WASHINGTON FOCUS

September 2012

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

Washington Joins the Voices for Recovery

Several Washington communities held public events and celebrations during September for National Recovery Month. Sponsored by the Substance Abuse and Mental Health Services Administration, Recovery Month promotes the benefits of prevention and treatment for mental and substance use disorders, celebrates people in recovery and the contributions of treatment and service providers.

Each year, Recovery Month promotes the critical message that prevention works, treatment is effective, and people recover. This year's theme, "***Join the Voices for Recovery: It's Worth It***," emphasizes that while the road to recovery may be difficult, the benefits of preventing and overcoming mental and/or substance use disorders are significant and valuable to individuals, families, and communities.

Governor Gregoire proclaimed September as Recovery Month in Washington State. Several communities hosted events and listed information on the Recovery Month Community Events web page. Celebrations included walks, festivals, recognition events, presentations, concerts, picnics, and the opening of a new Oxford House in Mt. Vernon. The time and effort that each organization put into promoting prevention, treatment and recovery are important investments in building healthier communities.

Fast Facts...

- In 2010, 31.3 million people in the U.S. aged 18 or older received mental health services in the past year, and 2.6 million people received specialty treatment for an illicit drug or alcohol use problem.
- Half of all U.S. adults over age 18 know someone in recovery from an addiction to alcohol, illicit drugs, or prescription drugs.
- Two-thirds of Americans believe that treatment and support can help people with mental illnesses lead normal lives.

Source: Substance Abuse and Mental Health Services Administration.

The Journey of Recovery is an On-Going Road Trip

By Victoria Maxwell

It's 1990. I'm dancing with John Travolta. No really: on the set of Look Who's Talking Too. My dream of working as an actor has come true. I have no idea in two short years I'll be strapped to a gurney in a florid psychosis, fighting bipolar disorder with my livelihood disintegrating.

Since childhood, I fought anxiety and bouts of depression. From 17, I struggled with binge eating, overexercising and feeling suicidal. But I put on a mask, kept the despair, self-loathing and anxiety hidden, even in counselling. In my 20's, mood swings began in earnest, shifting sometimes in a matter of hours from depression to euphoria. Then in 1992 I became so manic I catapulted into a psychosis (literally a break with reality) and landed in the psych ward. "You have" a pale, humourless doctor explained to me "rapid-cycling, mixed-state bipolar disorder and generalized anxiety disorder with psychotic features." Easy for him to say.

The road to recovery is an arduous one. The longest leg for me was the journey to acceptance. I refused the diagnoses, medications and treatment for five years. As a result I had manias, depressions and several psychoses. Then a psychosis propelled me to run through a genteel neighbourhood naked. Ambulance. Police. Psych ward. The whole shebang.

I was in debt, on welfare, had lost my job, boyfriend, car, alienated my friends and lived in a rooming house. I stood at a crucial crossroads. I could continue to reject help and plummet into further illness or accept the disorders and begin to carve out a life. I choose the latter.

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FROM THE DIRECTOR

Chris Imhoff

Director, DSHS-ADSA
Division of Behavioral Health and Recovery

During September many communities held events to celebrate National Recovery Month. DBHR developed and posted a Governor's Proclamation for communities to share at their Recovery Month events. Thank you to all who participated in Recovery Month to promote healthy communities.

Farewell to MaryAnne Lindeblad; welcome Jane Beyer

In August MaryAnne Lindeblad was appointed by Governor Gregoire to lead the Health Care Authority, leaving her position as our Assistant Secretary of the Aging and Disability Services Administration (ADSA) with DSHS. MaryAnne has spent much of her career at DSHS, serving in a variety of leadership positions with the Division of Health Care Services. Her experience also included serving as the assistant administrator of the Public Employees Benefits Board for the Washington Health Care Authority, and the director of operations for Unified Physicians of Washington. We appreciate MaryAnne's leadership during her time at ADSA and wish her well in her new position.

In September Jane Beyer began serving as Interim Assistant Secretary for ADSA. For the past 13 years, Jane has served as senior counsel for the Washington State House of Representatives Democratic Caucus. In that position, she has handled a variety of health care issues including: Medicaid, access to health care for uninsured people, individual and group health insurance reform, federal health care reform, state purchasing of health care, health care liability and medical malpractice, patient safety, mental health and long term care. She also handled human services, child welfare and juvenile justice issues.

Jane recently met with DBHR staff to share her vision and begin planning ways we can continue to improve the lives of the people we serve. Her first priority for ADSA is to develop a strategy for adult behavioral health system redesign. As we plan the redesign, which will focus on increasing our use of evidence-based practices, integrating health care services, promoting prevention and emotional health, and building recovery-oriented and trauma-informed systems of care, we will look to the expertise of our providers and partners to help build and implement it.

If you have suggestions for how our behavioral healthcare system can achieve better health, better care, and lower costs for Washington citizens, feel free to email me at chris.imhoff@dshs.wa.gov. In the coming months there will be other opportunities to give recommendations for our strategic plan.

Consolidating Regional Support Networks

Regional Support Networks (RSNs) are the administrators of public mental health services in Washington State. RSNs provide mental health services through contracted providers in their regions. DBHR works closely with the RSNs to ensure consumers receive quality and timely services.

Beginning October 1, 2012 the RSNs will reduce in number from 13 to 11. These consolidations were requested by participating counties and are intended to promote administrative efficiencies. The changes are:

- North Central Washington RSN (Lincoln, Stevens, Ferry, Grant, Okanogan, Adams, and Pend Oreille counties) will consolidate with Spokane County RSN to become one multi-county RSN. This new multi-county RSN will continue to be known as Spokane County RSN.
- Cowlitz County (Southwest RSN), Clark County (Clark RSN), and Skamania County (currently part of Greater Columbia RSN) will consolidate into a new RSN called Southwest Washington Behavioral Health RSN.

Enrollees of the affected counties have been notified about this administrative change, and that there will be no impact on their current services or providers. Public notices have also been issued. Visit the DBHR web site for a map of RSN locations.

Upcoming Events

We hope to see you at our Fall statewide conferences in Yakima: the Co-Occurring Disorders Conference October 8-9, and the Washington State Prevention Summit November 4-6.

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

Washington Recovery Helpline
1-866-789-1511

Suicide Prevention Lifeline
1-800-273-8255

Healthcare Professional Credentialing Requirements

DSHS Secretary
Robin Arnold-Williams

DBHR Director
Chris Imhoff

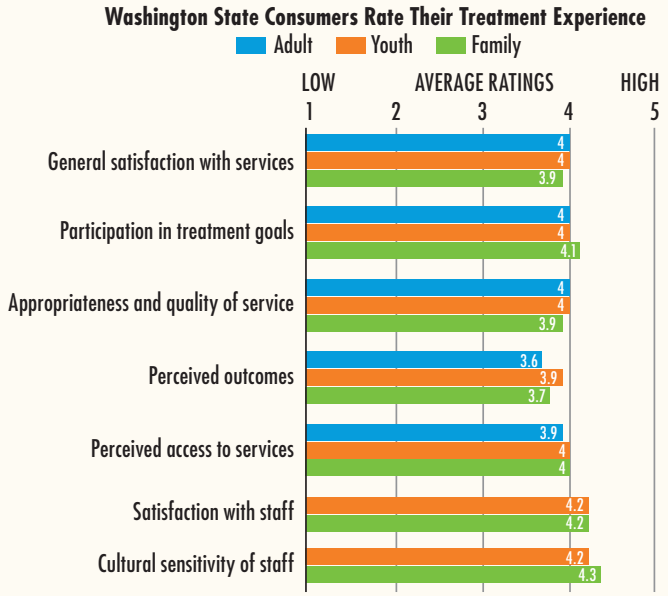
Consumers Agree Mental Health Treatment Generally Favorable

By Felix Rodriguez, Ph.D.

Washington State consumers of publicly funded mental health treatment find their experience mostly favorable, according to a survey conducted recently by The Washington Institute for Mental Health Research and Training (WIMHRT) Western Branch. From March through June 2012, interviewers asked a random sample of 1,433 adult and 1,038 youth and family consumers their opinion about the services they received. Questions involved aspects of treatment such as satisfaction, participation, access, appropriateness, and perceived outcomes. The sample was selected from those who had received at least one hour of service between May and October 2011.

The telephone survey used a standardized questionnaire developed by the Mental Health Statistics Improvement Project (MHSIP), a national initiative aimed at improving the collection of mental health treatment data. Consumers were asked to rate their experience using a scale of 1, strongly disagree, to 5, strongly agree. Results are reported separately for three groups: adults, youth, and families.

The average ratings suggest a positive attitude toward publicly funded mental health treatment (see chart). Participation in treatment goals received an average score of 4 or higher from all three groups, suggesting that providers are doing a good job of making consumers an integral part of the treatment process. General satisfaction with services, appropriateness and quality of service, and perceived access to services received ratings of at least 3.9. Perceived outcomes of services scored lower with ratings of under 4. Youth and family consumers gave satisfaction with staff and cultural sensitivity of staff average scores higher than 4. The MHSIP adult consumer survey does not include these last two items.



Source of data: WIMHRT Western Branch, Adult Consumer Survey 2012 Tool Kit and Children's Survey 2012 Tool Kit.

For more information about the survey findings and the full report, visit the WIMHRT Web site at http://depts.washington.edu/washinst/Reports/Reports.html, or Felix.Rodriguez@dshs.wa.gov.

Recovery through Supportive Housing, Supported Employment

By Melodie Pazolt

This was the title for a pre-conference institute at the Washington State Behavioral Health Conference. The institute was sponsored by DBHR to educate community mental health staff and leadership, Regional Support Networks, consumers and family members as well as system partners about the importance of employment and housing for the recovery process from mental illness.

Limited income, loss of employment and unstable housing conditions put people with mental health conditions constantly in danger of homelessness. Shrinking resources continuously face the mental health 'system' and this institute was an opportunity to promote a partnership approach with other 'systems' to 'braid' funding to provide and expand permanent supportive housing and supported employment particularly with the loss of the Medicaid funded 'B3' services. Chris Imhoff, DBHR Director and Andres Aguire, Acting DVR Director welcomed everyone to the institute and enforced their commitment towards employment. Eric Yakovich the president of the Washington State Community Mental Health Provider Council reiterated the council's commitment towards recovery including employment and housing.

The institute was an opportunity to bring 'system' partners such as the Division of Vocational Rehabilitation and the Department of Commerce to the conference along with national experts John Rio and Pat Tucker from Advocates for Human Potential. The institute provided an overview of permanent supported housing and supported employment and the common elements between the two evidence based practices. Strategies to braid resources to provide employment supports and housing utilizing Medicaid, Division of Vocational Rehabilitation and resources from Department of Commerce were shared. A draft crosswalk that provides guidance on employment supports that can be provided to individuals receiving Medicaid was disseminated at the institute and has been posted on the conference website along with handouts from Department of Commerce and Division of Vocational Rehabilitation.

The institute had over 80 registrants. Approximately 60 individuals attended with 40 evaluation surveys completed. The overall results of the evaluation surveys were positive.

Working Together; Each Doing Our Part

Integrating community substance abuse prevention and mental health promotion across Washington

In August, the Washington State Prevention Enhancement Policy Consortium finalized the Substance Abuse Prevention and Mental Health Promotion Five-Year Strategic Plan. A copy of the plan is available online at: www.TheAthenaForum.org/SPE.

The Washington State Prevention Enhancement Policy Consortium (the Consortium) is comprised of representatives from 22 state and tribal agencies and organizations. The goal of the Consortium is that through partnerships we will strengthen and support an integrated statewide system of community-driven substance abuse prevention, mental health promotion, and related issues.

The Consortium held its first meeting in October 2011 and initiated our strategic planning process in which we conducted an extensive review of state-level data and resources. Through this process, we were able to identify problem areas, as well as map current resources and partnerships that support substance abuse prevention and mental health promotion. We also selected collaborative strategies from which to move forward in developing detailed action plans for each of our prioritized problem areas. In addition to supporting the current work of our partnering state and tribal agencies and organizations, as well as local communities, the Consortium is using strategies focused on public education campaigns, policies, and professional development that will capitalize on the unique role of a state-level coalition to contribute to the overall collective impact.

The Consortium looks forward to implementing this plan as an opportunity to infuse energy into our system as we enhance our capacity to support community level strategic prevention planning and service.

In addition to the collaborative planning process, this grant also provided an opportunity for over 20 valuable state capacity-building projects focused on the substance abuse prevention state system, including:

- Primary Care Integration Demonstration Project;
- Healthy Youth Survey improvements;
- Performance-based Prevention System enhancements;
- Feasibility studies on prevention professional certification, agency licensure, and rates for prevention services;
- Professional development trainings and development of an e-learning system;
- Updates to the Student Assistance Manual and the Community Organization Training Manual; and
- Creating an online database of searchable evidence-based practices.

We would like to give special thanks to all of the partnering state and tribal agencies and organizations and to those who participated as representatives serving on the State Prevention Enhancement Policy Consortium. We would also like to thank each of you who participated in the various information gathering opportunities through meetings, discussions, and review of documents. Specifically, we would like to recognize those who participated in the public review of this plan including the tribes that worked with us in the Consultation, representatives from Prevention Redesign Initiative Communities, Association of County Human Services, Drug-Free Communities grantees, local health jurisdictions, educational service districts, healthcare plan providers, and treatment providers. We appreciate your input and insight into the needs of our state and the opportunities to address them.

For more information about the State Prevention Enhancement projects and planning and a list of partnering agencies, go to www.TheAthenaForum.org/SPE or contact Sarah Mariani, SPE Project Manager at Sarah.Mariani@dshs.wa.gov.

In Summary...

We will build the health and wellness of individuals, families, schools and communities where people can be as healthy as possible in a safe and nurturing environment.

By addressing intervening variables and risk/protective factors of...

- Access/ Availability
- Perception Of Harm
- Enforcement
- Community Norms
- Policies
- Traumatic Experiences

Using strategies of...

- Cross-Systems Planning/ Collaboration
- Policy/ Community Norms
- Community Engagement/Coalition Development
- Information Dissemination
- Problem Identification And Referral
- Education

We affect community and family outcomes, which lead to reduction of...

- Underage Drinking
- Marijuana Misuse/Abuse
- Prescription Drug Misuse/Abuse
- Tobacco Misuse/Abuse
- Adult Alcohol Misuse/Abuse
- Depression
- Suicide Ideation

Got FOCUS?

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To continue bringing you useful information in FOCUS, let us know what matters most to you. Send comments and articles to Deb Schnellman at deb.schnellman@dshs.wa.gov.

The Medicine Abuse Project Launches Initiative to Curb Growing Epidemic

http://www.drugfree.org/newsroom/the-medicine-abuse-project

Last year, millions of parents learned they were their teen's drug dealer.

A new kind of drug abuse is killing our kids. What every parent needs to know.

44 PERCENT OF TEENS have at least one friend who abuses prescription drugs. But this epidemic isn't unfolding on our streets. Our kids are accessing these drugs – absolutely free – right in our own homes. How big is the problem? Unintentional drug overdoses in the U.S. now outnumber traffic fatalities, and prescription drug abuse is the sad reason why.

FREE DRUGS FROM PARENTS? Nearly four billion prescriptions are filled in America every year. Some experts estimate 1/3 of these prescriptions are never used. (How many pills were unused from your last Rx?) But for many of us, it seems wrong to throw away extra pills and not-quite-empty bottles. And that's too much for millions of curious teenagers to resist.

HOW KIDS ABUSE Rx DRUGS: It's no secret that many prescription drugs have unintended alternate uses. Many teens know which painkillers can get you high, especially when mixed with alcohol. Many students cram for exams by misusing drugs that treat ADHD or sleeplessness. Sedatives, anti-depressants, amphetamines, barbiturates, OTC cough medicines with dextromethorphan...you may not know how to misuse them, but others do.

IS YOUR KID MISUSING? By their senior year of high school, one in five teenagers will have abused prescription painkillers. Nine percent will have abused sedatives and tranquilizers; another ten percent will misuse prescriptions for treating ADHD. More teens misuse painkillers every year than use cocaine. Many

kids think prescription drugs are 'safer' than illegal drugs. And it's so much easier to avoid suspicion with prescription drugs.

IS YOUR HOME SAFE? The short brutal answer? No. Pharmacists keep drugs locked away, but the rest of us certainly don't. One industry group estimates that our nation's medicine cabinets contain more than 200,000,000 pounds of leftover prescriptions.

THIS IS THE NEW DRUG EPIDEMIC. In the mid-1970s, an international heroin epidemic pushed overdose deaths to 1.5 per 100,000 US population. The cocaine epidemic of 1989-1993 doubled drug deaths to almost 3 in 100,000. Today's prescription drug epidemic is three times deadlier than that: over 10 deaths per 100,000 population in 2009.

THE MEDICINE ABUSE PROJECT aims to raise awareness among kids, parents, law enforcement and government officials, health care professionals, and educators. Our goal: cut teen medicine abuse in half in five years, but two things have to happen: First, safeguard your meds. Second, talk to your kids.

SAFEGUARD YOUR MEDS NOW. Our first step, as parents, is to change our behaviors. Please remove any current prescriptions from the 'public' spaces in your home. Clear out your medicine cabinets and closets of unfinished prescriptions, especially in bathrooms that visitors use. It's hard to change the patterns of a lifetime, but we must start throwing away prescriptions when we're finished with them. Every pharmacist tells us that, and it's time to heed their words.

TALK WITH YOUR KIDS. When you safeguard your house, tell your kids what you're doing and why. Ask what they're seeing at school, and how it affects their friends and classmates. Next time you pick up a prescription for someone in the family, raise the subject again. When you give your kids cold medicine or a painkiller, that's another perfect teaching moment. Make sure you say the most important thing a parent can say to their child: "I don't want you to do drugs." And be sure to point out that misusing legal drugs can be just as deadly as using illegal drugs. Because it is.

THE MEDICINE ABUSE PROJECT

Safeguard your medications and talk with your kids. Visit drugfree.org to learn more.

THE PARTNERSHIP AT DRUGFREE.ORG

More Communities Selected for Prevention Redesign Initiative

Since the 1980's DBHR has been investing in school and community based prevention and intervention programs for youth. In July of 2011 DBHR began implementing the Prevention Redesign Initiative (PRI) to redirect funding for substance abuse prevention services to higher-need communities and better target and leverage limited resources.

The communities selected for PRI face complex challenges, such as higher than average rates of academic failure, economic deprivation and youth substance use. PRI supports proven strategies that will have a long-term, positive impact on families and others in their communities, with a focus on reducing underage drinking.

PRI is being implemented through active partnerships with counties, Educational Service Districts (ESDs), local school districts, and the Office of the Superintendent of Public Instruction. PRI communities receive funding for training and technical assistance to do capacity building, assessment, planning, implementation and evaluation. They also have a full-time Prevention/Intervention Specialist in selected schools.

For the first year of PRI, 19 communities across Washington were selected to receive services. This year an additional 15 communities have been selected, and by 2013 DBHR anticipates funding a total of 52 high-need communities. To view a brochure about PRI and profiles of the funded communities, visit DBHR's prevention services page and go to What is PRI?

PRI Communities Partnering for Success

By Nancy Fiander, Community Coordinator, White Swan Arts and Recreation Community Coalition

If you were to visit Harrah Elementary School, on the Yakama Indian Reservation in south-central Washington State, you might see teachers allowing: chair hopping, pencil tapping, giggling, and animal sounds. The PAX Good Behavior Game was implemented at Harrah Elementary School last year in K-6th grades. The vision of PAX is: I better my world...I better myself.

The word PAX is Latin for peace, productivity, happiness, and health. The core components or "kernels" of the game include a harmonica, timer, PAX stixs, Granny's Wacky Prize, PAX Vocabulary, and Tootle Notes. The philosophy of PAX is reward good behavior by teaching the students to stop and go. The classroom is split into teams, who try to have the least amount of "spleems" (off task behaviors) during the game. The reward is playing Granny's Wacky Prize.

The results have been overwhelming: increased time on task, decreased transition times, increased attendance, increased positive school climate, and decreased disciplinary referrals to name a few. Classroom students are asking for the game to be played so the class will quiet down, students are kinder to each other and helping each other; teachers report they have more time to teach and more time to help students; parents are buying harmonicas so they can use them at home.

The Mt. Adams Middle School started implementing PAX in 7th and 8th grade this fall and the teachers are already reporting less" spleems" and more time to teach. The school superintendent, Mr. Strom, is very supportive of PAX because of the increased time to teach that he is seeing in the classrooms. Mt. Adams School District is also the first in the nation to train their bus drivers to implement PAX on the bus. There are also plans to implement PAX district wide (K-12). To learn more about this evidence-based programs, visit http://goodbehaviorgame.com/

By Megan Azzano, Community Coordinator, Okanogan County Community Coalition

In September 2010, the Coalition began partnering with the Okanogan County Sheriff's Department to provide semi-annual DEA Prescription Drug Take Back events. During the first event, our county had one site, staffed by a Sheriff's Deputy. One year later, our third event, we increased our partnerships and offered five sites in Okanogan County. Law enforcement partners included: Twisp Police Department, Omak Police Department, Okanogan County Sheriff's Department, Colville Tribal Police Department, and Grand Coulee Police Department.

The Coalition provides publicity, while law enforcement provides the necessary security at take-back events. In addition, Coalition members volunteer their time to be present during the event to show community support and provide information on substance abuse prevention efforts in our area. By expanding our partners, we were able to increase the amount of medicine returned by over 800% in one year.

As a result of our take-back day success, the North Central Regional Drug Task Force has agreed to partner with police departments in Okanogan County to provide permanent drop-off locations within police departments. We have worked with the Drug Task Force, Omak Police Department, and Omak City Council to finalize standard operating procedures and multi-agency memorandum of understanding to install a permanent, secure disposal site in Omak Police Department.

Within the context of this agreement, the Coalition will provide publicity and marketing to the community, Omak Police Department will collect and secure the disposal site, and because we do not have local incineration facilities, Omak Police Department will transport the returned drugs to an approved disposal site in Spokane.

The work involved with this strategy lies in the "start up" efforts: defining and negotiating roles and responsibilities for multiple agencies and funding sources, writing policies and procedures that will ensure a successful program, and keeping communication open and the project moving forward during this long process. A ribbon cutting ceremony for Okanogan County's first permanent Rx drug take back site will be held September 29th at Omak's Police Department. The ribbon cutting will coincide with this year's DEA Prescription Drug Take Back Day, when the Coalition will again provide five sites countywide to take back meds.

Victoria's Story *continued from front cover*

I moved back with my parents, saw a psychiatrist, sought counselling. It took three years but we finally found the right medication. I left the world of acting to others with a higher tolerance for rejection. I didn't need stardom; I needed stability.

My psychiatrist came from the school of medicine that was simple, strong and unequivocally caring. His suggestion: find a job, learn to support myself and stay that way. Something I could barely imagine.

I entered a vocational rehabilitation program for individuals with psychiatric disorders. The 3-month program was pivotal. My job coach and work placements (WP) were invaluable (and nerve-racking). During a WP, the boss offered me a position. I didn't know whether to jump for joy or run screaming. With reassurance from my wise parents, psychiatrist and job coach, I accepted. As my time on the clock accrued, so did my self-assurance. I discontinued welfare, settled my debt and a year later moved out on my own.

Victoria Maxwell

But once the acting bug bites — the itch usually stays. I began writing about the very illnesses that put me here. I read excerpts and people asked for more. So I wrote my first play Crazy for Life. I began performing it and offering talks about psych wards, shrinks and limited hospital apparel. I kept my job until I could support myself with performing and speaking. To stay well I had to maintain a healthy lifestyle and financial stability. Slowly I moved towards my dream of running my own business. Performance requests came, referrals to speak and lead workshops started to flow. In 2004: Crazy for Life Co. was born. I now have written four one woman plays. I perform across the US and Canada at conferences, public events and corporations to dismantle stigma and increase understanding of mental illness.

I have a healthy respect for the disorders I live with. I still grapple with depressions and 'mini' manias, but they aren't knee-buckling. With the right choices, I live almost symptom free. Today I take medication, see my doctor, do psychotherapy and exercise, to name a few tools. I am forever grateful to my parents, psychiatrists, the voc rehab program and my husband who continues to help me walk this road of recovery. It is through them I discovered how to reclaim my joy and sense of self. My hope for all who face mental illness is that they have strong support and know recovery is possible. As I like to say 'sometimes the harder we fall, the higher we bounce'.

For more info about Victoria's shows and workshops, visit: www.victoriamaxwell.com. She welcomes questions and comments.

Family Youth System Partner Roundtables

DBHR's Family Liaison, in partnership with Youth n' Action's Program Director, is supporting the organization and development of Family Youth System Partner Roundtables (FYSPRT) across the state. The work began through an evidence of competition supported by Mental Health Transformation Project funds in 2011. Four family and youth organizations were awarded small contracts to begin organizing regions, with the intent to develop regional FYSPRTs following the values and principles of system of care and wraparound. Members are selected by the core team of family and youth leaders from each region, as they know who their champions, system and community partners are.

FYSPRTs are the designed governance structure through which family, youth, community and system partners will be actively and meaningfully engaged in policy making and planning for services and supports. There are now four Regional FYSPRTs, with three of them branching out into county and/or community development, with family and youth groups being modeled after Family Alliance for Mental Health, Youth n' Action, Three Rivers and Sound Mental Health's Family and Youth Resource Groups.

The short term goal is to develop regional and state FYSPRTs in the identified regions within one year. The proposed plan for the next fiscal year is to continue to support FYSPRTs as we move to the development of a statewide network entity, yet to be defined by youth and families. The objective is to continue building a sustainable infrastructure by which youth, family leaders and community partners can continue to grow, and become even more effective partners in policy making, practice, design and delivery of services and supports throughout our child, youth and family serving systems.

For more information about FYSPRTs, contact jeanettebarnes@dshs.wa.gov.

New Program Opens for Opiate Substitution Therapy

Therapeutic Health Services began offering Opiate Substitution Therapy at its Eastside Branch at 1412 140th Place N.E., Bellevue starting July 9, 2012. The agency has been operating from this location since 2000 when it took over the operation of Eastside Recovery Center.

Norman Johnson, the agency's Executive Director said "This is an important step in providing a critical service to people in need. By providing treatment closer to where they live or work, one barrier to healthy recovery is lowered and the possibility of success is raised."

Program participants from Therapeutic Health Services' Summit/Seneca, Shoreline and Everett branches were transferred to the Eastside location based on proximity to their home or work addresses. The Eastside Branch is also accepting new client referrals.

At nine locations from Everett to Kent to the Eastside, Therapeutic Health Services provides chemical dependency and mental health treatment for youth, adults and families. In its 40 years in the region, Therapeutic Health Services has served the diversity of the region's population with particular emphasis on at-risk youth and adult populations.

The mission of Therapeutic Health Services is to rehabilitate individuals and heal families affected by alcohol dependence, drug dependence, and/or mental illness.

University of Washington Receives Grant for Support Services to Pregnant and Parenting Women

The Substance Abuse and Mental Health Services Administration (SAMHSA) has awarded $524,000 for up to three years to the University of Washington's Partnership for Families program. The grant will provide trauma-informed, evidence-based intervention services for pregnant and parenting women and their children living at Perinatal Treatment Services (PTS), a long-term residential substance abuse treatment facility in King County.

The project is designed to improve the health and well being of families by providing:

- Seeking Safety therapy to mothers (www.seekingsafety.org/);
- Sensory-based, trauma-informed parenting education for mothers accompanied by play sessions for mothers and their children to practice new parenting techniques; and
- Comprehensive case management and linkages to community-based social services that meet the needs of the family unit as a whole. Modeled after the Parent-Child Assistance Program (PCAP), the program will provide a male case manager to work with fathers. PCAP has been recognized as a Best Practice by the federal Association of Maternal and Child Health Programs.

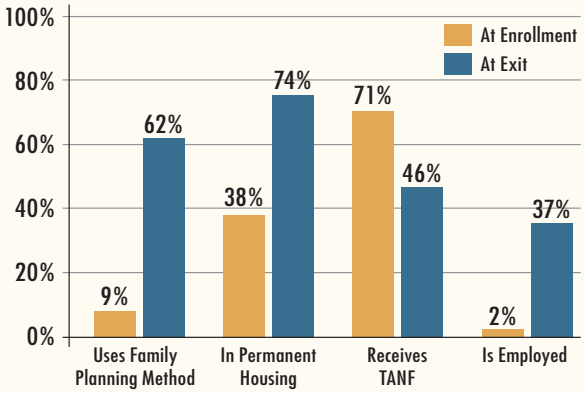
Over three years, the project will serve 150 women and 75 children in residence at PTS, and approximately 300 adult, non-residential family members. For more information, contact lauri.turkovsky@dshs.wa.gov.

> "Before PCAP I never thought about goals. They showed me the right direction. They showed me that I am responsible. That no matter who I am or what I do, I am somebody. It is never too late."
>
> – PCAP *client at graduation*

AMONG 240 RECENT PCAP GRADUATES (JULY 2005–2008):

After completing 3 years in the program:

- **91%** Completed alcohol/drug treatment or were in progress
- **84%** Were abstinent from alcohol and drugs for 6 months or more during program
- **82%** Children are living with their own families
- **72%** Attended/completed GED, college, or work training



Calls Increasing to Washington Recovery Help Line

In June the Washington Recovery Help Line (WRHL) completed their first year as DBHR's contracted statewide Help Line, providing information, crisis counseling and referrals to mental health, substance abuse and problem gambling services. From July 1, 2011 to June 30, 2012 WRHL staff and volunteers:

- Responded to 10,439 calls, with substantial increases in the third and fourth quarters.
- Posted online resources, including a career center and job board for behavioral health professionals, resulting in 12,000 visits to the website, and 60 job postings.
- Distributed 15,000 printed materials with the WRHL phone number and website.
- Produced and distributed five e-newsletters.
- Held 82 outreach events and displayed materials at eight conferences.

Most calls received were for substance abuse, followed by mental health, problem gambling and basic needs. People calling for help with substance abuse issues most often cited alcohol, followed by Heroin and prescription drugs. People calling for help with emotional health issues most often cited stress, depression and thoughts of suicide.

Callers to WRHL reported a high level of satisfaction: 93% of the callers surveyed said they received relief for their stress, 94% were satisfied with the problem-solving help they received, and 90% expressed appreciation for the help they received.

For more information about the WRHL, contact rsmith@crisisclinic.org or go to their webiste at www.WaRecoveryHelpLine.org.

Pioneer Center North Wins Award for Excellence

Pioneer Center North has been selected the 2012 recipient of the Warren Featherstone Reid Award for Excellence in Healthcare. The award is given annually to a health care provider or facility in Washington State. The award was established by the Washington State Legislature in 1994 to recognize cost-effective and quality health care services. Winners are chosen by the Governor and the Secretary of the Department of Health.

In her award letter Governor Gregoire said "Pioneer Center North's work providing treatment services to those who are overcoming chemical addiction and mental illness, as well as services to help clients reenter into society, exemplifies the very spirit of this award."

By Ray Horodowicz

Communities Say "Let's Draw the Line Between Youth And Alcohol"

Over 36 community groups across the state were part of the 2012 edition of the Let's Draw the Line Between Youth and Alcohol campaign. The campaign is organized by the Washington State Coalition to Reduce Underage Drinking, and funded by a grant from the Office of Juvenile Justice and Delinqency Prevention.

Participation spanned the state and included communities from 20 different counties. From Whatcom to Skamania Counties, from Grays Harbor to Whitman counties, community groups carried out 56 separate projects all geared towards reducing underage drinking. Participating groups included community prevention coalitions, scout troops, church groups, traffic safety coalitions, and even a cheerleading group!

The town of Rainier, in Thurston County, was successful in passing a Social Host Ordinance. This valuable tool both mobilizes communities and equips law enforcement with an additional tool in the effort to reduce underage drinking.

Twenty-four community groups signed up for **Project 1: Law Enforcement and Legislators Draw the Line**. With this project, groups planned public events such as Town Hall Meetings with their local law enforcement. In addition, state lawmakers were informed about the prevention work the sponsoring groups do in their community. Another part of Project 1 involved working with law enforcement and radio stations to produce and air public service announcements (PSAs). These PSAs reached countless listeners across the state with locally relevant messages about the legal consequences of underage drinking. These efforts netted over $15,000 in donated advertising!

Twenty-five community groups participated in **Project 2: Retailers Draw the Line**. The work on this project, mostly carried out by youth, involved assessing indoor and outdoor alcohol advertising and recognizing retailers who are active partners in drawing the line between youth and alcohol. Over 200 stores that sell alcohol were surveyed for several characteristics, such as the amount of alcohol advertising in the store, and whether alcohol products were placed in ways that appeal to youth, such as next to the candy and toys. Through this project, nearly 100 managers or store owners were recognized for the efforts they took to reduce the chance that there would be sales to youth.

Seven communities worked on **Project 3: Social Host Ordinances (SHO)**. This project involved educating mayors and other local officials on the concept of a social host ordinance. These are local laws that aim to prevent underage drinking by holding property owners liable for turning a blind eye to underage gatherings on their property. These groups led over 30 presentations, reaching over 2,700 concerned adults and youth in their communities. The town of Rainier, in Thurston County, was successful in passing this valuable tool that both mobilizes communities and equips law enforcement with an additional tool in the effort to reduce underage drinking. Several other communities now have a SHO drafted or there are active discussions about the SHO concept by local law makers.

Another component of each of these projects involved community members completing HERO cards. These cards allowed both youth and adults to make a personal commitment to how they will help draw the line between youth and alcohol. Students and staff at Wilson Middle School and Davis High School in Yakima, schools that were not even officially signed-up for Let's Draw the Line, worked together to collect over 1,200 HERO cards. These HERO cards, when added to cards from the 56 projects, totaled 6,793!

Sad that you missed out on this great opportunity? Do not worry, a new round of Let's Draw the Line projects are planned for 2013! When additional information becomes available, it will be posted at www.LetsDrawTheLine.org and www.StartTalkingNow.org.

Ray Horodowicz is DBHR's Enforcing Underage Drinking Laws (EUDL) Project Coordinator. He may be reached at Ray.Horodowicz@dshs.wa.gov.

The Kalama Prevention Club working with the Cowlitz Community Network and the Kalama Safe Community Coalition on *Retailers Draw the Line.*

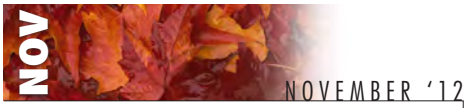
Upcoming Events Click here for more training resources.

7-13 NATIONAL MENTAL HEALTH AWARENESS WEEK

8-9 CO-OCCURRING DISORDERS CONFERENCE
Yakima

18 NATIONAL ABOVE THE INFLUENCE DAY

23-31 RED RIBBON WEEK



4-6 WASHINGTON STATE PREVENTION SUMMIT
Yakima

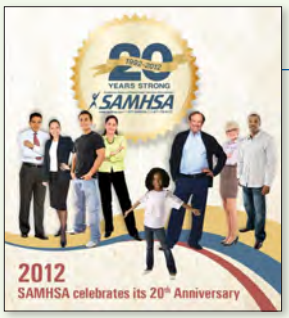
15 GREAT AMERICAN SMOKE OUT

NATIONAL IMPAIRED DRIVING PREVENTION MONTH

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, email deb.schnellman@dshs.wa.gov, or call 360-725-3763.

FEATURED RESOURCES

Images are hyperlinked. Click on the link or the image for more information.



http://www.samhsa.gov/SAMHSAnewsLetter/Volume_20_Number_2/twentieth-anniversary.aspx

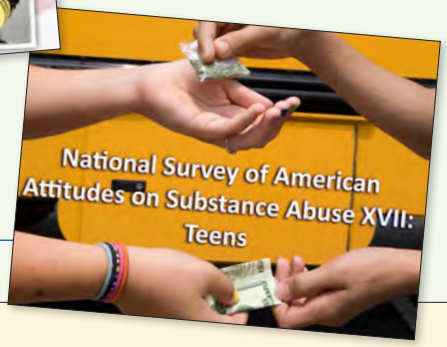
http://store.samhsa.gov/product/My-Sibling-Has-a-Fetal-Alcohol-Spectrum-Disorder-FASD-Can-I-Catch-It-/SMA06-4247

THE MEDICINE ABUSE PROJECT™

http://medicineabuseproject.org/

http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF

http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/index.html?WT.ac=AD20120914HP_NSSP



http://www.casacolumbia.org/templates/NewsRoom.aspx?articleid=692&zoneid=51

Access to Recovery for Veterans

Access to Recovery (ATR), a federal grant managed by DBHR, continues to offer substance misuse counseling and support to returning veterans on demand anywhere in the State of Washington. A recent U.S. Department of Defense news article about a young soldier who ended his life highlights the urgent need to identify mental health conditions among veterans, and connect them with the support they need.

Washington State ATR is administered with six county partners: Clark, King, Snohomish, Pierce, Yakima, and Spokane. The purpose of this four-year grant project is to provide recovery services to qualifying individuals and their families to help them become productive members of their community. This program is designed to help people reach recovery in body, mind, and heart.