection. Therefore, hepatitis A and B vaccinations are recommended for people who inject drugs and for those who are HIV positive. ▶

**Citation:** Integrating Hepatitis Services into Substance Abuse Treatment Programs: New Initiatives from SAMHSA. Thomas F. Kresina, Ph.D., Kenneth Hoffman, M.D., M.P.H., Robert Lubran, M.P.A., H. Westley Clark, M.D., J.D., M.P.H. *Public Health Reports*, Volume 122, Supplement 2, 2007. ▶

## Funding Opportunities at SAMHSA.gov/Grants

SAMHSA funding opportunities include the following for Fiscal Year 2008:

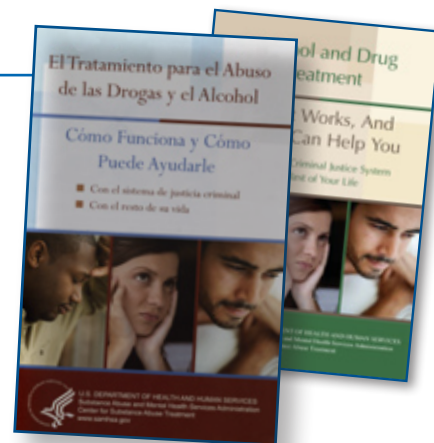
- **Older Adults Targeted Capacity Expansion (TCE)** (Application due date: March 28, 2008)—up to 10 grant awards, each not to exceed \$415,400 per year for up to 3 years, for the Older Adults TCE Grant Program. (SM-08-008, \$4.15 million)
- **Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services** (Application due date: March 27, 2008)—up to 50 grant awards, each for up to \$450,000 per year for treatment services or up to \$350,000 per year for outreach and pretreatment services for up to 5 years. (TI-08-006, \$19.8 million)
- **Residential Treatment for Pregnant and Postpartum Women** (Application due date: March 18, 2008)—up to 16 grant awards, totaling \$7.87 million, for up to 3 years to expand the availability of comprehensive residential treatment and family services for pregnant and postpartum women who suffer from alcohol and other drug problems. (TI-08-009, \$7.87 million)
- **Drug-Free Communities (DFC) Support Program** (Application due date: March 21, 2008)—approximately 150 grant awards totaling \$19 million, each for up to \$125,000 per year over a 5-year cycle, to community drug prevention coalitions to support community-based efforts to prevent, reduce, and eliminate substance abuse. The DFC Support Program is a collaborative program sponsored by the White House Office of National Drug Control Policy and administered in partnership with SAMHSA. (SP-08-002, \$19 million)

For updates, visit SAMHSA's Web site at [www.samhsa.gov/grants](http://www.samhsa.gov/grants) or the Federal Government's grants Web site at [www.grants.gov](http://www.grants.gov). ▶

## Treatment and Criminal Justice: Spanish Brochure Released

SAMHSA's Center for Substance Abuse Treatment recently released a Spanish-language version of the brochure *Alcohol and Drug Treatment: How It Works, and How It Can Help You*. The English and Spanish publications are companions to Treatment Improvement Protocol (TIP) 44, *Substance Abuse Treatment for Adults in the Criminal Justice System*.

To order a free copy of *El Tratamiento para el Abuso de las Drogas y el Alcohol: Cómo Funciona y Cómo Puede Ayudarle*, call SAMHSA's Health Information Network



at 1-877-SAMHSA-7 (1-877-726-4727) or 1-800-487-4889 (TDD). Request inventory number SMA08-4320. ▶

## Call for Entries: 2008 Science and Service Awards

SAMHSA recently issued a call for applications for the Agency's 2008 Science and Service Awards, a national program that recognizes community-based organizations and coalitions that use evidence-based mental health and substance abuse interventions.

A maximum of five awards will be made in each of five categories:

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

Independent experts will rate the applications using four criteria: community need, sustainability, accurate implementation, and results. Award recommendations will include the top five scoring submissions in each category. SAMHSA's Office of the Administrator and the Agency's Center Directors will review and approve award finalists.

To be eligible for an award, an organization must have successfully employed a recognized

evidence-based intervention. Both public sector (state, local, territorial, tribal) and private sector organizations are eligible.

Applications must be emailed by March 31, 2008, to [dfixsen@fmhi.usf.edu](mailto:dfixsen@fmhi.usf.edu). For organizations without access to email, the application must be postmarked by midnight on March 31 and mailed to Dean Fixsen, Ph.D., Science and Service Award Coordinator, University of South Florida, 13301 Bruce B. Downs Boulevard, MHC 2312, Tampa, FL 33612.

For more information, visit the SAMHSA Web site at [www.samhsa.gov/scienceandservice](http://www.samhsa.gov/scienceandservice). ▶



# SAMHSA National Advisory Council Introduces New Members

SAMHSA recently announced the appointments of seven new members to its SAMHSA National Advisory Council.

A 12-member panel of experts, the Council advises the Agency's Administrator and the Secretary, U.S. Department of Health and Human Services, concerning the mental health and substance abuse services and policy and program activities supported by SAMHSA. New members include:

- **Marvin Alexander**, Youth Coordinator, Mid-South Health Systems, Inc., A.C.T.I.O.N. for Kids Project, Jonesboro, AR, represents the mental health perspective of youth at forums nationwide.
- **George Braunstein**, Executive Director, Virginia Community Services Board of

Chesterfield County, VA, has designed conference programs for the National Association of County Behavioral Health and Developmental Disability Directors.

- **Terry L. Cross, M.S.W., L.C.S.W.**, Executive Director, National Indian Child Welfare Association, Inc., Portland, OR, is an Adjunct Assistant Professor at Portland State University School of Social Work. He is an enrolled member of the Seneca Nation of Indians.
- **Judy Cushing**, President and CEO, Oregon Partnership, Portland, OR, is a national leader on substance abuse prevention issues.
- **Keith Humphreys, Ph.D.**, Associate Professor, Stanford University School of Medicine, Department of Psychiatry

and Behavioral Sciences, Stanford, CA, researches interventions for substance abuse and psychiatric disorders.

- **Cynthia A. Wainscott**, former President and CEO, Mental Health America, Cartersville, GA, has special interests in youth, in prevention across the lifespan, and in recovery for all affected by mental illnesses.
- **Edward K.S. Wang, Psy.D.**, Director, Office of Multicultural Affairs, Department of Mental Health, Boston, MA, has designed and developed a statewide multicultural mental health service delivery system.

For details on the SAMHSA National Advisory Council, visit <https://www.nac.samhsa.gov/NACCouncil/index.aspx>. ▶



## Welcome to Dr. Peter J. Delany

SAMHSA recently welcomed Peter J. Delany, Ph.D., L.C.S.W.C., as the new Director of the Agency's Office of Applied Studies (OAS).

Dr. Delany oversees the Office's broad-based effort to collaborate within SAMHSA and with other experts on issues such as outcome monitoring, epidemiology, and biostatistics.

OAS is the primary source of national data on the prevalence, treatment, and consequences of substance abuse in the United States. OAS collects data on mental health issues as well as information on drug-related emergency room visits and drug-related deaths. OAS is also the national source of information on the location, organization, and capacity of providers.

Prior to his current appointment, Dr. Delany served as Program Director for Health Services Research in the Division of Treatment

& Recovery Research at the National Institute on Alcohol Abuse and Alcoholism (NIAAA) at the National Institutes of Health (NIH).

Dr. Delany also has served as the Deputy Director of the Division of Epidemiology, Services, and Prevention Research at the National Institute on Drug Abuse (NIDA) at NIH. He participated in the National Criminal Justice Drug Abuse Treatment Studies Program Cooperative as a collaborating scientist.

A Commissioned Officer in the U.S. Public Health Service, Dr. Delany is a practicing clinical social worker. He maintains staff privileges at the National Naval Medical Center, Bethesda, MD.

For more information about SAMHSA's Office of Applied Studies, visit [www.oas.samhsa.gov](http://www.oas.samhsa.gov). ▶

## Atay, Blake Receive President's Award

Two SAMHSA employees recently received the President's Volunteer Service Award at the 2008 Martin Luther King, Jr., Day celebration sponsored by the U.S. Department of Health and Human Services.

Joanne Atay from SAMHSA's Center for Mental Health Services and Lisa Blake from SAMHSA's Office of Program Services were honored at the event.

In 2003, President Bush created the President's Council on Service and Civic Participation. The Council created the President's Volunteer Service Award program as a way to honor Americans who inspire others to engage in volunteer service.

To learn more about these awards, visit [www.presidentialserviceawards.gov](http://www.presidentialserviceawards.gov). ▶

# State by State: Medicaid and Mental Health Services

Although state Medicaid agencies play increasing roles in funding, managing, and monitoring state mental health services, little is known about how each agency administers these services. To fill the information gap, SAMHSA recently released a report providing a synthesis of national findings, as well as state-by-state data.

The report, *Administration of Mental Health Services by Medicaid Agencies*, summarizes the results of in-depth telephone interviews with state Medicaid directors or their designees in all 50 states and the District of Columbia.

While Federal law requires that the Medicaid agency must retain ultimate authority over all aspects of the Medicaid program, states may delegate responsibility to other state agencies or to private contractors for certain activities.

In some states, the Medicaid agency holds full administrative responsibility for all mental health services if services are funded with Medicaid dollars and provided to Medicaid enrollees. Other states share responsibilities with other state agencies.

## Survey Results

The SAMHSA survey explored how state Medicaid agencies manage responsibilities for mental health services.

**Organizational structure.** In most states, the Medicaid director reports directly to the governor or is separated by only one reporting level. State Medicaid and mental health agencies are within the same umbrella agency in 28 states—most commonly health and human services—and are separate in 23 states.

**Funding.** In 26 states, the state match for Medicaid mental health services comes at least partially from a different source than the state general fund, most frequently from counties or other local sources. In 32 states, the state match for Medicaid mental health services

comes at least partially from the mental health agency.

**Providers.** The majority of states restrict Medicaid providers of mental health services to those with a mental health designation, and 22 states delegate the enrollment of mental health providers to the mental health agency. Twenty-six states reported that at least some Medicaid mental health services or populations are covered through behavioral health organizations or administrative services organizations.



**Data and reporting.** Forty states reported that their Medicaid agencies produce formal reports containing data on Medicaid mental health use or expenditures, while 27 states reported that the mental health agency produces these reports. More than three-quarters of states make data from the Medicaid Management Information System available to the mental health agency for analysis, but few states have linked client-level data.

**Collaboration.** Slightly more than half of state Medicaid agencies said Medicaid and mental health agencies collaborate frequently through internal and external meetings, public reports, or presentations to the legislature. Medicaid and mental health agency collaboration tends to be highest in states where both agencies are in the same umbrella agency, and lowest where they are in separate agencies and where the mental health agency has authority to set some Medicaid rates.

**Authority.** Medicaid agency authority over mental health funding, provider rate setting, and data appears to be highest when Medicaid and mental health agencies operate separately and there are limited opportunities for Medicaid to use the public mental health system. Medicaid agency authority tends to be lower when the agencies are part of the same umbrella agency and the public mental health system can administer Medicaid services.

## More Information

*Administration of Mental Health Services by Medicaid Agencies* uses data from interviews with Medicaid directors conducted during the last half of 2005 and early 2006. The survey response rate was 100 percent.

For free print copies, call SAMHSA's Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727) or 1-800-487-4889 (TDD). Request inventory number SMA07-4301.

For a free PDF copy of this report, visit <http://mentalhealth.samhsa.gov/publications/allpubs/sma07-4301>. ▶

—By Riggina Waugh



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

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

Comments: \_\_\_\_\_

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

- Veterans & Their Families: A SAMHSA Priority
- From the Administrator: Enhancing Services for Returning Veterans
- Millions of Youth Misuse Cough, Cold Medicines
- Decline in Illicit Drug Use by 8th Graders
- Combating Teen Prescription Drug Abuse
- FASD Resources Available
- Integrating Hepatitis Services into Substance Abuse Programs
- In Brief . . .
- SAMHSA National Advisory Council Introduces New Members
- Staff in the News
- State by State: Medicaid and Mental Health Services
- Now Online! 2008 *Recovery Month* Web Site
- SAMHSA News** online—for the current issue and archives—at [www.samhsa.gov/SAMHSA\\_News](http://www.samhsa.gov/SAMHSA_News)

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**Thank you for your comments!**

**Sign Up Today!**  
Visit [www.samhsa.gov/enetwork](http://www.samhsa.gov/enetwork)  
or call 1-877-SAMHSA-7.



# Now Online!

## 2008 Recovery Month Web Site

SAMHSA recently launched the official Web site for the 19th annual *National Alcohol and Drug Addiction Recovery Month* observance in September.

This year's theme, "Join the Voices for Recovery: Real People, Real Recovery," focuses on just that—real people and real stories of recovery.

"Every year, we celebrate those who work to advance the treatment and recovery landscape," said H. Westley Clark, M.D., J.D., M.P.H., Director of SAMHSA's Center for Substance Abuse Treatment. "This year that work is more important than ever."

More than 1,000 communities around the Nation took part in 2007 *Recovery Month* activities.

Visit [www.recoverymonth.gov/2008](http://www.recoverymonth.gov/2008) for more information. ▶



Beginning in March, monthly Webcasts are planned on a variety of topics including the following:

**March:** "Join the Voices for Recovery: Real People, Real Recovery"

The kickoff Webcast sets the stage for another successful celebration in September 2008 and will help organizers as they plan events to raise awareness about the benefits of addiction treatment and recovery.

**April:** "Medication-Assisted Therapies: Providing a 'Whole-Patient' Approach to Treatment"

This program will look at how methadone, buprenorphine, and other medication-assisted therapies continue to help individuals, families, and communities overcome alcohol and drug addiction.

**May:** "Addiction and PTSD: Combating Co-Occurring Disorders"

This Webcast will examine the connection of post-traumatic stress disorder to substance abuse disorders and will provide information on where to find treatment for these conditions.

**June:** "Recovery and the Family: Extending Treatment to Everyone"

While many options are available to persons in need of treatment, support also exists for children and spouses affected by a family member's addiction. This program will emphasize the importance of getting loved ones into treatment and celebrate the benefits enjoyed by the family in recovery.

**July:** "Real People, Real Recovery: Effectively Delivering Recovery-Oriented Systems of Care"

From 12-step programs to inpatient and outpatient treatment, an entire network of treatment and support services is available for those dealing with substance abuse and mental health disorders. This program will explore ways to increase awareness and better deliver these services.

**August:** "Accessing Prevention, Treatment, and Recovery Online"

This program will highlight the state of recovery in the 21st century and examine how technology has revamped the field of substance use disorder prevention and addiction treatment.

**September:** "Recovery in the United States: Past, Present, and Future"

## National Alcohol & Drug Addiction Recovery Month

This program will look back on some of the recovery movement's successes as well as current policy initiatives to enhance treatment services. It also will look at what must happen to ensure that sustained, comprehensive treatment is available to everyone who needs it.

**October:** "The Road to Recovery 2008: A Showcase of Events"

In this program, *Recovery Month* events conducted in communities across the Nation will be highlighted, along with the positive message that addiction is treatable and recovery is possible.

To view the list online, visit [www.recoverymonth.gov/2008/multimedia/webcastmenu.aspx](http://www.recoverymonth.gov/2008/multimedia/webcastmenu.aspx). ▶



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