

## PCAP Receives National Exemplary Prevention Award

By Therese Grant, Ph.D., Fetal Alcohol and Drug Unit, University of Washington

Washington State's Parent-Child Assistance Program (PCAP) has received a national Exemplary Substance Abuse Prevention Award from the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP). PCAP was honored at an awards ceremony in August at the 17th Annual National Prevention Network Research Conference in Kansas City, Missouri.

The PCAP intervention was developed for high-risk women who misuse alcohol and drugs during pregnancy, and has been rated and officially recognized as a Promising Program by SAMHSA's National Registry of Effective Programs and Practices

PCAP is a paraprofessional home visitation model for extremely high-risk women. The program uses a case management approach, an effective complement to traditional substance abuse treatment, and focuses not simply on reducing alcohol and drug use, but on reducing other risk behaviors and addressing health and social well-being of the mothers and their children. The goals of the program are to: (1) assist mothers in obtaining treatment, maintaining recovery, and resolving the complex problems associated with their substance use; (2) guarantee that the children are in a safe environment and receiving appropriate health care; (3) effectively link families with community resources; and (4) demonstrate successful strategies for working with this population in order to prevent the risk of future drug and alcohol-affected children.

Prevention Award continued on page 3



There were times when I felt like I was going to relapse and my PCAP case manager would be there for me, and she'd keep checking on me and I'd get through it. I've learned so much about myself and being responsible again and being a good mother. It was all what she taught me – she changed my life for me."

— Parent-Child Assistance Program Client

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Please send questions, comments or suggestions for articles to:

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(360) 438-8799  
email: [schneda@dshs.wa.gov](mailto:schneda@dshs.wa.gov)

### Prevention and Treatment Resources

DASA website: [www1.dshs.wa.gov/dasa](http://www1.dshs.wa.gov/dasa)

Chemical Dependency Professionals:  
<http://www.cdpcertification.org/default.asp>

Alcohol/Drug 24-Hour Helpline:  
1-800-562-1240  
[www.adhl.org](http://www.adhl.org)

Alcohol/Drug Prevention Clearinghouse:  
1-800-662-9111  
<http://clearinghouse.adhl.org>

Media Literacy:  
[www.teenhealthandthemedias.net](http://www.teenhealthandthemedias.net)

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From  
the  
Director

# DASA Holds Regional Meetings

By Ken Stark

In September and October the Division of Alcohol and Substance Abuse (DASA) hosted four regional meetings in Moses Lake, Lacey, Selah, and Arlington. Open to the public, and with invitations sent to county, city, and tribal representatives, as well as prevention and treatment providers, the regional meetings provided opportunities to dialogue regarding new issues and opportunities related to the chemical dependency field.

At each meeting, Ken Stark, Director, and Doug Allen, Acting Director, explained the input DASA is having in the Priorities of Government process, a budgeting process being used to make recommendations based on cost-effectiveness and impact. DASA has submitted and the Department of Social and Health Services has approved a series of decision packages designed to expand the range and effectiveness of prevention and treatment programs. These include:

- Residential Rate Study—A proposal is being made to increase reimbursement rates for treatment based on a comparative study completed this summer.
- Expanding Preventative Medical Services—Under this proposal, treatment for all youth in need and 60% of adults receiving Medicaid and needing treatment would be provided, which would substantially close the treatment gap.
- Youth Level III Facility—A new secure facility to treat youth with the most severe chemical dependency/co-occurring disorders would be opened.
- Capital Facilities Acquisition—Funds would be allocated for DASA to purchase facilities that could then be leased to programs that contract to provide residential chemical dependency treatment services.
- Mentoring Programs—New and expanded partnerships would result in increased participation in mentoring programs, especially for at-risk children and youth.

■ Crisis Systems Crisis Initiative—A combination of proposals, including two secure detoxification programs, case management, and chemical dependency professionals in state hospitals, would facilitate better services to individuals in crisis.

In addition, budget enhancements are proposed to the Criminal Justice Treatment Account and the Native American Encounter Rate.

DASA staff also discussed the two new federal grants being implemented in Washington State. The Washington State Screening, Brief Intervention, and Referral to Treatment (WASBIRT) grant provides opportunities for health care and chemical dependency professionals to intervene in substance abuse and make appropriate referrals to treatment. The \$16.1 million, 5-year grant has made it possible to set up programs in five Washington hospitals in Yakima, Clark, Pierce, King, and Snohomish Counties. Washington State has also recently received a 3-year, \$21 million Access to Recovery grant. The grant will allow DASA to provide an enhanced range of treatment and recovery services.

The success of DASA in helping to build a healthy state free from the ravages of alcohol and other drug abuse depends heavily upon our ongoing working relationships with counties, tribes, communities, and providers. The regional forums play an important role in affirming DASA's commitment to these critical partnerships.



**Prevention Award** continued

PCAP began in Seattle in 1991 as a 5-year federally-funded research demonstration project testing the effectiveness of a 3-year home visitation intervention. Since that time, on the basis of demonstrated positive outcomes, the Washington State Legislature has appropriated funds through the DSHS Division of Alcohol and Substance Abuse to continue the Seattle program and expand to sites in Pierce, Yakima, Spokane, and Grant counties. PCAP training and evaluation are conducted by staff at the University of Washington Fetal Alcohol and Drug Unit.

Mothers are enrolled in PCAP during pregnancy or within six months after delivery. The primary aim of the intervention is to prevent future alcohol and drug-exposed births among high-risk mothers who have already delivered at least one exposed child. To achieve this aim, PCAP case managers work individually with approximately 15 families for 3 years, help mothers identify personal goals and steps necessary to achieve them, and monitor progress. They facilitate integrated service delivery among providers, offer regular home visitation, transport clients and children to important appointments, and work actively within the context of the extended family.

An important characteristic of PCAP case managers is that they have experienced some of the same types of adverse life circumstances as their clients, such as domestic violence, an alcoholic parent, or personal alcohol or drug misuse. More importantly, each case manager has overcome the obstacle and achieved significant success: for example, by going back to school or maintaining steady and meaningful employment. Their own struggles and successes enable them to be positive and credible role models, offering their clients hope and motivation grounded in reality.

PCAP outcomes indicate that the community-based intervention has been effective over time and across venues. Compared to the original demonstration, outcomes at the replication sites have either improved or been maintained. Among recent graduates, at program exit:

- 87% completed alcohol/drug treatment;
- 41% were abstinent from alcohol/drugs for a minimum of six months;
- 70% were using a contraceptive on a regular basis;
- public assistance as primary income source dropped by 61%;
- 29% had another child while in the program, and among these, 76% were either abstinent from drugs and alcohol throughout the pregnancy or entered treatment.

These are outcomes that help mothers build healthy and productive lives, improve the quality of the home environment for the children, and reduce the burden on community social and economic systems.

Other program outcomes include:

- Clients with the highest level of involvement with their advocates (>1.5 hours per week on average over the 36-month intervention) were more than twice as likely to have completed inpatient treatment than those least involved (<30 minutes per week).
- 67% of the most involved clients, compared to only 40% of the least involved clients and 32% of the control group, had a period of abstinence from alcohol or drugs for one year or more during the 36-month intervention.
- The most involved clients were less likely to become pregnant during the 36 months compared to the least involved clients (40% vs. 67%), and were less likely to have had a subsequent birth (20% vs. 53%).
- The full client group was more satisfactorily connected with needed service providers than the control group at 36 months.

Of related note, a 2004 independent economic analysis by the Washington State Institute for Public Policy found an average net benefit of \$6,197 per client among selected well researched home visiting programs, including PCAP, for at-risk families in the U.S.



PCAP has developed numerous collaborative partnerships with community housing providers, resulting in increased availability of safe and secure homes for PCAP families. Seattle's Community Psychiatric Clinic recently partnered with PCAP to secure funding from the Bill and Melinda Gates Foundation to construct a new transitional

housing facility in Burien that will house 15 PCAP mothers and their children. The facility, called The Willows, is currently under construction and will open its doors in February 2005.

For more information about PCAP, contact Therese Grant, Ph.D, Director, Washington State PCAP at (206) 543-7155 or granttm@u.washington.

Other Washington State programs receiving Exemplary Awards for Promising Programs included Focus on Families in Seattle at the University of Washington, and Gatekeeper Case Finding and Response System in Tacoma at The Washington Institute-Western Branch.

## Washington State

# Screening, Brief Intervention, Referral and Treatment

## Building Bridges Between Hospitals and Chemical Dependency Treatment

By Dennis W. Malmer, Project Director

The Washington State Screening, Brief Intervention, Referral, and Treatment (WASBIRT) Program is a federally-funded, cooperative agreement between the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, and the state of Washington. In April 2004, WASBIRT began providing screening, brief intervention, and referral to treatment to persons who are at risk of abuse and dependence on alcohol and other drugs that arrive at hospital emergency departments with an injury or other medical emergency.

Despite start-up challenges which delayed implementation at some sites, WASBIRT has enrolled over 5,000 patients in services during its first four months of operation. Services are being

provided at Harborview Medical Center in Seattle, Providence Everett Medical Center in Everett, Southwest Washington Medical Center in Vancouver, and Tacoma General Hospital in Tacoma. The Division of Alcohol and Substance Abuse is collaborating with Yakima Regional Medical Center and Toppenish Community Hospital and expect to begin WASBIRT services in Yakima County in October.

Collaborative relationships are developing in each WASBIRT community bridging together medical providers, hospitals, chemical dependency service providers, local and state agencies, and county and state government. Community partnership groups are working to enhance and increase the number of individuals receiving WASBIRT services in

participating hospitals and the number of individuals receiving brief therapy and chemical dependency treatment services. WASBIRT is a major step toward medicalizing chemical dependency services.

Many challenges and opportunities still exist that impact full implementation of WASBIRT in each community. Those issues will be addressed this fall to ensure quality services are being provided to individuals in need. Expectations are high for the success of this new screening, brief intervention, and referral service. If you have any questions about WASBIRT, please contact Dennis Malmer at (360) 438-8086, toll free at 1-877-301-4557, or by e-mail to [malmedw@dshs.wa.gov](mailto:malmedw@dshs.wa.gov).

## DASA Training Update

By Dixie Grunenfelder

The Division of Alcohol and Substance Abuse (DASA) has been very busy providing state-of-the-art training opportunities. This biennium, DASA has sponsored 7 major statewide conferences, 43 regional trainings, and trained over 4,250 individuals. Additionally, DASA has been focusing attention on three major initiatives:

- **Clinical Supervisors Initiative:** DASA has provided four 3-day clinical supervisors trainings across the state. We also offered a basic and advanced clinical supervisors training at the 2004 Treatment Institute at Seattle Pacific University. We will be offering four additional basic clinical supervisors and two advanced trainings in Spring of 2005.

- **Administrator Training Initiative:** DASA has identified training geared toward administrators as a priority.

We offered several courses at the 2004 Treatment Institute focused on administrator issues. We are currently working to develop regional offerings on relevant administrator topics.

- **Workforce Development:** DASA's top priority continues towards workforce development.


We are looking at various aspects of workforce development, including pre-service training, internships, continuing education, and recruitment and retention.

### Upcoming Trainings:

- Institute of Addictions Treatment, June 20–24, 2005, Seattle Pacific University
- Co-Occurring Disorders Conference, September 12–13, 2005, Wenatchee Convention Center

If you would like additional information, please contact the DASA Training Section at 360-438-8200 or visit the DASA website at [www1.dshs.wa.gov/dasa/](http://www1.dshs.wa.gov/dasa/).

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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](mailto:schneda@dshs.wa.gov).

## Native American High School Students Using Model Program to Teach Kids Not to Drink

Continuing its expansion of culturally diverse programs, Mothers Against Drunk Driving (MADD) announced it has adapted its nationally recognized alcohol use prevention program, Protecting You/Protecting Me (PY/PM), to be culturally appropriate for Native American students.

PY/PM has been proven to decrease favorable attitudes toward substance abuse, and increase bonding, skills, and healthy beliefs. The specialized curriculum will be available this fall to Native communities, but trainings to infuse the curriculum-based program into schools are already underway. Over 50 junior and senior high school students from the Winnebago, Omaha and Santee Tribes marked the middle of their three-day training with an Honoring Ceremony where they signed a pledge with their parents to stay alcohol and drug free and to be good role models.

"No one is telling elementary students about the dangers of alcohol and they really need to know," said Kellie Bass, member of the Winnebago Tribe and training participant. "Kids look up to us as role models and we tell them it's okay not to drink. It's information that can change their lives."

The Native American cultural adaptation of PY/PM was funded by the federal Center for Substance Abuse Prevention (CSAP). To adapt the curriculum effectively, MADD partnered with the Red Road Project for Native American Youth Leadership. The Red Road Project-created from a joint U.S. Department of Education and CSAP grant-joins teens, children, elders and reservation communities to prevent alcohol abuse.

"We have tailored Protecting You/Protecting Me to address and reflect tribal values and traditions," said Pat Stone, Red Road Project coordinator. "By encouraging youth leadership in conjunction with the curriculum, we are charting a course for future community strength and leadership."

In each community, a Red Road Project coordinator, who is a tribal elder or other trained adult, works with the PY/PM teen peer helper to tell stories, discuss problems and add the vital link to tribal tradition that is so crucial to the curriculum's success. The coordinators not only spend time in elementary schools incorporating native language, traditions and spirituality in the classroom, but also commit to participating in monthly activities in the community.

"You have to start with the youngsters," said Warner Earth, a Winnebago tribal elder. Using examples from his community's past, as well as his own past, he tries to show children the gains that can come from abstaining from alcohol use, especially at a young age. He added, "I encourage children, 'You can be anything that you want to be. All you have to do is go after it.'"

More than 50 percent of Native American child pedestrian (6-15 years-old) fatalities are alcohol-related and half of those fatalities involve children who have been drinking.

PY/PM is the first and only program of its kind to use the latest scientific brain research to teach children about how alcohol affects their growing bodies. It also teaches them how to keep themselves safe from underage drinking and drunk driving. PY/PM consists of a series of 40 classroom-based lessons of eight lessons per year for grades one to five.

Since PY/PM's inception in 1998, approximately 88,000 elementary students in 19 states and Guam have received the curriculum. In May 2002, PY/PM was recognized by CSAP as a Model Program. For more information, please visit [www.pypm.org](http://www.pypm.org) or contact Amy George at 469-420-4493 or [amy.george@madd.org](mailto:amy.george@madd.org)

*Reprinted from Join Together. Visit [jointogether.org](http://jointogether.org) for complete news and funding coverage, resource links and advocacy tools supporting community-based efforts to reduce and prevent substance abuse and gun violence.*

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## Division of Alcohol and Substance Abuse and Children's Administration Updates Intra-Agency Agreement

The Division of Alcohol and Substance Abuse (DASA) has been working with the Children's Administration (CA) and a group of stakeholders to update and redesign the intra-agency agreement between DASA and CA. The intent of the agreement is to specify how the two organizations will collaborate to better serve our shared clients and communities.

CA and DASA began working with a group of stakeholders on April 6, 2004, to update the intra-agency agreement between the two agencies, following a planning meeting by Fred Garcia and Sharon Campbell Krupski. The group began this work with a brief orientation to each system, identified the

overlaps and gaps in the two systems, and brainstormed and prioritized elements to be included in the intra-agency agreement. A draft was developed and presented to the group at a second meeting where revisions and additions were made. The final draft was sent to a group of stakeholders in each system and feedback was then incorporated into the final draft product.

Senior management at both DASA and CA is currently reviewing the final draft. Once a final product is approved, the intra-agency agreement will be publicly available. To obtain a copy of the final intra-agency agreement between DASA and CA, please contact Sue Green at [greensr@dshs.wa.gov](mailto:greensr@dshs.wa.gov).

# Residential Rate Study Results are in for Washington State

By Emilio Vela, Jr., Treatment and Prevention Policy Analyst

For years residential treatment providers of Washington State have worked passionately and arduously to provide the best quality of chemical dependency treatment for publicly-funded individuals. Some of them have accomplished this with minimal public funding. These patients are often hard to treat and require more resources than what is available.

The Division of Alcohol and Substance Abuse (DASA's) rates to residential treatment providers are sometimes less than the actual costs incurred.

In May 2003 DASA requested assistance from the Center for Substance Abuse Treatment to analyze the rate structure for its residential treatment services. This request was approved, and a Residential Rate Study Advisory Committee was formed from all levels of public residential providers and county personnel. The committee was charged with guiding the development of the study guidelines, and assisting Dr. James E. Sorensen in producing a rate study that reflects costs vs. rates paid by DASA.

Dr. Sorensen, has been a professor in the Daniels College of Business at the University of Denver since 1972. He has extensive experience in working with the use of strategic cost management, and his behavioral health re-

search includes cost finding, cost-outcome, and cost-effectiveness of human services programs. Dr. Sorensen's clients include federal, state, and local behavioral health agencies and providers in every state, as well as Puerto Rico and Guam.

Dr. Sorensen would provide an assessment of the current unit of service costs for the multiple modalities of residential services contracted by DASA. DASA could then use this information for state budget requests and in contracting with service providers.

## Dr. Sorensen then provided the following analysis of Washington's residential provider system:

### Average Actual vs. FY 2003 Reimbursement Rates by Modality (n=22)

Intensive Inpatient Treatment .....	\$110.54 vs. \$ 66.36
Long-term Residential .....	\$ 52.87 vs. \$ 52.24
Recovery House .....	\$ 51.43 vs. \$ 37.97
Long-term Involuntary (internal report) .....	\$120.58 vs. \$128.50
PPW Residential (does include child) .....	\$189.84 vs. \$155.90
Youth Level 1 (n = 1) .....	\$187.00 vs. \$106.83
Youth Level 2 .....	no functional cost report
Youth Level 2—Secure .....	\$187.48 vs. \$188.68
Internal cost information; not from functional cost report by independent auditor	

### Typical Deficiency of Reimbursement % by Modality (n = 22)

Intensive Inpatient Treatment .....	65.5%
Long-term Residential .....	1.2%
Recovery House .....	35.5%
Long-term Involuntary .....	no functional cost report
PPW Residential .....	29.2% (does include child)
Youth Level 1 .....	75.0% (n = 1 provider)
Youth Level 2 .....	no functional cost report
Youth Level 2—Secure .....	+0.6%

### Typical Deficiency of Reimbursement % for All Modalities

Total—all providers (n = 25) .....	39.4%
Total—typical providers (n = 23) .....	31.9%

Conclusion: Based on the averages, DASA is under-funding its residential providers by 32% to 39% of the actual cost of the services purchased by DASA.

### Actual % Allocation of General & Administrative Costs to Modalities (n = 21)

Intensive Inpatient Treatment .....	15.2%; 11% to 19%
Long-term Residential .....	15.0%; 14% to 21%
Recovery House .....	14.1%; 11% to 21%
Long-term Involuntary .....	10.5% (internal cost report)
PPW Residential .....	12.7%; 7% to 26%
Youth Level 1 (n = 1 provider) .....	19.4%; 19.4%
Youth Level 2 .....	no functional cost report
Youth Level 2—Secure (understated?) .....	7.8%; 8% to 10%

The project methodology was to use functional cost reports to determine the costs of modalities, as well as general and administrative support costs. Dr. Sorensen visited over 8 facilities and obtained units of service, as well as fiscal information, from 22 providers across the state.

According to Dr. Sorensen's comments after the study concluded, "It is obvious that if the residential modality rates are not adjusted immediately, the residential service system faces an imminent collapse. While several providers may survive, most can be expected to fail."

As a result of this study, DASA has submitted a decision package to DSHS to increase residential rates for Adult Intensive Inpatient, Adult Recovery House and Youth Level 2—Secure services. The support and advocacy of the chemical dependency community to successfully support this decision package is crucial for the citizens of Washington State. DASA, along with Dr. Sorensen, would like to thank all of the residential providers, and the Residential Advisory Committee, for making this study possible. For questions about the results of the study, or to request a copy of the study, please contact Emilio Vela, Jr. at (360) 438-8095 or e-mail at [velaem@dshs.wa.gov](mailto:velaem@dshs.wa.gov). 🐼

## Survey Shows Most Clients Satisfied with Chemical Dependency Treatment

By Felix Rodriguez, Ph.D., Research and Evaluation

Over 95 percent of adults and about 92 percent of youth clients in community-based chemical dependency treatment programs in Washington State reported they were satisfied with the service they received, according to the latest client satisfaction survey commissioned by the Division of Alcohol and Substance Abuse (DASA). The statewide survey, which has been conducted annually since 2001, also found that over 91 percent of clients in the Department of Corrections (DOC) treatment programs reported they were satisfied with the service they received.

During the week of March 22, 2004, 403 treatment agencies in Washington State volunteered to administer the survey to their clients. That number represents 87.2 percent of the 462 certified chemical dependency treatment centers in the state. Slightly over 95 percent of the public treatment agencies and 76 percent of the private treatment agencies participated in the survey. A total of 17,923 adult and youth clients in community and correctional treatment programs completed the survey, representing nearly 75 percent of clients receiving treatment in participating agencies during the week of the survey.

### **DASA has recently released the results of the survey in a report entitled *Clients Speak Out 2004*. The following are other key findings presented in the report:**

- Ninety-seven percent of adults and 96 percent of youth clients in community treatment programs and over 96 percent of DOC clients reported that staff treated them with respect.
- About 90 percent of adults and about 81 percent of youth clients in community treatment programs reported they would come back to the same program if they were to seek help again.
- In community adult programs, the proportion of private pay clients reporting they were satisfied with the service they received was similar to that of publicly-funded clients in intensive inpatient (94.7 percent versus 93.5 percent), outpatient (96.8 percent versus 95.3 percent), and methadone (92.6 percent versus 93.1 percent).
- In community residential programs for youth, the proportion of youth clients reporting that staff treated them with respect continued to move upwards from 86 percent in 2002 to 92 percent in 2004.
- The proportion of DOC long-term residential clients reporting they were satisfied with the service they received continued to move upwards from 61 percent in 2002 to 83 percent in 2004.

A copy of *Clients Speak Out 2004* may be obtained from the Washington State Alcohol/Drug Clearinghouse by calling 1-800-662-9111 or (206) 725-9696 (within Seattle or outside Washington State), by writing to 6535 5th Place South, Seattle, Washington 98108-0243, or by e-mailing [clearinghouse@adhl.org](mailto:clearinghouse@adhl.org).

Chemical dependency treatment agencies interested in participating in the 2005 survey should contact Felix Rodriguez, Ph.D., by phone at (360) 438-8629 or by e-mail at [rodrifi@dshs.wa.gov](mailto:rodrifi@dshs.wa.gov).

## Risk Factors Identified in Inhalant Abuse

New research shows that young people who have been treated for mental health problems, have a history of foster care, or who already misuse other drugs have an increased risk of using or becoming dependent on inhalants. In addition, adolescents who first begin using inhalants at an early age are more likely to become dependent on them. The study was funded by the National Institute on Drug Abuse (NIDA), National Institutes of Health (NIH), Department of Health and Human Services.

The most commonly used inhalants reported by participants were glue, shoe polish, and gasoline. Other inhalants used included nitrous oxide, lighter fluid, spray paints, correction fluid, and paint solvents. Boys were more likely to have ever used gasoline or nitrous oxide, while girls favored glue, shoe polish, spray paints, correction fluid, and aerosol sprays.

Approximately 9 percent of the survey participants – representing nearly 2 million adolescents nationwide – reported having ever used inhalants in their lifetime. The report also found:

- Adolescents who reported first use of inhalants at age 13-14 were six times more likely to be dependent on inhalants than those who started using inhalants at age 15-17;
- Adolescents with a history of foster care placement were about five times more likely to become dependent on inhalants than those never placed away from home;
- Adolescents who were treated for mental health problems were more than two times as likely to be dependent on inhalants.

Fact sheets on the health effects of drug misuse, and information on NIDA research and other activities can be found on the NIDA home page at <http://www.drugabuse.gov>.

## Surveys Show Decline in Teen Marijuana Use as Awareness About Risks of Marijuana Grows

Anti-drug efforts to educate teens and parents about the harms of marijuana and other drugs continue to have a positive impact on youth attitudes and drug use trends. Two recent studies announced by Drug Czar John Walters and SAMHSA Administrator Charles Curie highlighted major declines in youth marijuana use and a link between these declines and anti-drug efforts.

The new research also showed a decline in youth use of other illicit drugs and demonstrated the importance of parents in driving anti-drug behavior.

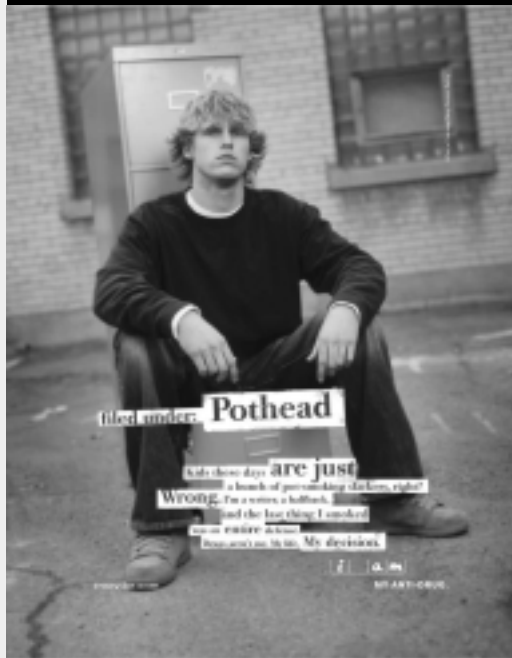
"It is encouraging news that more American youths are getting the message that drugs are dangerous, including marijuana," said HHS Secretary Tommy G. Thompson.

Director Walters attributed much of the declining drug use among youth to the National Youth Anti-Drug Media Campaign, which has created ads that show the risks of marijuana use by young people. The full survey results can be viewed online at [www.oas.samhsa.gov](http://www.oas.samhsa.gov).

Additional information about marijuana and Campaign resources can be obtained from [www.TheAntiDrug.com](http://www.TheAntiDrug.com) or [www.mediacampaign.org](http://www.mediacampaign.org).

According to the key findings from the National Survey on Drug Use and Health (conducted between 2002 and 2003):

- The number of American youth between the ages of 12-17 who have ever used marijuana declined five percent;
- Current marijuana use (past 30 days) among 12 to 13 year olds declined by nearly 30 percent;
- The number of youth ages 12-17 that were "heavy users" of marijuana (those smoking either daily or 20 or more days per month) declined 20 percent;
- Perceptions of great risk associated with using marijuana increased 8 percent for youth;
- Youth who believe that their parents would "strongly disapprove" of marijuana had use rates fully 80 percent lower than those whose parents would not strongly disapprove (5.4 percent use vs. 28.7 percent use rates).



## Partnership for a Drug-Free America (PDFA) Findings

Research by Roper Public Affairs & Media conducted in 2004 shows that teenagers exposed to advertising warning them about the dangers of marijuana are more likely to see risks in using the drug and less likely to experiment. "Teens who are seeing these ads report greater understanding about marijuana's risk, and lower marijuana use," said Steve Pasierb, president and CEO of the Partnership, the organization that produces the ads.

■ Nearly 90 percent of teens say they have seen one or more anti-drug ads.

■ Among teens with high exposure to anti-drug advertising, 44 percent indicated that the anti-drug advertising makes them less likely to try or use drugs — compared to 38 percent for those who did not report seeing any of the ads within the past few months.

■ Nearly two-thirds of teens who report exposure to any of the anti-marijuana ads say there is a great risk in using marijuana regularly.

## New Policy Lead for Certification Section

By David Curts, Certification Supervisor

Debra Cummins joined DASA as the new Certification Policy Lead Worker in October. Debra comes to DASA with 18 years of experience in the chemical dependency treatment field. She is a graduate of The Evergreen State College. She has worked at Thurston/Mason Community Mental Health, Recovery Northwest, Thurston and Mason Addictions Recovery Center, and at St. Peter Chemical Dependency Center, where she has been

employed for the past nine years and served as the Adolescent Services Manager and Supervisor for the past three years.

For recreation, Debra competes in marathons, triathlons, and climbs mountains. She lives in Lacey with her husband and four children.

Debra will be filling the position vacated by John Cox, who decided to seek employment in Vancouver to help aging

family members. John did a terrific job for the Certification Section, where he managed Opioid Treatment Program accreditation, a federal accreditation body grant, DASA's incident/complaint response program, and rewrites to the Washington Administrative Code (WAC) and the WAC Implementation Guide. We wish John well, and know he will continue to contribute to our field in the years to come.



# Get Ready for National Mentoring Month

By Tom Pennella, Deputy Director, Washington Mentoring Partnership

In January 2005, we will celebrate the 4th Annual National Mentoring Month. The centerpiece of National Mentoring Month will be "Thank Your Mentor Day", which will be celebrated on Tuesday, January 25. On that day, many Americans will reach out to thank and honor those individuals who encouraged and guided them, and who had a lasting impact on their lives.

The theme for Thank Your Mentor Day is "Who mentored you? Thank them...and pass it on!" The idea behind "Who mentored you?" is to help people connect to the importance of mentoring by encouraging them to think about people in their lives during their formative years - family members, teachers, coaches, neigh-



"For me, I feel like I'm contributing back to society. Instead of giving money that I don't know where it's going, I can see what I'm doing. It makes me feel good. I don't plan to do any miracles; I just want to make one small difference."  
 - quote from a mentor

bors, employers, and friends - who encouraged them, showed them the ropes, and helped them become who they are today. The campaign's message is that, today, too many young people do not get enough of that kind of support; mentoring programs can help fill the gap but need more volunteers.

Thank Your Mentor Day will promote "Three Ways to Honor Your Mentor":

1. Contact your mentor directly to express your appreciation
2. "pass it on" by becoming a mentor to a young person in your community
3. write a tribute to your mentor for posting on the campaign's website ([www.whomentoredyou.org](http://www.whomentoredyou.org))

Information about the Washington Mentoring Partnership is also available online at [www.washingtonmentoring.org](http://www.washingtonmentoring.org), by calling (360) 438-8494, or emailing [pennetx@dshs.wa.gov](mailto:pennetx@dshs.wa.gov).

# Stephen Bogan Honored at Counselor Camp

By Judi Bixby

What an amazing event! In September the Washington State Adolescent Chemical Dependency Treatment Providers Association (WSACDTPA) hosted the 10th Annual Counselor Camp for over 150 participants. Counselor Camp is a two-day training held at Camp Cispus up on Mount Rainier, primarily for line staff in youth chemical dependency treatment centers.

DASA is one of the sponsors of this event. Training topics included: Anger and Depression in Youth, Canoe Journey for Youth, Adolescent Development, Partnering with School Districts, and Father/Son Relationships. Other events included: a community building craft area (we're talking God boxes and Prayer pouches) and a S'mores roast around a camp fire that also included music from some of the various treatment center musicians. In light of the concerns about counselor shortages in the chemical dependency field, it was rewarding to see

I was told that these naming ceremonies usually take at least a year. I felt so honored and humbled by this acknowledgment of my 28 years in the field. The Tribal folks let me speak, to which I talked about all of us being an imperfect band of youth healers. And that I am blessed to work with providers, DASA staff, and community members who care so passionately about youth in pain. The spirit of healing youth is the main reason I am here.  
 - Stephen Bogan



many young counselor trainees at the Camp.

A conference highlight was when the Yakama Nations Youth Treatment Center Staff honored Stephen Bogan, the DASA Youth Treatment Program Lead. The honoring was for all his work on behalf of addicted youth and their families. This honoring was demonstrated by giving Stephen an Indian name. His Indian name is X`uXuX (Raven). He was also honored with a blanket, which he

re-gifted to Christeen Thomas-Eblen. A small give-away followed the naming.

The WSACDTPA takes great pride in being able to provide this quality training for youth counselors that have dedicated their lives to supporting and passionately addressing recovery from addiction in adolescents and families. Counselors came back from this event reporting that they had received great and practical education and had been re-energized to be able to continue doing this work for another year.

## Ken Stark Appointed to SAMHSA Advisory Council

Ken Stark, Director of the DSHS Division of Alcohol and Substance Abuse, is among three individuals – including a member of the Bush family – who were named to the National Advisory Council of the Substance Abuse and Mental Health Services Administration (SAMHSA) earlier this year.

Two other appointees, announced in June, are James Aiora Jr., lieutenant governor of Hawaii, and Columba Bush, wife of Florida Governor Jeb Bush. As lieutenant governor, Aiora included drug misuse as a public-safety issue in Hawaii. He previously served on the Corrections Population Management Commission and the Advisory Committee of the Hawaii Drug Court.

Bush promotes a number of issues related to addiction prevention. She is on the board of the Columbia University Center of Addiction and Substance Abuse (CASA), as well as the board of Phoenix House, which promotes the treatment and prevention of drug misuse. Bush's daughter, Noelle, has had a highly publicized battle with prescription-drug abuse.

Stark has worked in the addiction prevention and treatment field since 1971. He previously served on SAMHSA's National Committee for Women's Services.

SAMHSA's National Advisory Council advises, consults and makes recommendations to the Secretary of Health and Human Services, the Assistant Secretary for Health, and SAMHSA's administrator regarding efforts being carried out by and through the agency.

This announcement was edited and reprinted from Join Together Online, October 25, 2004 ([www.jointogether.org](http://www.jointogether.org)).

## The NorthWest Deaf Addiction Center Project Receives Governor's Award for Public Value and Benefit

Two Department of Social and Health Services (DSHS) teams were selected by Governor Gary Locke to receive a prestigious 2004 Governor's Awards for Quality and Performance.

"The improvements we've made in state government are a direct reflection of our outstanding state workforce," Governor Locke said. "I believe Washington has the top state employee team in the country. These award winners are truly the best of the best."

The Governor's Awards for Quality and Performance are presented every six months. Governor Locke recognizes agencies that have achieved significant, measurable, and sustainable improvements in the services that they deliver to their customers, and the value they provide to the public.

"The projects we're recognizing have one other critical characteristic in common – they are all examples of caring about and helping people," Governor Locke told the recipients. "We are at our best when we remember our fundamental purpose - to serve the public and help people. I am proud of today's award winners, and proud of all our state employees."

### **Award given for serving deaf and hard-of-hearing citizens who struggle with alcohol or drug abuse**

The DSHS NorthWest Deaf Addiction Center Project, a partnership of the Division of Alcohol and Substance Abuse, (DASA) and the Office of Deaf and Hard of Hearing received the Governor's Award for Public Value and Benefit.

Within DSHS, DASA and the Office of Deaf and Hard of Hearing serve deaf and hard-of-hearing citizens who struggle

with alcohol or drug abuse. Through these two parts of DSHS, the state provides addiction treatment to low-income, deaf and hard-of-hearing citizens in an appropriate communication format, usually American Sign Language. The combined costs of these clients are considerable. DSHS is always looking for ways to better serve these clients at lower costs.

### **Project reduced costs for deaf and hard-of-hearing clients by over \$70,000 per month**

To better meet the needs of these clients, DSHS worked with Clark County and local providers, as well as other community interests to develop a new program in Clark

County. That program is the NorthWest Deaf Addiction Center, a branch of the Pacific Crest Consortium. By establishing a treatment program that included staff that could communicate with sign language, this project reduced costs for deaf and hard-of-hearing clients by over \$70,000 per month for an annual savings of \$880,000.

This project worked to help deaf and hard-of-hearing clients obtain alcohol or drug abuse treatment more efficiently and effectively by eliminating barriers to treatment. Deaf and hard-of-hearing clients receiving substance abuse treatment through the new system had much better outcomes than deaf clients historically. The outcomes included lower costs, excellent client satisfaction reports, and improved treatment completion rates. To learn more about the NorthWest Deaf Addiction Center, go to <http://www.nwdac.org/>.

With the success of this project, DASA is considering a similar program for deaf and hard-of-hearing youth.



## Statewide Latino Youth Conference Coming to Seattle Center

By Claudia Alvarado

The Mañana Coalition is currently recruiting Latino high school youth from throughout King County to participate in the planning of the 2005 Latino Youth Conference. The Mañana Coalition is a drug and alcohol prevention program for Latino youth based at Consejo Counseling and Referral Services. Community members, social service providers, school representatives, and artists who felt there was a lack of positive activities and resources for Latino youth in the city of Seattle created the coalition in 1995. They sought to create activities that would encourage leadership development, artistic and cultural expression and community service.

One of the Coalition's projects is an annual Latino Youth Conference that attracts youth throughout Washington State. The goal of our Conference is to provide Latino youth with increased opportunities to develop leadership skills, connect with other youth who are involved in positive organizing activities for the community, and build meaningful mentoring relationships with adults. The Conference itself engages youth in workshops that address issues such as:

- substance abuse prevention,
- teen violence prevention,
- Latino academic achievement,
- overcoming barriers to post secondary education, and
- employment and life skills development.



The Conference also provides the opportunity for youth to learn about their roots, build cultural pride, and increase their exposure to Latino performers, artists, and role models.

We are currently planning for the 10th Annual Latino Youth Conference that will be held on February 11, 2005 at the Seattle Center's Northwest Rooms. If you are interested in actively taking part in organizing any aspect of the conference, are interested in volunteering that day, or want to attend this conference, please contact Claudia Alvarado (Mañana Coalition Program Coordinator) at (206) 461-4880 ext. 168 or [Claudia@consejo-wa.org](mailto:Claudia@consejo-wa.org).

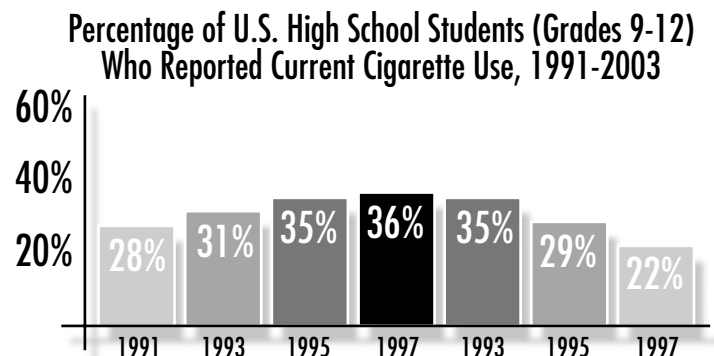
## Tobacco Prevention Programs Work, Save Money

The prevalence of current cigarette use among high school students nationally has declined significantly since the late 1990s, according to data from the national Youth Risk Behavior Survey (YRBS). The authors note that "although the declines in cigarette use are encouraging, prevention efforts must be sustained if the nation is to reach its 2010 national health objective" of 16% prevalence or less. They encourage continuing current efforts such as media campaigns, presenting more non-smoking role models, and instituting school-based programs in conjunction with community activities.

The 2002 Washington State Healthy Youth Survey also found significant reductions in youth smoking: 22.7 percent of 12th graders (down from 27.6%), 15% of 10th graders (down from 19.8%), and 9% of 8th graders (down from 12.5%).

For adults, Washington State's Tobacco Prevention and Control program recently reported a drop from 22.4 percent in 1999

to 19.7 percent in 2003, which will save at least \$1.4 billion in future medical costs. This is lower than the national median (22 percent), making Washington one of only 10 states with an adult smoking rate lower than 20 percent.



SOURCE: Adapted by CESAR from the Center of Disease Control and Prevention, Department of Health and Human Services "Cigarette Use Among High School Students - United States, 1991-2003." Morbidity and Mortality Weekly Report 53(23): 499-502, 2004. Available online at <http://www.cdc.gov/mmwr/PDF/wk/mm5323.pdf>.

## News From DASA Region 1

Beginning with this issue, DASA will feature information from each of its six regional offices. Look for information from Region 2 in the Winter issue, where Ella Hanks, Regional Administrator, will introduce two new regional managers: Stephanie Wise and Eric Larsen.

### Who does Region 1 Serve?

The Region 1 Office, located in Spokane, provides technical assistance and contract monitoring for DASA prevention and treatment service providers in Spokane, Chelan, Grant, Adams, Whitman, Lincoln, Pend Oreille, Stevens, Ferry, Okanogan, and Douglas Counties.

### Who are the DASA staff who serve Region 1?

- Ray Antonsen is the Region 1 Administrator who was born 200 years too late. He visions himself as a mountain man who wanders the mountains, canoes lakes and streams, and escapes to the outdoors whenever possible. He is tolerated by his wife, step-daughter, daughter, son, and 10 1/2 grandchildren! (Donations for birthday and Christmas gifts gladly accepted.) Ray has been the Region 1 Administrator for the past 16 years, and has worked in the CD field since 1980. Ray has also been employed in the past as a mental health therapist, CD counselor, resource manager, parole officer, lumber mill foreman, and a variety of other jobs prior to finding a home in DASA. Ray may be reached at (509) 329-3733 or antonrf@dshs.wa.gov.
- Shannon Flemister, an Office Assistant Senior, has worked with the state for almost two years now. She is raising two children, two cats, a dog, a frog and a fish. She attends Whitworth College's evening program, pursuing a Bachelor's degree in Organizational Management. Her dream is to earn a master's degree in Psychology so she can be a counselor. She enjoys gardening, aerobics, spending time with her children, reading, playing cards, board games, and computer games. Shannon may be reached at (509) 329-3736 or flemism@dshs.wa.gov.
- Shelli Young, Regional Prevention Manager, has worked for DASA for five years. She is interested in art and design, writing, and social issues, especially social justice, homelessness and building safe, nurturing environments for young people. She has four daughters, ages 12-24, a son-in-law, and a new grandson (finally, boys!). Shelli may be reached at (509) 329-3734 or youngsv@dshs.wa.gov.
- Mary Testa-Smith, Certification Specialist, is a native of New York City. She has been a CD treatment professional since 1979, and college instructor since 1986, currently teaching part-time at EWU. She is married, and has five children (ages 12-34) and two grandsons. She is the First Chair violist with the Lilac City Symphony Orchestra and a member of Spokane Theatrical Group's Board of Directors. Prior to entering the CD field, Mary was the music and drama critic for a daily newspaper, the editor of Connecticut's statewide literary magazine, and a freelance writer with a number of publication credits. She speaks rudimentary Russian, French, and Latin, and excels at Ms. PacMan and Zuma. Mary may be reached at (509) 329-3735 or testam@dshs.wa.gov.
- Cyndi Beemer, Regional Treatment Manager, joined the Region 1 Team in October. Cyndi, a member of the Colville Tribe, has 13 years of adolescent and adult treatment experience, as well as an MSW. She says the Creator had many plans for her, one of them being committed to helping people. She has a grown daughter, who has recently blessed her with a wonderful grandchild. Along with



Cyndi Beemer Joined DASA's Region 1 Team in October

spending time with her family, she enjoys hiking, yoga, beadwork, camping, hunting and knowing that she has the opportunity to be a role model for other Native American women seeking happiness and success. Cyndi may be reached at (509) 329-3733 or beemcj@dshs.wa.gov.

### What Were Some Important Events Over The Last Year?

- On March 11, 2004, the Kalispel Tribe and Camas Institute (branch office of the Kalispel Tribe) were certified by the Division of Alcohol and Substance Abuse (DASA) as outpatient providers.
- On March 29, the QPR (question, persuade, and refer) Suicide Intervention Training was held for Region 1 chemical dependency treatment providers at Eastern State Hospital. Approximately 50 counselors participated in the event.
- The Region 1 Counselor Academy was held at Spokane Falls Community College in August. This training had classes in Law and Ethics; Pharmacology; education awareness on issues facing the Gay, Lesbian, Bisexual, Transexual, and Questioning (GLBTQ) community; and treatment best practices. Seventy counselors from private agencies, county-funded programs, and tribes participated in the event.

# Mel Schulstad Receives National Honors

By Neil Scott, Alliance for Recovery

Mel Schulstad, a highly decorated retired U.S. Air Force Colonel and nationally recognized ambassador for alcoholism recovery, was honored at the National Press Club in Washington, D.C. in September for his lifetime contributions to the recovery movement.

Colonel Schulstad, whose has been in recovery for 39 years, is the president of the Alliance for Recovery and is the co-founder and former president of the National Association of Alcoholism and Drug Abuse Counselors (NAADAC). In addition, he served on the Washington State Citizen's Advisory Council for seven years, four as chairman.

Johnny Allem, President of the Johnson Institute, hailed Colonel Schulstad as a national hero. "Mel Schulstad represents the epitome of how recovery gives back to society what addiction has taken away," said Allem.

"Alcoholism is nothing to be ashamed of. It is simply a chronic, progressive disease that can be successfully treated. I am living proof that you don't have to die for a drink," said Schulstad. "It is an honor to receive this award," he continued, "but the real honor is to be able to share my experience, strength and hope with others so that they may experience

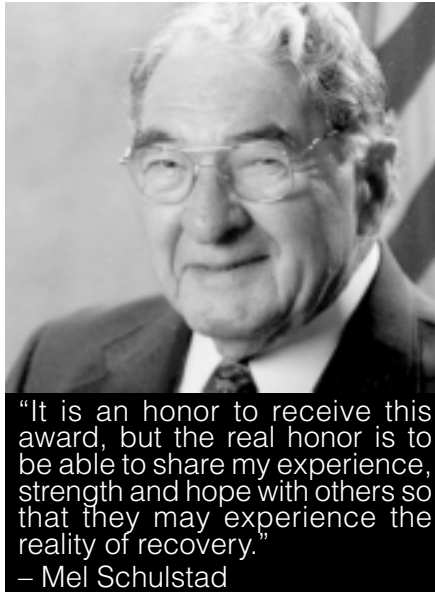
the reality of recovery."

During his military career, Colonel Schulstad was twice awarded the Distinguished Flying Cross for valor in Combat Air Operations in the European Theater in World War II.

In 1979 NAADAC established the Mel Schulstad Award to honor outstanding work performed by individuals in the alcoholism field. In addition Mel Schulstad was honored by the United States Secretary of Health and Human Services for his major contributions in the planning and development of national initiatives for alcoholism and drug dependence.

Mel Schulstad, who resides in Sammamish, Washington, co-authored the best-selling book *Beyond the Influence*, along with Katherine Ketcham and William Asbury.

The first annual "America Honors Recovery" awards luncheon was sponsored by the Johnson Institute, a 40 year pioneer in creating successful strategies in alcoholism intervention, treatment and recovery. The event, which honored eight outstanding Americans, was co-chaired by former Georgia Senator Max Cleland and former White House Deputy Chief of Staff Michael Deaver.



"It is an honor to receive this award, but the real honor is to be able to share my experience, strength and hope with others so that they may experience the reality of recovery."  
 – Mel Schulstad

## Learning From the Past Region 2 Baby Boards Wrap Prevention in Pretty Colors

Learning from the past can prevent problems in the future. So goes the reasoning underpinning a new project in the Toppenish Office of the Division of Children and Family Services.

Toppenish staff member, Katherine Ward, is the project's proud mother. In writing the proposal for Project Baby Board, Ms. Ward focused on creating a culturally appropriate environment for Native American newborns.

"In Toppenish, more than 80% of our clients are Native American," she explains. "Unfortunately, we average one infant born each month who tests positive for drugs. More than half of these infants are Native American."

Ms. Ward asked health care providers how best to care for these drug-affected infants. "They recommended tightly wrapping or swaddling drug-affected infants."

Project Baby Board borrows from the past to provide comfort for these drug-affected infants of today. "Native Americans in the Northwest have used baby boards

to carry their infants for hundreds of years. Baby boards are used to wrap the infant securely," Ms. Ward wrote in her proposal. "As the baby is placed in the board, it is reminded of the safe place it came from (i.e., the mother's womb). The infant feels safe on the board. The practice of placing infants in baby boards has been shown to be helpful in working with drug-affected and nervous disorder babies."

Project Baby Board is funded at a level of \$1,500 to purchase and track 10 baby boards for DCFS clients. The project began in Sept., 2004 and will conclude in Feb., 2005. Ms. Ward has provided training to Child Protective Services (CPS) staff in Toppenish and plans to train Child Welfare Services (CWS) staff in the near future. In addition, she is willing to train foster and relative caregivers in the proper use of baby boards.

Noelle Eagleheart, a member of the Yakama Nation, built and delivered the baby boards. Each board is unique and stays with its owner for a lifetime. The child can be carried in the baby or cradle board for about two years. To date, three of the 10 boards have gone home with three very young clients of the Toppenish DCFS Office.



"The practice of placing infants in baby boards has been shown to be helpful in working with drug-affected and nervous disorder babies."  
 – Katherine Ward

## Washington Receives Recovery Grant

By Vince Collins, ATR Director

In August, the Substance Abuse and Mental Health Services Administration (SAMHSA) announced \$100 million in Access to Recovery (ATR) grants to provide people seeking drug and alcohol treatment with vouchers for a range of appropriate community-based services. By providing vouchers, the grant program promotes client choice, expands access to a broad array of clinical treatment and recovery support services, including services provided by faith- and community-based programs, and increases the substance abuse treatment capacity. Washington State is a recipient of one of these grants.

The grants are being awarded to 14 states and 1 tribal organization. Three-year grants are being awarded to California, Connecticut, Florida, Idaho, Illinois, Louisiana, Missouri, New Jersey, New Mexico, Tennessee, Texas, Washington, Wisconsin, Wyoming, and the California Rural Indian Health Board.

In fiscal year 2005, President Bush has proposed doubling the funding for ATR to help even more of those seeking treatment.

"Giving people the power to choose a treatment program that reflects their values and needs can help them triumph over addiction and achieve recovery," HHS Secretary Tommy G. Thompson said. "Access to Recovery will help Americans who are seeking treatment but are unable to obtain care. This program is designed to help people reach recovery in body, mind, and heart."

"Treatment works. But addiction is not a one-size-fits-all disease. This program represents the next step in our ability to treat this disease, opening the door to a full range of treatment providers, and offering treatment access to thousands of Americans who would otherwise remain trapped in the maze of addiction."

John Walters  
Director, National Drug Control Policy



Photo by Clint Karlson, Las Vegas Review-Journal

John Walters, Director of the National Drug Control Policy said, "Treatment works. But addiction is not a one-size-fits-all disease. This program represents the next step in our ability to treat this disease, opening the door to a full range of treatment providers, and offering treatment access to thousands of Americans who would otherwise remain trapped in the maze of addiction."

Washington State has been awarded \$7.6 million per year for the next three years for a total of approximately \$22.8 million. The state plans to utilize its ATR grant to provide clinical drug and alcohol treatment and recovery services to low-income individuals in crisis who are involved with Child Protective Services, shelters and supported housing, free and low income medical clinics, and community detoxification programs.

The grant will fund programs in six counties of Washington, one in each region. They are Clark, King, Pierce, Snohomish, Spokane, and Yakima counties. Each program will offer a full range of treatment services and increase the number of providers trained and qualified to offer recovery services, particularly faith-based. Services are anticipated to be available by the end of 2004.

Further information is available from Vince Collins at 360-438-8226.

## New Guide to Educate Government Leaders About Effective Drug Policies

Join Together, a project of the Boston University School of Public Health, recently published a guide intended to help public officials learn about practical policies that, if adopted, can help save lives and restore families. The publication, *10 Drug and Alcohol Policies That Will Save Lives*, outlines ten policies that are based on scientific evidence, and were developed by groups of national experts and community leaders. Following are highlights from the guide.

### Preventing Underage Drinking

1. Increase alcohol prices through taxes, particularly on beer.
2. Limit alcohol advertising and promotional activities that target young people.
3. Adopt laws that will prevent alcohol-related deaths and injuries among young people.

### Treating Addiction

4. Require and enforce equal insurance coverage for drug and alcohol treatment.
5. Support the development and use of effective medications for addiction treatment.
6. Make screening for alcohol and drug problems a routine part of every primary care and emergency room visit.
7. Give higher payments to providers who get better results.

### Reducing and Preventing Crime

8. Require effective treatment and continuing, supervised aftercare programs instead of incarceration for non-violent drug and alcohol offenders.
9. Repeal policies that prevent ex-offenders from returning to full participation in society.
10. Support the work of community coalitions.

The full publication, including references, is available online at:  
<http://www.jointogether.org/sa/action/tenpolicies/>

## Washington Promotes Recovery Month

Last Summer the Division of Alcohol and Substance Abuse (DASA) encouraged communities in Washington to get involved in promoting National Alcoholism and Drug Addiction Recovery Month. We distributed information about Recovery Month resources, including a pro-

clamation by Governor Locke, and encouraged organizers to post their events on the Recovery Month website. Governor Locke's office joined the campaign by printing recovery month information, the website, and the 24-Hour Alcohol/Drug Helpline's contact information, in the September 23rd issue of the Governor's weekly newsletter, Working Capital ([www.governor.wa.gov/news/newsroom.htm](http://www.governor.wa.gov/news/newsroom.htm)).

DASA recognizes and applauds the following organizations for sponsoring events to promote Recovery Month, and it's theme, Join the Voices for Recovery:

**Clallam County:** County Commissioners issued a Recovery Month Proclamation

**Clark County:** Sponsored a Recovery Month community forum, and "Hands Across the Bridge" awareness event.

**King County:**

- Public Health of Seattle and King County, Alcohol & Other Drug Prevention Program, coordinated

education and recognition events with several of their departments that included newspaper and radio ads reaching over one million listeners and 915,000 readers; announcements in employee electronic newsletters, employee paychecks, and county websites (<http://www.metrokc.gov/dchs/mhd/>); and Recovery All Star Awards and Recovery Forum.

- People of Color Against Aids Network (POCAAN): Sponsored a Recovery Month Forum

- University of Washington: Claudia Black presented "Straight Talk – What Recovering Parents Should Tell Their Kids About Drugs and Alcohol".

- Asian Counseling and Referral Services: Sponsored a drug-free dance for people in recovery.

- Genesis House: Hosted an open house

**Spokane County:**

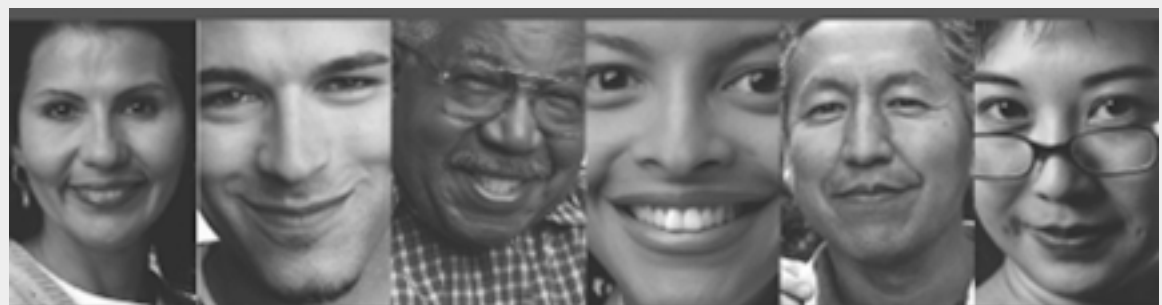
- Kalispel Tribe Camas Institute: Sponsored recovery testimonials and ceremonies.

- Healing Lodge of the Seven Nations: Sponsored a Sobriety Pow Wow

**Yakima County:**

- The Yakama Indian Nation Comprehensive Alcoholism Program hosted a wellness conference.

More details about these events can be found at [www.recoverymonth.gov](http://www.recoverymonth.gov).



### The many faces of recovery.

No matter what the occupation or age, people who suffer from alcohol and other drug addiction are all in the same boat. But with treatment, they can make it to solid ground.

September is National Alcohol and Drug Addiction Recovery Month. To find out more about prevention, treatment, and recovery, call the Alcohol/ Drug 24-Hour Helpline at 206-722-3700 or 1-800-562-1240, or visit [www.adhl.org](http://www.adhl.org). Join the voices for recovery now!



## Upcoming Education and Awareness Events: December – February

DEC

DECEMBER '04

National Drunk And Drugged Driving Prevention Month: [www.3dmonth.org](http://www.3dmonth.org)

Holiday Drinking Awareness Kit: [www.ncadd.org/programs/awareness](http://www.ncadd.org/programs/awareness)

7-9 17th Annual Impaired Driver Traffic Safety Conference, Seattle, Washington Traffic Safety Commission, (360) 753-6197

JAN

JANUARY '05

National Mentoring Month: Washington State Mentoring Partnership, (360) 438-8494, [www.mentoring.org](http://www.mentoring.org)

FEB

FEBRUARY '05

National Children of Alcoholics Week, National Association for Children of Alcoholics, [www.naocoa.org](http://www.naocoa.org).

17-18 Region 3 and 4 Warm Beach Retreat, Contact: Shari Sager, (360) 658-6892.

## Quinault Nation Hosts Tribal Gathering

The Third Annual Tribal Gathering was held on September 1 and 2, 2004, and was hosted by the Quinault Nation at the Quinault Beach Resort. The Gathering allowed an opportunity to continue to build better systems for communication and collaboration between tribal organizations throughout Washington State and the Division of Alcohol and Substance Abuse (DASA). The Gathering was a time to explore new processes, share ideas and concepts, and to find creative solutions to pressing issues.

The annual gathering was attended by representatives from the Washington State Tribes, Urban Indian Organizations, DASA Treatment and Prevention Staff, and state employees who came together to share, learn, and cel-

brate the Native American peoples.

The first day was for learning new ideas. The Gathering workshops included: Domestic Violence, Co-Occurring Disorders, Culturally Relevant Treatment Modalities, and Culturally-specific Prevention Practices. On the second day, leaders from the tribes and state came together to strategize on what is needed to make effective changes for positive results on policy issues. Many great ideas and next steps came from the discussions. Some of the significant issues identified for Indian Country included funding, counselor shortage, consultation efforts, and data collection. DASA will continue to work with all tribal programs to address each of these areas.

**Want to share FOCUS with others?  
Let them know it's on DASA's website  
at [www1.dshs.wa.gov/dasa](http://www1.dshs.wa.gov/dasa) (click on  
"What's New")**

**For more information  
or to register for trainings,  
contact DASA's Training Section  
at 1-877-301-4557**

A calendar of 2004 events and prevention and treatment success stories is available on DASA's webpage: [www1.dshs.wa.gov/dasa](http://www1.dshs.wa.gov/dasa).  
Printed copies are available from the Washington State Alcohol/Drug Clearinghouse: 1-800-662-9111



Washington State  
Department of Social  
& Health Services

Division of Alcohol & Substance Abuse  
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Olympia, WA 98504-5330

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