WASHINGTON FOCUS

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WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES • DIVISION OF BEHAVIORAL HEALTH AND RECOVERY

From left to right: Stephanie Lane, Tamara Johnson, Johnnie Lyons, Julia Obermeyer, David Dickinson and Elizabeth Baton.

Youth 'N Action! Changing Lives

Four members of Youth 'N Action! group talked about their organization and its activities during a staff meeting of the Division of Behavioral Health and Recovery in October.

The group gave powerful testimony on how the at-risk youth organization has helped them change their lives.

"I never fit in anywhere until I started going to Youth 'N Action!" said Julia Obermeyer, one of those who attended the staff meeting.

Stephanie Lane, Manager of the Office of Consumer Partnerships, said Youth 'N Action provides a voice to at-risk young people, ages 14-24, in Washington State.

The group's mission is to empower youth with the resources and tools required to:

- Advocate successfully to meet their needs in education, treatment, mental wellness, and overall health and happiness
- Understand their rights and responsibilities in government
- Participate in fun activities
- Support and encourage one another

You can find out more about the Youth 'N Action mission and its projects by going to youthnaction.org

Schedule Revised for Alcohol Advertising Restrictions

The schedule for adopting the new rules on alcohol advertising in Washington has been revised to hear from all interested parties. The final timeline for the rule change is:

January 13: Rules are filed
February 24: Public hearing
March 3: Rules adopted
April 3: Rules become effective

The proposed rules restrict the number of signs on stores to four, no larger than 32"x48"; and ban outdoor advertising within 500 feet of schools, churches, or playground property lines; inflatables or costumed individuals that target or appeal to children, and giveaways of promotional items at public events. For details about the proposed alcohol advertising rule changes, visit http://www.liq.wa.gov/rules/review_rules.aspx.

The LCB received comments from more than 500 prevention advocates, parents and others across the state, indicating they want more restrictions on outdoor alcohol advertising. Many have worked hard to promote a clear and consistent prevention voice in support of healthy youth. Prevention advo-

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Do you have a success story or news to share?

Send state and community news and success stories for FOCUS to:

deb.schnellman@dshs.wa.gov

Resources

DBHR website

Alcohol/Drug Helpline
1-800-562-1240

Suicide Prevention Hotline
1-800-273-8255

Chemical Dependency Professionals

Mental Health Professionals

Washington Community Mental Health Council

Prevention and Treatment Publications

DSHS Secretary
Susan N. Dreyfus

DBHR Director
David Dickinson

FROM THE DIRECTOR

Update on Integrating Behavioral and Physical Care

In the August edition of *Focus*, I wrote to you about changes in our division name and organizational structure intended to help us better serve people in a more holistic and person-centered way.

Now I'd like to share with you the emerging longer range vision for DSHS and DBHR. The long-term vision is for DSHS and DBHR to deliver chemical dependency, mental health, and physical health services in one integrated system of care. Doing so will protect more people from the negative health effects of mental illness and drug abuse:

- Currently, people with serious mental illnesses are dying 25 years earlier than the rest of the population, in large part due to unmanaged physical health conditions.
- People with drug dependence die an average of 22.5 years sooner than those without a substance use disorder diagnosis.
- Among the uninsured, 25.3 out of every thousand hospitalizations were principally for alcohol abuse, the fourth most common reason for hospitalization.
- Washington has a higher alcohol-induced death rate than the nation at 9.6 deaths for every 100,000 people, compared to 6.9 for the nation. Long-term heavy drinking increases risks for high blood pressure, heart arrhythmias, heart muscle disorders and strokes. It also increases risks for certain forms of cancer, liver disorders, and death from traffic crashes, falls, fires, and drowning.

We need to do a better job providing physical, mental and chemical dependency care to both save lives and to use our resources wisely. On August 19, 2009, DSHS Secretary Susan Dreyfus made this a priority objective in the document, "One Department, One Vision, One Core Set of Values." The first priority in this vision is "behavioral and primary healthcare integration through person centered health homes."

At DSHS, we envision that ten years from now, publicly funded behavioral health and primary care will be delivered through integrated systems that provide holistic care through a coordinated "health home." In the health home, multi-disciplinary healthcare professionals will practice in a system that treats the whole person. Every patient receives equal access to effective, efficient and integrated physical, mental and substance abuse care, accessing the right services at the right time through the right door, according to their individual needs. Health homes will operate within a community context created through partnerships between state and local governments (county and municipal), health care providers, and other community partners.

Achieving this vision statewide will likely take at least a decade. The values and guiding principles for this vision include:

1. Build on existing knowledge and input from individuals, families, and research to complete the transformation of Washington State's behavioral health system.
2. Support recovery and resiliency as the primary goal of all care, allowing all citizens of all ages to better manage their health, achieve their personal goals, and live, work, learn and participate in their community.
3. Emphasize a public health approach, focusing on prevention, screening, and early intervention.

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4. Encourage person-centered, strengths-based care that emphasizes individual, family and community relationships.
5. Provide an authentic individual voice at the center of all program planning, implementation, and evaluation activities.
6. Embrace recovery to ensure that care promotes health, is recovery-oriented and person-centered, and that services are peer-run to the fullest extent possible.
7. Ensure access to effective and efficient behavioral and primary care health services for high risk/high need populations (examples include children in the foster care system, communities affected by health disparities and persons with chronic illnesses).

In September and October, DBHR and the Division of Healthcare Services (DHS), with support from the Mental Health Transformation Grant, held a series of four stakeholder meetings around the state to discuss this vision and gather stakeholder feedback on first steps.

Along with the Health and Recovery Services Administration (HRSA) Assistant Secretary Doug Porter, and DHS Director MaryAnn Lindeblad, DBHR held daylong meetings in Pasco, Mt. Vernon, Tumwater, and Spokane. The purpose was to present the vision to stakeholders and give them an opportunity to comment on potential action steps in the next two to three years.

Each meeting followed the same agenda, starting with a video of Secretary Dreyfus and her vision of DSHS (http://www.youtube.com/watch?v=GvdyicTi4Bg), an overview of HRSA's work on adapting that vision to today's healthcare needs, a review of stakeholder recommendations to improve physical and behavioral healthcare, and discussion and voting on the following issues:

- The Person Centered Health Home.
- Integration of children's services
- Use of evidence-based and promising practices.
- Leveraging federal block grant and non-Medicaid funds with local fund sources.

Facilitators at each table recorded themes and suggestions while votes were collected electronically. The final meeting was held in Spokane on October 17th. We are summarizing feedback and vote information to provide to participants. In the meantime, HRSA and DBHR continue to work with other DSHS administrations and partners to make the Person-Centered Health Home a reality.

Liquor Control Board *continued from front cover*

Prevention advocates are encouraged to attend the February 24 hearing at the Liquor Control Board in Olympia.

LCB Appoints New Board Chair to RUaD Coalition

Sharon Foster has been appointed to replace Roger Hoen as LCB Chair and as co-chair of the Washington State Coalition to Reduce Underage Drinking (RUaD). Sharon comes to the Board and the Coalition with one group of stakeholders she is clearly out to protect – children.

Sharon spent ten years as director of the YMCA Youth and Government program. The hands-on civics program teaches teenagers about the legislative process.

Sharon Foster

"My husband Dean and I are parents of five grown kids and ten grandchildren," said Sharon. "I've also devoted most of my career to youth and their development. If I bring an agenda to the Liquor Control Board, it's to continue the fight to reduce underage drinking."

Sharon's priorities are to reduce youth exposure to alcohol and increase public safety. She wants to ensure energy drinks with alcohol are not marketed to youth, and is working with other Board members to revise rules for alcohol advertising and promotions, internet sales and home delivery, and develop an online Mandatory Server Training program.

Read Sharon's blog about underage drinking on Governor Gregoire's website: http://www.governor.wa.gov/blog/20090923.asp.

Legislation to Prohibit "Buzz Beer"

The Liquor Control Board has drafted legislation that would prohibit the sale of caffeinated or stimulant-enhanced malt beverages in Washington. If the bill passes, Washington will be the first state in the nation to ban alcoholic energy drinks. Research shows that stimulants such as caffeine can mask the intoxicating effects of alcohol, and that youth using these products are at higher risk of being injured, riding with a drunk driver, and having risky sex. For more information about alcoholic energy drinks, visit http://www.marininstitute.org/site/campaigns/alcoholic-energy-drinks.html.

New Parent Video

The RUaD Communications Impact Team has completed a DVD for parents about their role in preventing underage drinking. The project was funded by the Substance Abuse and Mental Health Services Administration. A YouTube link to the video, Underage Drinking in Washington, Something to Talk About, is available at www.StartTalkingNow.org.

Department of Health Campus to go Tobacco-Free

On the eve of the Great American Smokeout the Washington State Department of Health announced a ban on the use of all tobacco products on its main work campus in Tumwater. The first tobacco-free campus rule by a large state agency in Washington includes smokeless products. It goes into effect 90 days from the Smokeout, on February 16, 2010.

"Tobacco use costs lives and money, and secondhand smoke puts people at much higher risk of serious health problems like lung cancer and heart disease," said Secretary of Health Mary Selecky. "As a state health department, we must lead by example. This tobacco-free campus policy does that, and sets a tone that other agencies and organizations can follow."

Secretary Selecky notified all agency employees of the new tobacco-free workplace policy. It applies to the agency's Tumwater campus, which includes four buildings, a parking garage, and surrounding grounds off Capitol Boulevard. A similar policy is in place at the agency's Public Health Laboratories in Shoreline.

The new rule for employees, vendors, and visitors covers all facilities, on-campus sidewalks next to buildings, common areas such as plazas, all parking areas, and all vehicles. There'll be no designated smoking areas. The agency will post signs on the campus before the new policy takes effect.

Washington residents can get free help quitting tobacco by calling the state Tobacco Quit Line at 1-800-QUIT-NOW (1-877-2NO-FUME in Spanish). Additional quitting information and resources are available at www.quitline.com.

Seventh Annual Latino Youth Summit

By Ivon Urquilla and Emilio Vela, Jr.

For the seventh consecutive year the Hispanic Roundtable and its diverse member coalition sponsored the 2009 Annual Latino Youth Summit, an educational conference hosted this year by Saint Martin's University (SMU). The theme was "Different Paths…Same Dream/Distintos Caminos…Mismo Sueño". The intent of the LYS is to bring educational and business communities together to encourage, motivate and educate high school students to follow their goals in education and employment.

Over 500 students from 24 high schools in Washington's southwest region; such as Thurston, Mason, Lewis, and South Pierce counties participated in this one day event at SMU. The Latino Youth Summit (LYS) offered tracks in immigration rights, healthy life styles, college processes and financial aid workshops.

The LYS's quality and diversity of topics and presenters were exceptional. The day's keynote speaker was Guillermo "Willie" Lopez, from Homeboy Goes To Harvard Productions. He is a nationally known motivational speaker who delivered an engaging and inspiring message of perseverance and hope through education. The significance of "Never giving up hope of becoming educated" is the central theme of his message and it was passionately received by the students. Mr. Lopez challenged the students to choose education and community involvement as a way to proudly represent their Latino heritage.

This event is an energetic collaboration of community, educational and government organizations in conjunction with The Hispanic Roundtable whose mission with the LYS is "to serve as a support system towards educational access and the social needs of Latinos/as". Jose Diaz, President of the Hispanic Roundtable, stated that "a successful conference of this quality would not be possible without the many community volunteers that give of their time selflessly to the Latino youths of the community". For information on how to get involved in the Latino Youth Summit for 2010 please visit www.hispanicroundtable.org.

Got FOCUS?

To continue bringing you useful information in FOCUS, let us know what matters most to you, and the drug prevention and recovery news and successes happening in your community. Send your comments and information to Deb Schnellman at schneda@dshs.wa.gov.

Free the Bowl from Big Al

Marin Institute has launched its second annual, nationwide anti-alcohol-advertising contest, FREE the BOWL™. This year's theme is to "Free the Bowl from Big Al," (Big Alcohol), as youth contestants will identify where they see the negative influences of Big Al in their lives.

The contest for youth and young adults from ages 10 to 25 seeks original anti-alcohol-ads 30 to 60 seconds long to counter excessive alcohol advertising and marketing. The alcohol industry watchdog launched the contest at www.FreeTheBowl.com and will use the site as well as YouTube to showcase video entries. The contest deadline is January 25, 2010, two weeks before the Super Bowl, the biggest alcohol advertising and inebriation day of the year.

Between 2001 and 2007, Big Alcohol (the global beer, wine and spirits companies) spent $6.6 billion to place more than 2 million alcohol ads on television. This year, predominantly foreign-based Big Alcohol corporations will spend half a billion dollars to advertise their products during TV sports programs alone. These programs typically have the largest youth ad viewing audience of any type of programming with alcohol ads.

Video contest winners will be announced on February 4, 2010.

Reprinted from www.JoinTogether.org

8.3 Million Adults had Serious Thoughts of Committing Suicide in Past Year

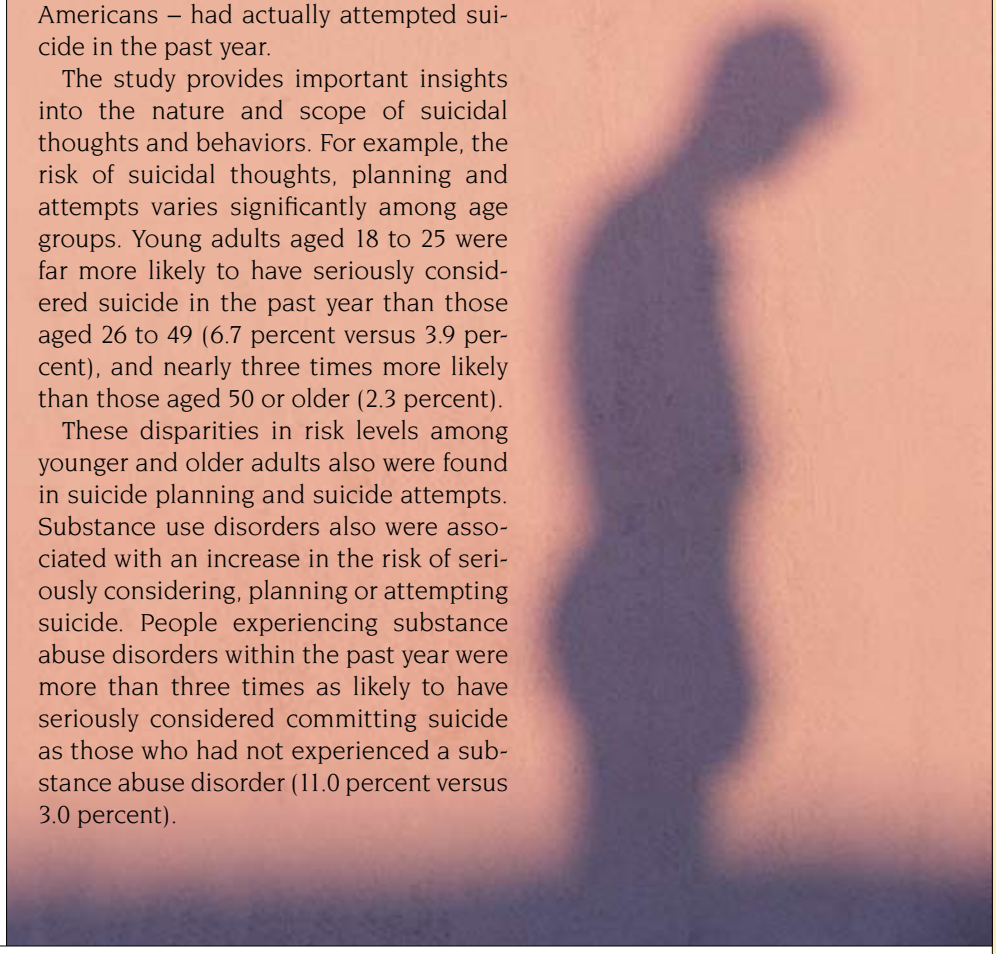
Nearly 8.3 million adults (age 18 and older) in the U.S. (3.7 percent) had serious thoughts of committing suicide in the past year according to the first national scientific survey of its size on this public health problem. The study by the Substance Abuse and Mental Health Services Administration (SAMHSA) also shows that 2.3 million adult Americans made a suicide plan in the past year and that 1.1 million adults – 0.5 percent of all adult Americans – had actually attempted suicide in the past year.

The study provides important insights into the nature and scope of suicidal thoughts and behaviors. For example, the risk of suicidal thoughts, planning and attempts varies significantly among age groups. Young adults aged 18 to 25 were far more likely to have seriously considered suicide in the past year than those aged 26 to 49 (6.7 percent versus 3.9 percent), and nearly three times more likely than those aged 50 or older (2.3 percent).

These disparities in risk levels among younger and older adults also were found in suicide planning and suicide attempts. Substance use disorders also were associated with an increase in the risk of seriously considering, planning or attempting suicide. People experiencing substance abuse disorders within the past year were more than three times as likely to have seriously considered committing suicide as those who had not experienced a substance abuse disorder (11.0 percent versus 3.0 percent).

Suicidal Thoughts and Behaviors among Adults is based on 2008 data drawn from the National Survey on Drug Use and Health, which obtained responses from 46,190 persons aged 18 or older. The full report is available online at http://oas.samhsa.gov/2k9/165/suicide.cfm.

People in crisis can get help by calling the Suicide Prevention Lifeline at 1-800-273-TALK.



More Alcohol Ads Air on Cable TV Shows that Appeal to Kids

A study published in the October 2009 issue of the American Journal of Public Health (AJPH) concludes that the most popular cable TV shows to kids seem to have the most alcohol advertising.

The study, conducted by UCLA and the Center on Alcohol Marketing and Youth (CAMY), researched 600,000 alcohol ads aired on cable between 2001 and 2006 and found that shows with the highest percentage of viewers ages 12 to 20 had the largest number of alcohol ads. Ads for beer, liquor and alcopops increased as the percentage of teen viewers rose from 0%-30%, especially for female viewers. The study concluded that alcohol advertising practices should be modified to limit exposure of underage viewers.

"This research suggests that ads are aimed at groups that include a disproportionate number of teens and that the alcohol industry's voluntary self-monitoring is not working to reduce adolescent exposure to ads," said CAMY director David Jernigan.

The study can be found here.

Mental Health First Aid Training Available

By Stephanie Lane

The Mental Health First Aid (MHFA) course, sponsored by DBHR, demystifies the emotional stress that can affect one's daily functioning or mental wellness.

Just like physical first aid courses, this training teaches people what to do until professional help arrives for someone with a mental health problem or crisis.

Stigma and Mental Illness

The root of most stigma is generally fear. The stigma surrounding mental illnesses in Washington State is no different: fear of not understanding the problem, fear of doing or saying the "wrong" thing, and fear of not knowing what to do when someone needs help. MHFA helps conquer these fears in a safe, direct approach to helping an individual in crisis.

Why do communities need MHFA?

MHFA has been shown to make people feel more comfortable managing a crisis situation, and builds mental health literacy. Forty trainers have been certified in Washington State and are available to train large and small groups and organizations. MHFA is needed to help people identify, understand and respond to initial signs of mental illness because:

1. Mental health problems are common;
2. There is stigma associated with mental health problems;
3. Many people are not well informed about mental health problems;
4. Professional help is not always on hand; and
5. People often do not know how to respond.

What are the elements of a MHFA action plan?

1. Assess risk of suicide or harm
2. Listen non-judgmentally
3. Give reassurance and information
4. Encourage appropriate professional help
5. Encourage self-help strategies.

What topics are covered in the training?

1. What are mental health and emotional problems?;
2. What is depression?;
3. Crisis first aid for suicidal behavior;
4. What are anxiety disorders, panic attacks, and acute stress reaction?;
5. What are psychotic disorders?;
6. What is substance abuse disorder?;
7. What are eating disorders?; and
8. What is self-injury?

Is MHFA training important for me and my staff? Ask yourself what you would do in the following situations:

1. Your best friend, a victim of physical assault years ago, has since been diagnosed with an anxiety disorder. You are with her when she suddenly breaks into a sweat, doubles over as if in pain and starts to hyperventilate.
2. Your teenage son seems to be anxious, suspicious and irritable most of the time. He has bizarre plans for the future and is acting as if he has not slept for a week
3. Your best friend has used marijuana regularly since you were both in high school and she also drinks occasionally. Lately she has become confused, anxious, and seems to have a completely different personality.
4. You are at work when your ex-boyfriend calls. He sounds depressed and says he wants to kill himself.
5. A fellow employee seems to have recently lost all pride in his appearance and enthusiasm for life. His speech is sluggish at times, he says he feels sad all the time, and that he has given away his favorite possessions.
6. You are at a work- sponsored party when someone suddenly becomes violent. She has a knife and is responding to voices only she can hear.
7. You are outside your child's pre-school when you notice another parent behaving strangely. He is walking in circles and arguing with someone who is not there.

For more information or to request a training, see the training calendar at www.wcmhcnet.org.

Third Annual Instituto Latino

The Third Annual Instituto Latino conference was held in August in Portland. Speakers and their presentation topics included:

- Dr. Guillermo (Willie) D. Lopez, M.D.: Decisions – How to best help gang involved youth;
- Dr. Mario De La Rosa, Ph.D.:Acculturation and Addictions in Hispanic Communities;
- Janese Olalde, CADC II & CGAC II, Co-Presenters Miguel Tellez and Jesus Navarro: The Latino Community and Problem Gambling;
- Thelma Vega, MA & CADC I: Introduction to Mental Illness Classification; and
- Harry Zorrilla, MA & CADC I: Dual Diagnosis and Addictions

All presentations and materials were provided in Spanish. Approximately 80 addiction professionals from Oregon and Washington attended this two-day conference.

For more information, contact Mary Anne Bryan at bryanm@ohsu.edu, or visit NFATTC.

More Deaths in Washington from Drug Overdoses than from Car Crashes

Rising rates of prescription-drug overdoses have propelled drug-related fatalities to the top of the accidental-death list in Washington State and a growing number of other states, according to a new report from the U.S. Centers for Disease Control and Prevention (CDC). The drug-related death rate roughly doubled from the late 1990s to 2006.

According to the Washington State Department of Health, 610 people died in vehicle crashes in our state in 2007, and 792 people died from unintentional prescription drug overdoses.

The number of states in which drug-related deaths have overtaken traffic fatalities has gone from eight in 2003 to 12 in 2005, and 16 in 2006. They others states are: Massachusetts, New Hampshire, Rhode Island, Connecticut, New York, New Jersey, Maryland, Pennsylvania, Ohio, Michigan, Illinois, Colorado, Utah, Nevada, and Oregon.

About half of the opiate medication deaths in King County involved people who got their drugs through legal prescriptions, said Caleb Banta-Green, a University of Washington research scientist. Most of the deaths were due to overdoses, especially of opioid analgesics like methadone, Vicodin, OxyContin, and fentanyl. Other causes included organ failure caused by long-term drug use.

The Division of Behavioral Health and Recovery, along with the Department of Health and other state agencies, has created a new website with information about the prevalence of prescription opiate abuse in Washington, and how to recognize and prevent it: http://www.doh.wa.gov/hsqa/takeasdirected/.

High Numbers Report Satisfaction with CD Treatment

By Felix Rodriguez, Ph.D., Evaluation and Quality Assurance

Ninety-six percent of adult and 91 percent of youth patients participating in community-based chemical dependency (CD) treatment reported that they were very or mostly satisfied with the service they received according to the 2009 Statewide Patient Satisfaction Survey commissioned by the Washington State Division of Behavioral Health and Recovery (DBHR). The survey aims to assess patients' perception of the quality of services they receive in DBHR-certified CD treatment agencies. In 2009, 490 treatment agencies (95%) volunteered to administer the survey to their patients during the week of March 23-27.

The sampling methodology involved treatment providers inviting all patients who were receiving treatment during the week to complete the survey. This approach offers a snapshot of the treatment population for a certain week of the year. A total of 22,224 patients statewide completed the survey representing 72 percent of patients receiving treatment during that week. Patients were participating in community-based treatment programs and in programs administered by the Department of Corrections and the Juvenile Rehabilitation Administration.

Other key findings of the survey are:

Staff treated patients with respect: Ninety-seven percent of adults and 96 percent of youth patients in community-based programs reported that staff treated them with respect all or some of the time.

Youth patients felt safe: Ninety-five percent of youth patients in community-based programs reported they felt very or somewhat safe in their program.

Group counseling sessions proved helpful: Ninety-one percent of adults and 84 percent of youth patients reported that group sessions were very or somewhat helpful.

Most will return to the same program: Ninety-percent of adults and 82 percent of youth patients reported that they would come back to the same program if they were to seek help again.

The statewide patient satisfaction survey has proven useful to treatment providers in improving the quality of patient care. Participating providers receive a confidential report of their agency results allowing them to compare their ratings to similar programs in the State. In addition to satisfaction ratings, providers receive patient comments about their treatment program. An adult patient reports that "I am learning better ways to be a clean and sober man, dad, friend, dealing with my past as a child growing up." A youth patient writes: "An incredible support system and the personal counseling had given me support in a way no counselor has with her experience, empathy, and interest in my journey."

For more information about the survey, contact Felix Rodriguez, Ph.D. by phone at (360) 725-3761 or by email at felix.rodriguez@dshs.wa.gov.

NIATx Update

The first joint Washington and Oregon Network for the Improvement of Addiction Treatment (NIATx) Learning Invitational (LI) was held in Vancouver, Washington in September. This event was one of the NIATx sustainability activities developed by DBHR and Oregon State's Addiction Mental Health Division (AMH). The event celebrated NIATx 200 providers and their accomplishments over the last couple of years.

There were 47 provider attendees from the various NIATx 200 Arms in Washington State and Oregon. All programs reflected process improvement efforts to decrease waiting time for treatment, same-day service, treatment retention, and completion. All participants experienced significant improvement in the targeted areas.

The next training will be a NIATx Coaches Academy on January 28-29 in Lacey, Washington. This event is open to all Washington State providers. If you are interested, please contact Eric Larson at eric.larson@dshs.wa.gov or call (509) 225-6232.

The University of Wisconsin, NIATx National Policy Office, has applied for a NIDA grant to fund another NIATx/DDCAT (Dual Disorders Capabilities in Addictions Treatment) project with the grant decision coming in May 2010. If awarded, this project will begin in Washington State and Massachusetts in October 2010, with a four-year duration. The plan is to recruit 60 residential programs that provide co-occurring treatment services.

This proposed project will be based on the successful and recently completed NIATx/DDCAT pilot here in Washington State. The three programs that participated were American Behavioral Health Services in Spokane, Daybreak Youth Treatment Services in Spokane, and Perinatal Treatment Services in Tacoma. Washington is moving forward with a second pilot of the NIATx/DDCAT project to provide technical assistance and training to six more agencies on using NIATx process improvement principles to improve COD capabilities. This will occur from January to May 2010.

Voices for Recovery Heard Around Washington

September marked the 20th year that communities nationwide celebrated Recovery Month to bring attention to the benefits of chemical dependency treatment, honor the contributions of treatment providers, and promote the message that recovery in all its forms is possible. The observance also encourages citizens to take action to help expand and improve the availability of effective treatment for those in need.

DBHR Director David Dickinson greets the crowd celebrating Oxfest.

Each year a new theme, or emphasis, is selected for the observance. This year's theme was Join the Voices for Recovery: Together We Learn, Together We Heal. Many Washington communities sponsored events to promote recovery – the following are posted on www.RecoveryMonth.gov:

- HRSA Recovery Month Educational Forums – Olympia: presentations by treatment professionals and people in recovery.
- DBHR Co-Occurring Disorders and Treatment Conference – Yakima
- Hands Across the Bridge – Vancouver and Portland: Stories from people in recovery, Native American drummers, Washington and Oregon residents joined for the Serenity Prayer on the I-5 bridge.
- "Breaking the Cycle" Wellbriety Event-Spokane. Speakers, food, and local vendors.
- Oxfest – Vancouver: A musical festival in celebration of recovery sponsored and organized by the Oxford Houses of Oregon and Washington.
- Yakama Nation Alcohol Recovery Month – Yakima: Meetings, pow-wow, speakers and dancing.
- Art of Recovery and Walk for Recovery – Spokane
- Yakima Valley Voices of Recovery – Music, recovery speakers and potluck.
- Recovery Takes Flight – Lynnwood
- 8th Annual Recovery Forum – Vancouver
- Music with a Message – Seattle

Hands Across the Bridge unites recovery advocates in Portland and Vancouver.

Governor Gregoire signed a Recovery Month proclamation, which can be viewed at: http://www.recoverymonth.gov/~/media/Images/Proclamations/StateofWA82109.ashx. Recovery Month is sponsored by the Substance Abuse and Mental Health Services Administration. For more information visit www.recoverymonth.gov.

Drug-Free Communities Update

Congratulations to the 10 Washington communities awarded funding under the federal Drug Free Communities Support Program (DFC) for 2009! With the philosophy that local problems need local solutions, coalitions in the DFC program help communities focus on the substances that pose the greatest threat to their youth. Grantees use a public health model to create initiatives that change the local culture and shared environments in which substance use occurs. Strategies focus on reducing access to substances, developing and enforcing policies and regulations that prevent use, and changing community norms and attitudes towards use.

The DFC program provides grants of up to $625,00 over five years to community coalitions made up of community leaders, parents, youth, teachers, religious and fraternal organizations, health care and business professionals, law enforcement, and the media. Our new grantees join 19 continuation grantees to reach a total of 29 coalitions funded by the DFC program in Washington.

The Division of Behavioral Health and Recovery (DBHR) collaborates with federal partners at the Office of National Drug Control Policy (ONDCP) and the Substance Abuse and Mental Health Administration (SAMHSA) Center for Substance Abuse Prevention who administer and manage the DFC support program. DBHR staff provide training and technical assistance to potential grantees to help them build the capacity for successful applications.

Grantees awarded new funding in 2009:

- Community Counseling Institute
- Neighborhood House/Project HANDLE
- San Juan County/San Juan Island Prevention Coalition (also have a DFC mentoring grant with Lopez Island Prevention Coalition)
- Snoqualmie Valley Community Network
- Toutle River Ranch/Longview Anti-Drug Coalition
- Pacific County/Wellspring Community Network
- Kent Police Department
- Vashon Youth and Family Services/Vashon Healthy Community Network
- Warden School District/Warden Community Coalition
- Franklin Pierce Schools/Franklin Pierce Youth First!
- Toppenish School District/Yakama Reservation Community Coalition

DFC Grantee Annual Meeting

At the DFC annual meeting sponsored by the Division of Behavioral Health and Recovery in October 2009 over 60 DFC coalition coordinators, coalition members, and other stakeholders networked, shared information and heard a presentation from their peers on the evolution of the "Coalition of Coalitions". In Washington this collective "Coalition of (DFC) Coalitions" is emerging from an initial partnering between Pierce and King grantees that is expanding to include all interested Washington DFC grantees in working together toward common goals within their unique communities.

DFC updates were also provided by Center for Substance Abuse Prevention staff, DFC Project Officer Shawn Cook and David Robbins. Michael Lowther, Prevention Advisor to the White House Office of National Drug Control Policy made remarks congratulating the participants on their important achievements in prevention and Dr. Linn Goldberg from the Oregon University of Health and Sciences spoke on his research preventing steroid use in athletes.

STOP Act Grants

Of the 20 STOP Act grants that were recently awarded to coalitions across the country to reduce underage alcohol use, two were awarded to Washington coalitions. Awardees are Chelan Douglas Counties Together for Drug-Free Youth in Wenatchee and Neighborhood House/Project Handle in Seattle. Funding is provided for three years. Last year, Join Together! in Thurston County also received a grant.

For more information on the Drug Free Communities program contact DFC liaison Stephanie Atherton at Stephanie.Atherton@dshs.wa.gov.

Remembering Johnnie Thomas

Johnnie B. Thomas passed away on June 20, 2009. He was a Chemical Dependency professional who will be remembered for his tireless passion and dedication toward serving youth and their families in our community.

Johnnie was a friend and mentor to countless professionals in the field who served hard to reach youth. He worked in both outpatient and residential treatment settings for over twenty years. His story is even more remarkable in that his personal journey included being homeless due to substance abuse, his pathway to recovery, earning his GED and Associate of Arts Degree, and eventually, retirement from the chemical dependency field. After retiring, he was coaxed out of retirement by the Sea Mar Renacer Youth Treatment Center where he gave hope and support to others when they had none.

The comments below represent Johnnie's commitment and dedication to the Chemical Dependency profession and the youth and families that he served:

"Johnnie impacted several hundred youth and families during his outstanding career."

"Johnnie was really knowledgeable, when it came to the 12-Step-Program".

"Johnnie had the ability to illicit trust from hard to reach youth and families, by treating them with decency and respect. He encouraged and modeled structure that leads to long term recovery."

"Johnnie really cared about the youth that he served. The youth that he served had a great respect for Johnnie, because they knew that he really cared about them."

We will miss you, Johnnie.

200th Oxford House Opens in Washington

By Gino Pugliese

In October Oxford Houses of Washington State dedicated, opened and named their 200th Oxford House after Ken Stark, past director of the former state Division of Alcohol and Substance Abuse. It was Ken's vision and support that helped Oxford House reach this goal.

In the early 1990's Myrna Brown, our first Oxford Outreach Services Representative, learned of the Oxford House program and decided to open one herself. The Chalet Oxford House for Women was the first house in Vancouver, Washington followed shortly by the St. Edmonds Oxford House for men in Edmonds.

Cleve Thompson, County Alcohol/Drug Coordinator for Clark County Department of Community Services, spoke of Ken's efforts and involvement with the Oxford House Program. Cleve said he knew how Ken was feeling, as he also had an Oxford House named after him.

Many people shared their heartfelt admiration and gratitude to the man who made it all happen. Ken was presented with a crystal clock from the Washington State Association of Oxford Houses. When he finished speaking, he cut the ribbon, officially opening the home for tours, fellowship and lunch. The gratitude shared by co-workers, Oxford House members, neighbors and Outreach will be remembered by all in attendance that day.

Ken Stark, former DASA Director, and Gino Pugliese, Oxford House Outreach Worker, cut the ribbon on the Ken Stark Oxford House.

The Stark Oxford House.

2009 Exemplary Prevention Awards

At October's Prevention Summit in Yakima, Lt. Governor Brad Owen and Miss Washington 2009, Devanni Partridge, presented Exemplary Prevention Awards to the Voice Coalition of Sedro-Woolley, Ron Groff of Davenport, Cynthia Schroeder and Diana Nulliner of Battle Ground, Armani Emmal of Naches, and the Student Awareness Movement Club of Pomeroy. More than 700 attended the Summit. For more information, visit www.preventionsummit.org.

Voice Youth Coalition

Ron Groff

Project Handle Puts Reach Out Now in Action

By Pat Mouton

Last summer, Neighborhood House's Project Handle, a drug prevention program in King County, trained youth and volunteers with SAMHSA's Reach Out Now Teach-In curriculum. The purpose of the curriculum is to increase awareness of the health and safety risks of underage drinking.

The youth did a great job of recruiting their parents, grandparents, peers, and other family and community members to come to a play they created. Their play was about peer pressure and the risks that youth face every day when confronted with drinking alcohol and other unhealthy behaviors.

More than 100 people from the Vietnamese, Cambodian and Somalian communities attended this event held at the Rainier Vista community center in Southeast Seattle. Since many of the adults were limited or non-English speaking, Project Handle provided interpreters to keep everyone involved in the discussions and group activities.

It was wonderful to see multigenerational and multicultural groups coming together to learn more about preventing underage drinking, peer pressure and impaired driving, as well as how to create healthier families and communities. I was glad that DBHR approved the use of federal prevention block grant funds to support this worthwhile event.

I felt that the event was very interactive and everyone seemed to have a great time. Participants included members of a local African American church and a Somalian group who planned to duplicate this event in their own communities.

Pat Mouton is a Project/Program Manager with King County Department of Community and Human Services, Mental Health, Chemical Abuse and Dependency Services Division, Alcohol and Other Drug Prevention Program. She may be reached at pat.mouton@kingcounty.gov.

Who Wants to be a Clinical Supervisor?

By Mary Testa-Smith

I was excited to tell Pearl that we had decided to promote her to Clinical Supervisor (CS). She could work days instead of her current split shift, and would get a significant pay raise. As a personable, highly skilled, professional counselor, Pearl was the most logical person for the job when it opened.

"Thanks, but no thanks," she said comfortably. "I like being a counselor. I don't want to supervise other people. Besides, I wouldn't be any good at it."

"Of course you would," I scoffed. "It's very similar to what you do currently, only it's working with staff instead of directly with patients." She reluctantly agreed to accept the position for a three-month period, after which we would both evaluate how it was working out.

But Pearl was right. After a month, we both cried "uncle." Pearl wasn't comfortable directing staff, especially those older than she or those with more advanced education. She preferred her schedule of four hours on, four off, and four on instead of one eight-hour stretch. Pearl was magic with patients, but didn't have the same motivational or encouraging effect on staff. She wasn't very good at attending to the big picture of the agency, nor was she able to find ways to mentor and train interns with different learning styles and varied levels of ability. Her patient outcomes were exceptional, only she didn't have patients any more, just a fragmented clinical staff whose irritation with her grew day by day. She felt incompetent, and thought she had let the agency down. It was clear I had made a big mistake, and we returned Pearl to her previous position.

A number of colleagues at other agencies had similar stories. They promoted the most senior or "best" counselor to the CS position, with varying degrees of success. We in the field were just beginning to recognize that supervising counselors has its own skill-set, processes, and needs, separate and different from those required to be an effective counselor. This might be more widely understood now, but back in the late 1970s and early 1980s, it was quite the epiphany.

Mary Testa-Smith, a Certification Manger with DBHR, *may be reached at* Mary.Testa-Smith@dshs.wa.gov.

Source: Powell, David J. *with* Brodsky, Archie, *Clinical Supervision in Alcohol and Drug Abuse Counseling*: Principles, Models, Methods, Jossey-Bass, San Francisco, 2004, Appendix D.

David Powell, PhD, considered by many an international guru of all aspects of clinical supervision in substance abuse treatment, has developed a questionnaire to help counselors determine his or her readiness to be a CS. It is reproduced here with permission. Answer each statement with A (Agree), D (Disagree), or N (No opinion):

Clinical Supervisor Questionnaire

1. I like to set my own goals and do things my own way.
2. I have a keen sensitivity to the interests of other people.
3. I see my work only as a means to an end, rather than a main focus of my life.
4. When I know a job needs to be done well, I will do it myself.
5. I don't want to take the responsibility for someone else's work, good or bad.
6. I consider myself an attentive listener. I don't interrupt.
7. Given a fair chance, most people want to do a good job.
8. I live according to the rule of "better late than never."
9. When working with a group of other people on a project, I often find myself prodding them to get the job done.
10. I have a lot to learn about management and supervision.
11. Good employees work safely, obey the rules, and are willing to give a fair day's work.
12. My friends know that I won't criticize them when they come to me with their hard-luck stories.
13. People who break the rules should be prepared to pay the penalty.
14. I like to show other people how to do things.
15. The thought of working overtime without extra pay seems extremely unfair.
16. Most of my bosses have been a hindrance rather than a help to me and my coworkers.
17. I consider myself to be a good explainer: I can make things clear to other people.
18. In handling my personal affairs, I rarely fall behind in what I set out to do.
19. When assessing a situation, I find that there is likely to be some good in it as well as the bad and the ugly.
20. When things go wrong, that's a sign that a problem needs to be solved rather than a person blamed.

Score 1 point for each "agree" on 2, 6, 7, 9, 10, 11, 12, 13, 14, 17, 18, 19, and 20.

Score 1 point for each "disagree" on 1, 3, 4, 5, 8, 15, and 16.

There are no points for answering "no opinion."

A person who scores 15-20 points is ready to be a supervisor. A person who scores 9-14 points needs to gain a better understanding of the role of the supervisor. One who scores fewer than 9 points should look at other career options. Supervision may not be the right choice, according to Dr. Powell.

Agranulocytosis and Wound Botulism

Among the many negative consequences of substance use are medical complications caused by cutting agents or contaminants. Chemical dependency treatment providers are often in a position to educate patients who may be at risk for these complications.

In June DBHR distributed alerts about a potentially life-threatening condition, Agranulocytosis, related to Levamisole, a cutting agent used in cocaine. In November we distributed alerts about Wound Botulism, another potentially life-threatening problem caused by bacteria contamination of Black Tar Heroin. Both conditions were initially detected in King County and then other parts of the state.

The Centers for Disease Control (CDC) released an article about recent Agranulocytosis cases in four states including the King County cases. This prompted the DBHR release of the King County Public Health Alert on Levamisole. The full text of the article can be found at: http://www.cdc.gov/mmwr/PDF/wk/mm5849.pdf starting on page 1381.

While we have no information about active cases of Agranulocytosis, the Washington State Department of Health has alerted us to a recent case of Wound Botulism in Yakima. Patients with either complication should seek medical attention immediately. The King County Public Health web site has excellent materials, including warning flyers in both English and Spanish.

If providers identify people with possible wound botulism secondary to black tar heroin use, refer patients to emergency medical treatment and call your county health department or, if they are not available, the Washington State Department of Health at (877) 539-4344.

Symptoms of agranulocytosis

- High fever, chills or weakness
- Swollen glands
- Skin infections or sores
- White coating of the mouth, tongue or throat (thrush)
- Pneumonia (cough, fever, and shortness of breath)

Symptoms of wound botulism:

- Weakness and drooping eyelids
- Blurred or double vision
- Extreme dry mouth and sore throat
- Trouble swallowing or talking
- Trouble breathing and shortness of breath

Information about Levamisole and Agranulocytosis:
http://www.kingcounty.gov/healthservices/health/news/2009/09060401.aspx

Information about Wound Botulism:
http://www.kingcounty.gov/healthservices/health/communicable/hiv/harmreduction.aspx

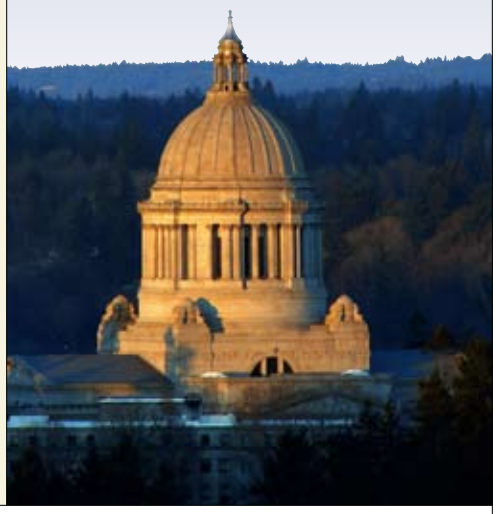
Being Informed and Involved During Session

The 2010 Washington State Legislative Session began January 11. Several bills have been introduced about substance abuse and mental health issues. Bill information can be found at www.leg.wa.gov. Messages for legislators may be left at the Legislative Hotline at 1-800-562-6000, or you may visit the Legislature's member roster website here for contact information.

Also available are details on the Governor's proposed budget and its implications for DSHS.

To connect with and support advocacy efforts in Washington State, visit:

- www.wasavp.org
- www.nami.org
- www.wadads.org



New Website on Behavioral Health Financing

The Substance Abuse and Mental Health Services Administration (SAMHSA) launched a new website on the financing of mental health and substance abuse prevention and treatment services and delivery systems. The website will also provide relevant articles from across the behavioral health financing industry, reports, briefs, and other items.

Visitors to this new website will also be able to access SAMHSA's Weekly Financing News Pulse, a new product containing information about national, state, and local behavioral health financing news, including upcoming hearings on Capital Hill. The new website is available to the public at: http://www.samhsa.gov/financing.

What is the Office of Consumer Partnerships?

By Stephanie Lane

The Division of Behavioral Health and Recovery's (DBHR) Office of Consumer Partnerships promote's recovery and resiliency for people in the public mental health and chemical dependency systems. The vision of the Office of Consumer Partnerships is a future where most mental health and substance abuse condition can be prevented or recovered from. Society will not stigmatize individuals and their families affected by substance abuse and mental health conditions, but will embrace them for their strengths and unique contributions to their communities.

The Office of Consumer Partnership's mission is to help stakeholders make the most of opportunities presented during the integration of mental health and substance abuse services, and to give consumers and patients a voice. We provide and support a variety of trainings and conferences, within available resources, to organizations and individuals in Washington State:

- Recovery Resiliency – Organizational and individual recovery-oriented theory and practice.
- Mental Health First Aid – 12 hour certification class for first responders.
- Supervising People with Psychiatric Disabilities.
- Utilizing Peer Councilors for Provider Organizations – This is training for provider organizations that are interested in learning how to hire and fully engage certified peer councilors in providing peer support to people receiving services.
- WRAP - Wellness Recovery Action Plan for co-occurring disorders and youth in transition – WRAP is offered regionally as well as through the Office of Consumer Partnerships as resources allow. WRAP is a self-management and recovery system developed by a group of people who had mental health difficulties and who were struggling to incorporate wellness tools and strategies into their lives.
- Advance Directive Basics – An advance directive is a document that describes a person's wishes for future medical treatment if they are unable to communicate this.

For more information, contact Stephanie Lane, stephanie.lane@dshs.wa.gov.

Rob McKenna, Gil Kerlikowske, David Dickinson, and Ruth Kagy listen to an overview of Washington's drug prevention initiatives.

In November Gil Kerlikowske, Director of the Office of National Drug Control Policy, met with state and community drug prevention leaders in Washington to hear about prevention initiatives and challenges, and to present an overview of the President's National Drug Control Strategy. Kerlikowske stated that Washington has more collaboration than many other states, and is a model for prevention and treatment services. He added that ONDCP will be taking a more holistic approach to reducing drug abuse, including more education camapaigns and proposing legislation to identify doctors who overprescribe and patients who doctor-shop.

Those presenting information about Washington's drug abuse issues included DBHR Director David Dickinson, who noted that teen treatment admissions for prescription drug abuse have increased alarmingly. Dickinson asked for federal support to increase prevention funding, which is most needed for reducing underage drinking. Liquor Control Board chair Sharon Foster said that she recently denied the sale of bubble gum flavored liquor in our state, and that the Board will request legislation to ban energy malt liquor drinks based on their potential harm to health and appeal to underage youth.

Representative Ruth Kagy spoke about the work her office is doing to promote early learning, and the impact on infant brain development when drug-using parents do not interact appropriately with their children. Attorney General McKenna outlined several prevention strategies his office is supporting with funding from prescription drug companies who violated marketing guidelines. Investing in youth leadership, mentoring and a statewide prescription drug monitoring program are high priorities.

Community-based prevention initiatives were presented by coordinators of the Seattle Strategic Prevention Framework/State Incentive Grant (SPF-SIG), Port Gamble/S'Klallam Tribe SPF-SIG, and Chelan/Douglas TOGETHER! for Drug Free Youth.

Changes at the Statewide Clearinghouse

Due to state budget reductions, the Division of Behavioral Health and Recovery (DBHR) has reduced funding for the Alcohol/Drug Clearinghouse this biennium. As a result, the Clearinghouse has made the following changes to services:

- Clearinghouse materials will continue to be free, however, they will need to charge for shipping and handling costs for all orders. Costs are listed on the Clearinghouse website: http://clearinghouse.adhl.org/about.html#TheResourceCenter. Customers may pick up orders at the Clearinghouse to avoid shipping costs.
- The Clearinghouse will continue to accept online and phone orders, but due to staff reduction, it may take 10 to 15 business days to fill orders once the Clearinghouse has received payment.

The Clearinghouse is working to provide most prevention materials as a downloadable PDF file or direct link on their website, and updating their online catalog and video lending library.

CTC Lowers Teen Binge Drinking by One-third

Rates of binge drinking were 37 percent lower among eighth-grade students in communities in seven states that used a prevention system designed to reduce drug use and delinquent behavior compared to teenagers in communities that did not use the system.

Eighth graders in the towns that offered Communities That Care (CTC) also had significantly lower levels of alcohol and smokeless tobacco use and engaged in fewer delinquent behaviors, according to a new University of Washington paper published in the Archives of Pediatrics and Adolescent Medicine.

The findings come from the ongoing Community Youth Development Study that compares teenagers living in 12 pairs of small- to moderate-size towns in Colorado, Illinois, Kansas, Maine, Oregon, Utah and Washington. It is tracking the behavior of more than 4,400 students for five years. The study is the first community-randomized trial of CTC, developed by J. David Hawkins and Richard Catalano of the UW's Social Development Research Group to lower rates of delinquency and drug use and to promote healthy behaviors.

"This study shows we can prevent adolescent risk behaviors community wide by using CTC," said Hawkins, lead author of the paper and founding director of the research group, a part of the UW's School of Social Work.

"The most dramatic finding concerned binge drinking. We asked youngsters if they had consumed five or more drinks of alcohol in one sitting in the past two weeks. We know kids who drink that way are at risk for developing alcohol abuse and dependence later. This binge drinking is occurring when children are 13 and 14 years of age, so we are actually preventing the likelihood of later alcohol problems. This is very important from a public health standpoint."

The study found that 5.7 percent of the eighth-grade students in the intervention towns engaged in binge drinking in the past two weeks compared to 9 percent of the eighth graders in the communities not using CTC. The findings are based on data collected four years after each of the intervention towns began using CTC.

The researchers also asked the participants about their use of seven types of drugs — cigarettes, smokeless tobacco, inhalants, marijuana, alcohol, prescription drugs and other illicit drugs — during the past month. Teenagers in the intervention towns reported lower levels of use of all seven substances and the differences were statistically significant for alcohol and smokeless tobacco. There was a 48 percent reduction in the use of smokeless tobacco and a 23 percent reduction in the number of teens drinking alcohol.

The research is being supported by the National Institute on Drug Abuse, the National Cancer Institute, the National Institute of Child Health and Human Development, the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism and the Center for Substance Abuse Prevention. Co-authors of the paper are UW Social Development Research Group scientists Sabrina Oesterle, Eric Brown and Michael Arthur; Catalano, the group's director; educational psychology professor Robert Abbott; and Abigail Fagan, formerly of the UW and now at the University of South Carolina.

For more information, contact David Hawkins at (206) 543-7655 or jdh@u.washington.edu.

Paving the Road to Recovery

By Teresa Hansen, Clinical Supervisor, SeaMar Community Health Centers

SeaMar Recovery Center implemented an Intensive Inpatient and Long-Term Recovery Program in February 2003. From July 2008 through June 2009, their Intensive Inpatient Program's (IIP) completion rate was 98.8 percent, compared to the state average of 79 percent. This organization is particularly proud of their IIP completion rates within the African American population, which was 95.5 percent.

They have maintained a 69.7 percent completion rate in their Long Term Program (LTP) as compared to the state average of 60 percent. The completion rate for the Hispanic and African populations' within their LTP was 100 percent and 67.3 percent respectively.

This program's mission is to serve all culturally diversified populations and these rates coincide with their continual focus of integration of treatment services for all populations.

The major reason for their success is the diversity of the staff. Their staff members represent diversity, cultural awareness, and the concept that everyone deserves treatment with dignity and respect.

Teresa Hansen is a Clinical Supervisor with SeaMar Community Health Centers in Des Moines.

The participants' comments below support the staff member's commitment to excellence:

"This program has changed my life, now I have a chance at long-lasting sobriety. The staff believed in me, even when I could not believe in myself. They truly care about me as a person and have never judged me or labeled me as an "addict" who does not deserve help."

"This program provides a safe environment with a positive atmosphere. Long-term treatment allows me to put together a substantial amount of clean time and to have the chance to slowly work my way back to society without using. SeaMar has restored my hope and faith in a future and successful life in recovery that I never had before."

"Before coming to treatment at Seamar Recovery Center, I could never imagine a life without using drugs and alcohol. I have been in treatment three weeks and can not believe the world of possibilities that are out there for me. I have been given another chance."

Potential Flooding Threatens Green River Valley

Time for Disaster Planning

By Glenn Baldwin

A potential disaster threatens treatment providers and their patients in King County's Green River Valley this rainy season. Although flooding is a common occurrence along many Washington rivers, this threat is unusually severe.

The area has been protected from flooding since 1961 when the Army Corps of Engineers completed the Howard Hanson dam at Eagle Gorge. Last winter, an abutment to the dam was damaged by record rainfall and the Corps has decided to restrict the 220 square mile reservoir to one-half of normal capacity. A severe rain event could send water over the levees that protect the now heavily urbanized valley. This water will likely need to be pumped out of flooded areas over several weeks and subsequent rainfall could re-flood the area. As a result of recent emergency repairs, the Corps estimates a 1:25 chance of severe flooding this year. Permanent repairs will likely take three to five years.

Emergency planners anticipate, if flooding does occur, many of the 26,000 residents and hundreds of private businesses and public agencies will have to evacuate. Structures not actually flooded may lose sewer, water, power or road access. They also anticipate that flooding would likely cut off travel on highway 167, making North-South traffic difficult not only for those living above the valley, but also for commuters on I-5 and other routes.

Chemical dependency and mental health treatment providers are required to have disaster plans, however, most were not made with this level of disaster in mind. Emergency management authorities have been sponsoring trainings for non-hospital healthcare providers on coping with disasters. Many chemical dependency providers have attended these trainings on planning for and recovery from disaster, which include the following information:

- First steps include purchasing flood insurance and installing one-way valves on sewage lines.
- Staff need to make their own plans for getting to and from home, work and daycare.
- Healthcare providers need to arrange for alternative locations in the event of flooding.
- Patient records need to be protected and patients need to be informed about how to continue care in the event of flooding.

The King County Emergency Management Department has planning tools for residents and businesses on its website: http://www.kingcounty.gov/safety/FloodPlan.aspx. E-mail or cell phone alerts are available by signing up on their web page.

Even if you are not in a flood zone, this is a good time to review personal and business disaster plans. Information about disaster planning can also be found at the Washington State Department of Emergency Management web page: http://www.emd.wa.gov/.

Glenn Baldwin may be reached at glenn.baldwin@dshs.wa.gov.

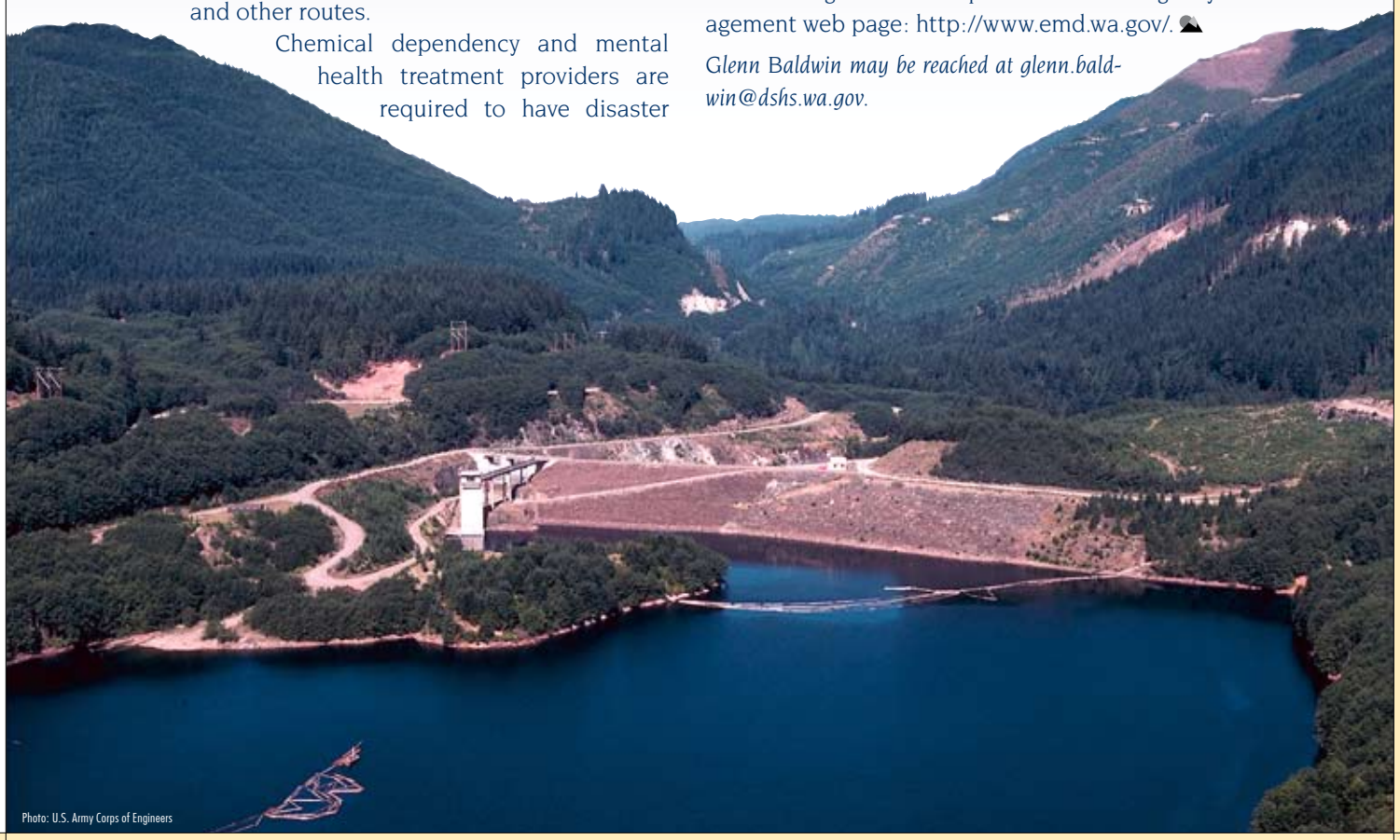


Photo: U.S. Army Corps of Engineers

Upcoming Events

Share news about your prevention, intervention, treatment, and aftercare program. If you have events, success stories, announcements, or a policy/advocacy issue you want to write about, e-mail Deb Schnellman at schneda@dshs.wa.gov, or call (360) 725-3763.

FEB — FEBRUARY '10

STATEWIDE MOTIVATIONAL INTERVIEWING PROJECT
www.wcmhcnet.org/train/docs/MI.pdf

1-5 MENTAL HEALTH PEER COUNSELOR TRAINING
www.wcmhnet.org/detail.asp?aid=161

14-20 NATIONAL CHILDREN OF ALCOHOLICS WEEK
www.nacoa.net

18-19 WARM BEACH RETREAT
Contact John Cecsarini (425) 330-4262 or at tjodaat@aol.com
Registration and information available at:
www.aticeus.com

MAR — MARCH '10

STATEWIDE MOTIVATIONAL INTERVIEWING PROJECT
www.wcmhcnet.org/train/docs/MI.pdf

SAFE SPRING BREAK
www.bacchusgamma.org

7-13 NATIONAL PROBLEM GAMBLING AWARENESS WEEK
www.npgaw.org

APR — APRIL '10

STATEWIDE MOTIVATIONAL INTERVIEWING PROJECT
www.wcmhcnet.org/train/docs/MI.pdf

NATIONAL ALCOHOL AWARENESS MONTH
www.ncadd.org

CHILD ABUSE PREVENTION MONTH
www.dshs.wa.gov/geninfo/enharm.html

1-5 MENTAL HEALTH PEER COUNSELOR TRAINING
www.wcmhnet.org/detail.asp?aid=161

8 NATIONAL ALCOHOL SCREENING DAY
www.NationalAlcoholScreeningDay.org

For training details and registration, see DBHR's online Training Calendar at www.dshs.wa.gov/dasa/services/training/calendar2009.shtml.

Meet Jeanette Barnes

Parent / Family / Youth Liaison

It is a challenge to count the number of hats that Jeanette Barnes wears in responding to the needs of parents and families dealing with severe emotional and behavioral difficulties. DBHR is fortunate to have a Parent/Family/Youth Liaison (PFY), filling a role that has been unavailable to our mental health programs due to budget cuts in recent years. Having a PFY Liaison reinforces the value of education, voice, involvement and endorsement of parents, families and youth as partners in care and current issues. It also helps people navigate the system of mental health services and find help for their child.

The PFY Liaison exemplifies parent-driven leadership and advocacy from the perspective of firsthand experience. The individual in this role builds trust with stakeholders who are parents, youth, families, advocates and providers involved in their unique roles of treating clients, and raising and supporting loved ones. A successful Liaison must balance their understanding, support and advocacy for consumers and families with a perspective of the constraints of government.

Jeanette Barnes, a mother of three with Lakota Souix heritage became involved in the "system" when her youngest son was diagnosed with ADHD, Conduct Disorder and Bi-Polar Disorder. These challenges were worsened by drug addiction. She learned first hand of the frustration and fear that comes with trying to find help while facing system barriers and the stigma associated with mental health, special education, juvenile justice and chemical dependency.

Jeanette turned her own disillusionment into a passion for advocating for the rights of all consumers and family members who have loved ones with these serious challenges. She is now one of the most well-respected and sought after advocates in Washington. She has over 15 years of experience training professionals and families in achieving mutual goals through the models of Recovery, Resiliency and "Wraparound", a family / community team approach to severe emotional and behavioral problems in youth. She has authored curricula in Wraparound that has helped another state develop their program.

Jeanette has recently developed a resource directory for connecting parents with each other for support. In every role, she brings her multi-cultural roots and experience into solutions honoring the diverse cultures of the people she is supporting.

Jeanette's and her family's journey was featured in the November 2009 issue of Psychiatric News after she and her son were presenters at the American Psychiatric Association Office of Minority National Affairs Seattle Symposium. A narrative of their experiences in recovery will soon be available on NAMI's Star Center: http://www.consumerstar.org/

Jeanette and her service animal, Chloe, a sweet-natured Papillon, are part of DBHR's Child, Youth and Family Mental Health Program Unit. Mental health and substance abuse program partners are seeking to build the role of the PFY Liaison to respond to our goals of integration and to have input from the consumer/family perspective.