



Settlement Agreement Reached for Children's Mental Health Services

State officials and attorneys for the plaintiffs in *TR v. Dreyfus* filed a preliminary settlement on August 29 that begins implementation of a program to provide intensive home and community-based mental health services to high-needs Medicaid eligible children and youth.

The federal District Court lawsuit filed in November 2009 asserted the state was not providing sufficient intensive home and community-based services to Medicaid eligible children at risk for out-of-home placement due to mental illness or emotional disorders. The defendants in the lawsuit were the Department of Social and Health Services and the Health Care Authority.

Several other state Medicaid programs have unsuccessfully litigated lawsuits on similar grounds. The State of Washington decided that it was not in the best interest of the state or children to litigate.

"The plaintiffs and the state agreed that the needs of these most vulnerable children, youth and their families would not be served by a long drawn-out litigation. We determined that providing intensive services in their homes and communities is the best approach to improving the outcomes for children and youth with the greatest need," said Jane Beyer, Assistant Secretary, for the DSHS Behavioral Health and Service Integration Administration.

"With this settlement agreement, Washington has committed to build a mental health system that will bring this law to life for all young Medicaid beneficiaries who need intensive mental health services in order to grow up healthy in their own homes, schools, and communities," said Mark Stroh, Executive Director of Disability Rights Washington.

In the landmark settlement, the state and the plaintiffs agreed to change the way the highest need children and youth are provided services. Phased in over a five-year period, the state will move from a program centered on out-of-home placement for these children and youth to a program of intensive home and community-based services that fully considers the strengths and needs of children, youth and their families.

"The key to this settlement was the underlying agreement between the state and the plaintiffs that we can better serve these children," said State Medicaid Director MaryAnne Lindeblad. "While our plan is based on a realistic phased approach, it carries a new and profound commitment to these families and the future of their children and youth."

It is estimated that 3,000 to 6,000 children and youth will be served each year through the program when it is fully implemented. The plaintiffs hailed the settlement as a reasonable solution to a longtime problem.

The program uses a well-tested assessment tool, the Child and Adolescent Needs and Strengths (CANS) and intensive home and community-based services as the heart of the program. The program, called Wraparound with Intensive Services (WiSe), focuses on achieving the best possible outcomes for these children, youth and families.

The assessment tool will identify children's needs, track their progress and support accountability at all levels. Evidence-based, wraparound services will be available to the children, with close collaboration between DSHS, the children and their families and other child-serving partners in the agency.

For more information visit DBHR's webpage for [Children's Mental Health Lawsuit and Agreement](#).

InSide FOCUS

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FROM THE DIRECTOR

Chris Imhoff

Director, DSHS Behavioral Health and Service Integration Administration

Division of Behavioral Health and Recovery

Washington Joins the Voices for Recovery

To celebrate National Recovery Month observed each September, 15 communities in Washington held events and posted them on www.RecoveryMonth.gov. Governor Inslee issued a proclamation to designate September as National Recovery Month in Washington State, and officials in 33 Washington cities issued local proclamations.

This year's theme was Join the Voices for Recovery on Pathways to Wellness. People in recovery shared their stories in an effort to educate the public that many people experience behavioral health conditions, help is available, and treatment works. Because these successes often go unnoticed by the broader population, Voices for Recovery provides a vehicle for people to share their recovery stories. On the Recovery Month website people can share recovery stories year-round to help others see that recovery is possible. Be sure to read the recovery story submitted by Youth 'N Action in this issue of FOCUS.

Enrollment in Washington's Health Benefit Exchange Begins October 1

Starting October 1, access to affordable health insurance for Washingtonians is here. Washington citizens can access health insurance marketplaces and expanded Medicaid coverage created by the Affordable Care Act. In Washington people will compare plans and enroll online through www.wahealthplanfinder.org. More individuals and families will now be eligible for Medicaid, or for financial help to cover the cost of their insurance premiums and copays. More people with behavioral health conditions will be able to access the treatment they need.

One important change for people who need publicly-funded chemical dependency treatment is that these services will now be covered through Medicaid/Apple Health. The DSHS ADATSA program will end December 31, and current clients will be converted to Medicaid. People will now apply through healthplanfinder for chemical dependency and mental health services. When low-income families apply for insurance coverage through healthplanfinder, they may also be directed to www.waconnection.org to see if they qualify for other public assistance programs.

The Health Care Authority and other health-related state agencies have put together information packets

and tools for explaining health care reform to patients and health care professionals:

- Partners Page <http://www.wahbexchange.org/info-you/partners/>.
- The Health Care Authority's Apple Health (Medicaid Expansion) [web pages](#) has posters, fact sheets and rack cards that can be printed out locally or [ordered through a state printer](#) at no charge.

Community Forums in October on Initiative 502

DBHR and our state agency partners are preparing for the funding expected in late 2014 from Initiative 502 marijuana sales tax revenue. This funding is for community assessments, media-based education campaigns for adults and youth, a prevention hotline, youth marijuana use prevention, youth treatment, and evaluation. We will share plans for implementing our legislative mandate and provide an opportunity for input from partners, service providers and community members. To RSVP for a location below, go to <https://www.surveymonkey.com/s/I-502CommunityForumRSVP>.

- Yakima – October 2, 2013 (1:00pm – 3:00pm)
- Spokane – October 3 (11:00am – 1:00pm)
- Seattle – October 4, 2013 (2:00pm – 4:00pm)
- Vancouver – October 8, 2013 (1:00pm – 3:00pm)
- Webinar – October 9, 2013 (1:00pm – 3:00pm)

To join the webinar you must RSVP: <https://www2.gotomeeting.com/register/163378706>

For more information visit <http://www.theathenaforum.org/dbhrmpublicforums>. For questions email Scott.McCarty@dshs.wa.gov.

Everyone Plays a Role in Suicide Prevention

For World Suicide Awareness Day on September 10, many organizations encouraged people across the country to join community-based activities to prevent suicide. To learn what you and others can do in your community, DBHR and our partners have developed a [Suicide Prevention Community Participation Packet](#). If you know someone who needs help, the Washington Recovery Help Line (1-866-789-1511) offers 24/7 emotional support and referrals to resources in your area.



Washington State
Department of Social
& Health Services

BHSIA Behavioral Health and
Service Integration Administration

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

Kevin W. Quigley

DBHR Director

Chris Imhoff

New Leaders Join State Psychiatric Hospitals

Longtime Health Care Executive Chosen to Head Eastern State Hospital

Dorothy L. Sawyer, an executive with more than three decades of experience in the health care industry, was chosen in July as Chief Executive Officer for Eastern State Hospital, operated by the Washington Department of Social and Health Services at Medical Lake.

Sawyer, a Washington native who began her career as a registered nurse in Spokane, most recently was an executive with a Tucson, Arizona, health care system.

“Dorothy has broad operational expertise and extensive strategic experience in acute care and behavioral health hospitals,” said Jane Beyer, DSHS Assistant Secretary for the Be-

havioral Health and Service Integration Administration. “Her career in health care has ranged from direct patient care to senior level management. Her strengths include quality management, patient safety, case management and regulatory affairs.”

Sawyer, who earned her undergraduate and graduate degrees from Eastern Washington University, served in various clinical positions while in Spokane. She is a Fellow in the American College of Healthcare Executives and is Board Certified in Nursing Administration.



Head of Alaska Psychiatric Institute selected as new Western State Hospital CEO

In May Ron Adler was selected as the new chief executive officer of Western State Hospital. The hospital is one three full-fledged, psychiatric facilities in the state.

“Washington is a known leader in promoting healthy lives and removing barriers to health care and mental health services,” said Adler. “It is now implementing the Affordable Care Act, which will provide more people with health care coverage, including coverage for behavioral health services. Ideally, that will help more people get successful outpatient treatment early on and reduce the need for intensive psychiatric hospitalizations.

Adler, a recognized leader in Behavioral Health, began his career as a direct service employee at Hunterdon State School

in Clinton, New Jersey. Over the next 33 years, he moved on to clinical, management and executive leadership positions, most recently at the Alaska Psychiatric Institute in Anchorage. Adler earned a bachelor’s degree in psychology and a master’s of education degree in counseling psychology at Rutgers University in New Jersey.

Adler was recognized by the Alliance for the Mentally Ill in Southern Arizona as the recipient of the Family Empowerment Award (1995) and the NAMI Alaska Service Provider Award (2004). He served as president of the Western Psychiatric State Hospital Association and the Alaska Community Mental Health Services Association.



Drug Free Communities Grants Awarded to Washington State Coalitions

The Office of National Drug Control Policy has announced the 2013 Drug Free Communities (DFC) continuation, mentoring, and new DFC grantees. Across the country 147 new grants were awarded which brings the total of DFC grants awarded for 2013 to 620, including continuation grants. Nineteen new mentoring grants were awarded in addition to the four continuation mentoring grants nation-wide. One of the new DFC mentoring grants was awarded in Washington State to PREVENT! The Substance Abuse Prevention Coalition of Clark County.

Originally funded by Congress in 1997 with the understanding that local problems need local solutions, the federal DFC Support Program is a cornerstone of the Office of National Drug Control Policy’s national drug control strategy. The competitive funding provides support for community coalitions that focus on comprehensive strategies and environmental change to prevent and reduce local youth substance use.

Twenty-five Washington State DFC continuation grantees have been awarded ongoing funding. Washington has also been awarded eight new DFC grants. Congratulations to all of

FISCAL AGENT	GRANTEE COALITION	CITY
Enumclaw Regional Healthcare Foundation	Foothills Healthy Community Coalition	Enumclaw
TOGETHER!	Rainier Community Cares	Lacey
Lower Elwha Klallam Tribe	Elwha Youth Coalition	Port Angeles
City of Issaquah	Issaquah Drug Free Community Coalition	Issaquah
Grant County Health District	Quincy Communities That Care	Quincy
Willapa Behavioral Health	Willapa Behavioral Health	Raymond
Sumner School District #320	Sumner/Bonney Lake Area Communities for Families Coalition	Sumner
Sunnyside School District	Sunnyside Coalition Against Substance Abuse	Sunnyside

the new grantee coalitions and their fiscal agents on this outstanding achievement, which will bring additional resources and prevention focus into their communities:

Grantees receive up to \$125,000 each year for five years, at which time they can apply for five more years of funding. This year’s grants will generate about four million dollars for substance abuse prevention initiatives in Washington State, in addition to the minimum 100% local match funding that is a requirement of the grant.

Compared to other states in 2013, Washington received the fourth highest number of combined new and continuation DFC grants in the country with 34.

For technical assistance or more information about the DFC program, contact Stephanie Atherton at Stephanie.Atherton@dshs.wa.gov, or (509) 731-5647. Information about the DFC program and grantees can be found online at <http://www.ondcp.gov/dfc>.

Recovery Café Brings Recovery Coach Academy to Washington

By David Uhl

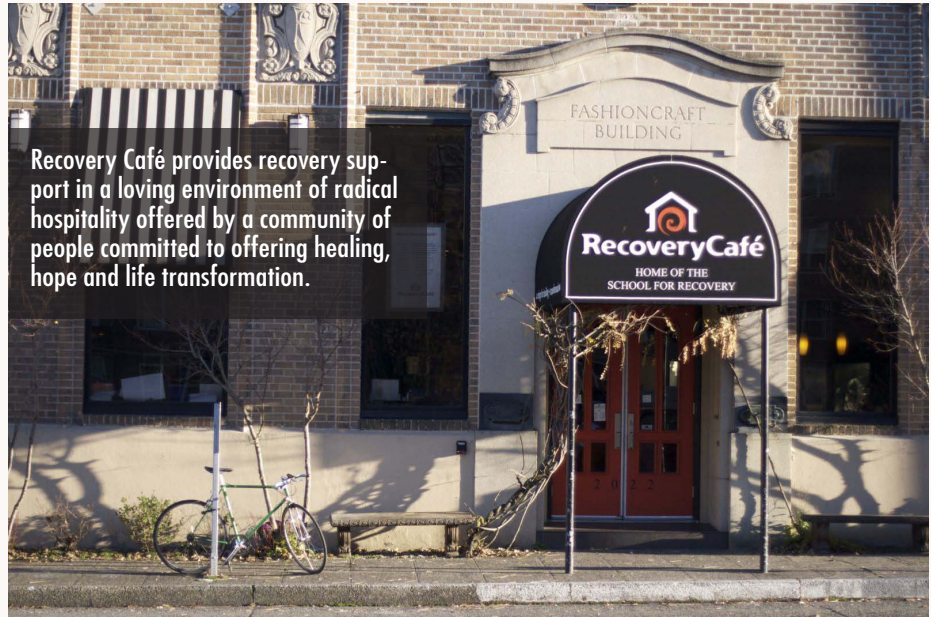
Recovery Café, a recovery support center in Seattle, was thrilled to welcome for the first time to Washington State the Connecticut Community for Addiction Recovery (CCAR) to provide an intensive weeklong Recovery Coach Academy. This nationally recognized best practice model provides participants the tools and resources necessary to build recovery capital, and assist and empower others to flourish in their recovery.

CCAR defines a Recovery Coach as “anyone interested in promoting recovery by removing barriers and obstacles to recovery and serving as a personal guide and mentor for people seeking or already in recovery.” Recovery Coaches are not clinicians, however, they may work with people who are struggling physically or mentally. The training presents a basic understanding of substance use, mental disorders, and crisis intervention. Recovery Coaches also learn skills for effective communication, motivational enhancement strategy, recovery action planning, cultural competency and recovery ethics.

This opportunity was made possible by the Washington State Division of Behavioral Health and Recovery, King County, and SAMHSA. Vince Collins, the Access to Recovery Grant Director, emphasized that “this training is part of Washington State’s efforts to build the best Recovery Oriented System of Care in the country. It’s not just the 36 people who went through the training this week, it is also the 13 people who were certified to train more people to be Recovery Coaches. We look forward to growing the number of Recovery Coaches across the state who use our 13 new Recovery Coach Trainers.”

Jim Wuelfing from Massachusetts co-taught the course with Geoff Miller and Dan Floyd with the King County Mental Health, Chemical Abuse and Dependency Services Division. When asked about the training, Dan Floyd said, “it was great to bring this wonderful asset home to Washington State. This past week was another confirmation of the profound power of peers to assist others to break the cycle of addiction and to be recovery champions. I have no doubt that the work we did will benefit our entire community.”

Dr. Ruby Takushi, Recovery Café’s Director of Programs and Recovery Coach Academy participant stated, “the CCAR model compliments the program and service philosophy of Recovery Café. It is inspiring to learn that across the country more and more people are embracing the need to provide



Recovery Café provides recovery support in a loving environment of radical hospitality offered by a community of people committed to offering healing, hope and life transformation.

support after treatment. It is one of the greatest needs we see in our community and a core reason Recovery Café was founded.”

Recovery Café’s Executive Director, David Coffey, shared his enthusiasm about this opportunity, “At Recovery Café, we are always looking for innovative ways to leverage resources to transform lives. This program not only provided invaluable training to the people who participated, but its effect will multiply exponentially as the graduates share what they learn throughout the Washington State community. We think this ripple effect is a wonderful way to celebrate the fact that September is National Recovery Month!

We are grateful to Washington State, SAMHSA and King County for funding the financial investment to make this a reality.”

Recovery Café is a recovery support center for women and men who have been traumatized by homelessness, addiction and mental health challenges. The Café provides recovery support accountability groups, recovery classes, and referrals for housing, mental and physical health, and employment. More information about CCAR’s Recovery Coach Academy can be found at http://www.ccar.us/recovery_coach.htm. More information about Recovery Café can be found at www.recoverycafe.org.

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

FOCUS

September 2013

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"With the settlement agreement, Washington has committed to build a mental health system that will bring the law to life for all young children and adolescents who need intensive mental health services..."

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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](mailto:Deb.Schnellman@dshs.wa.gov).

Alcohol and Other Drug Prevention Updates

State prevention program now in 52 communities

The Prevention Redesign Initiative, which began in 2010, recently met its goal of bringing drug prevention services to 52 of the state's highest need communities, and supporting coalitions dedicated to creating long-term positive changes. The initiative also has a new name: Community Prevention and Wellness Initiative (CPWI). See our online [map of selected communities](#).

The top priority of the initiative is to reduce underage drinking and prevent the negative consequences that often result from it, such as addiction, juvenile crime and academic failure.

The following are examples of how communities are using CPWI funding to make a difference for youth and families:

- King County: King County is supporting four active community coalitions to prevent substance abuse by youth. Among the highlights this year:
 - Vashon Alliance to Reduce Substance Abuse supported youth to organize a Marijuana Prevention Summit with former federal drug prosecutor Monte Stiles
 - Central Seattle Drug Free Communities Coalition held a successful key leaders event attended by students, parents, community members, professionals, and dignitaries such as U.S. Congressman Adam Smith
 - The Southeast Seattle P.E.A.C.E. Coalition organized a large community event with youth entertainment and a panel of speakers from chemical dependency treatment, the judicial system, King County government, University of Washington, and Seattle Children's Hospital
 - Navos' Coalition for Drug Free Youth developed a successful media campaign with a social norms message that most youth do not use drugs.

White Swan Arts and Recreation Community Coalition

The town of Harrah passed a social host ordinance, which took effect in July, making it illegal for an adult to allow underage drinking or drug use to occur on property they are responsible for.

DBHR Receives Outstanding State Member Award for Prevention

Earlier this year DBHR was recognized as an Outstanding State Member by the Community Anti-Drug Coalition of America (CADCA). In Washington State, our core values and belief in the power of local community coalitions to change community norms and support families in their efforts to raise healthy children align closely with CADCA's principles. The 2013 award was presented to our state based on actions we have taken to follow our values and redesign our prevention system from a county-based model to a local community-based model using community coalitions as the strategic planning entities.

CADCA, along with the Substance Abuse Mental Health Services Administration/Center for Substance Abuse Prevention, has been instrumental in guiding the development of our statewide Prevention Redesign Initiative over the past three years. CADCA staff and consultants have trained our state staff on coalition development strategies, how to coach and guide community coordinators, and sustainability strategies. CADCA has also been instrumental in providing annual training to our provider network and the Drug Free Community Grantees in our state. In addition to providing training, CADCA has demonstrated public policy leadership since its inception that is inspiring and benefits our state in many ways. We count on CADCA to support prevention and treatment efforts in Washington D.C. We use their guidance and resources to train our providers on how to advocate effectively with our state policy makers.

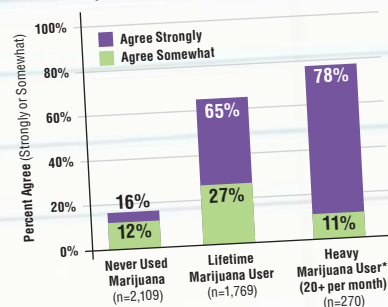
New resources for marijuana education

- [LearnAboutMarijuanaWA.org](#), a website created by the University of Washington's Alcohol and Drug Abuse Institute, offers science-based but easy-to-understand information for the public, addressing questions or concerns about marijuana, with special topic pages specifically developed for parents and adolescents, and where to get help.
- Video created by Mercer Island Youth and Family Services: [Marijuana and Teens](#).



"If Marijuana Were Legal I Would Be More Likely to Use It."

Percent of high school students reporting they agree strongly or somewhat (2012)



SOURCE: Adapted by CESAR from The Partnership for a Drug-Free America and the MetLife

Exemplary Professionals and Programs Honored at COD Conference

Congratulations to the following people recently honored at the Co-Occurring Disorders and Treatment Conference in Yakima. The purpose of the Exemplary Awards is to recognize dedicated individuals, programs, and supportive groups/organizations, celebrate their successes, and share their strategies with others in the field.



LIFETIME ACHIEVEMENT

Ron Jackson – *Evergreen Treatment Services – Retired (Seattle)*

Ron Jackson was honored with the Lifetime Achievement Award due to his extensive and tireless efforts in the service of people with co-occurring chemical dependency and mental health problems. He has worked at the local, regional and national level on advancing effective policies and practices. While Executive Director of Evergreen Treatment Services for 33 years, Ron didn't have enough to do managing two sites, a mobile van and 1,400 patients, so Ron developed the REACH program. REACH provides street-based case management services to over 500 homeless people with addiction problems in Seattle's Belltown neighborhood. REACH is an example of Ron's skilled ability to develop innovative programs in the interest of a client population that is traditionally under served and challenging to engage.



LIFETIME ACHIEVEMENT

Cheryl Mogensen – *Kitsap Mental Health*

Cheryl has over 30 years' experience developing and implementing innovative programs to meet the needs of complex and hard to serve populations. She is recognized as a leading expert in the field of co-occurring disorder treatment, a gifted trainer, consultant, clinical supervisor, and program manager.

She has also been leading COD integration efforts in KMH Child and Family as well as developing ongoing training for staff. Cheryl has been a committed member of our conference planning committee as co-chair for CODIAC over the last several years. She is going to be missed as she moves into retirement.



OUTSTANDING SERVICE – INDIVIDUAL

Chris Johnson – *Northwest Resources II (Thurston County)*

Chris Johnson, Thurston County's Co-Occurring Disorders Intensive Case Manager (ICM), provides services to support the stabilization and recovery of individuals with mental health and chemical dependency diagnoses. These services include assessment, treatment placement, transportation to treatment, access to basic needs such as food, clothing, and shelter, access to detox, obtaining medical coupons and other available funding, and motivating clients to further their recovery. In 2012, Chris singlehandedly helped over 120 primarily indigent and homeless co-occurring disordered individuals access these services. Of these individuals, 97% were placed in inpatient or outpatient services, or both.



OUTSTANDING COLLABORATOR

Angela Ball – *Daybreak Youth Services (Vancouver)*

Angela Ball collaborates chemical dependency treatment and mental health services to benefit the clients and families at Daybreak Youth Services. She has sought to have a mental health therapist from the Children's Center and a Primary Counselor at Daybreak Outpatient provide assessment, treatment planning, counseling, and after care planning for clients who are impacted by Co-Occurring Disorders. Angela is the Outpatient Supervisor at Daybreak Youth Services Vancouver Outpatient office. She currently provides consultation with the Children's Center.



OUTSTANDING COLLABORATOR

Joe Beckett – *Spokane County Regional Support Network (Spokane)*

Joe has devoted his career to developing new programs, maximizing opportunities and forging stakeholder consensus and collaboration to serve adults with co-occurring mental illness and chemical dependency. Joe has worn many collaborative hats in his 24 year career: provider, director, educator, and business owner. In 2011, Joe accepted a pioneering position as the first Adult Care Coordinator for Spokane County Regional Support Network, the public mental health administrator for eight urban and rural counties. Joe successfully forged collaborations between unlikely partners to create innovative programs that are making a profound difference in the lives of individuals that had been previously regarded as without hope.

OUTSTANDING SERVICE – Individual

Dennis Ballinger – *Kent Youth and Family Services (Kent)*

As the first co-occurring clinical director of Kent Youth & Family Services, Dennis pushed the program to be one of the best adolescent co-occurring outpatient treatment options in the county.

INNOVATIVE PROGRAM

Sea Mar Visions (*Bellingham*)

Visions is a chemical dependency program for low income, at risk teen girls ages 14 to 17, who have experienced great trauma in their lives. These girls have tried other treatment programs without success, and Visions is often their last hope. Visions is the epitome of innovation in this field, it was the first of its kind in Washington, treating only female adolescents. To this day it is unmatched in its program model, the population it serves, and in its success rate. To be innovative a program must always seek to improve and to try new things, and Visions does this regularly. They combine mental health services alongside chemical dependency education, utilizing the arts, providing academics, medical, dental, and vision care to each of their patients.

INNOVATIVE PROGRAM

ESD-113 True North Student Assistance Program (*Olympia*)

True North is a unique, school-based chemical dependency prevention and treatment agency that serves adolescents both in and out of school in Thurston, Mason, Lewis, Grays Harbor, and Pacific counties. True North is also the ESD partner for the Prevention Redesign Initiative in all five of the counties they serve. For over 15 years, True North has worked tirelessly to go above and beyond by combining evidence-based and innovative approaches in over 40 different school districts. Over the last two years, True North has focused on creating an innovative and youth driven approach for youth transitioning out of treatment by promoting a Recovery Oriented System of Care (ROSC) program. The program links youth and their families to recovery support, such as employment and educational opportunities, as well as fun and engaging activities.

INNOVATIVE PROGRAM

Juvenile Justice and Rehabilitation Administration ART Program

Washington State's Department of Social and Health Services' Juvenile Justice and Rehabilitation Administration (JJ&RA) provides a very effective cognitive-behavioral-therapy program. This program is proven to be effective with violent, aggressive, and anti-social male and female adolescents. The Aggression Replacement Training program is a 30-hour, multimodal intervention curriculum that is problem-solving focused and action and goal oriented. JRA's ART program has been in operation since 2008, and currently serves more than 320 youth per year. 80% of youth in the program participate in the 30 hours of ART classes and graduate the program. The youth who participate in ART have decreased incidents of aggression and violence, and have increased pro-social, problem solving, and communication skills.

Medical Emergency Psychiatric Demonstration Year One Update

By *Richard Wentworth, DBHR Special Projects Manager*

Washington State has completed a successful first year of participating in the Medicaid Emergency Psychiatric Demonstration (MEPD). This three-year research demonstration project is part of the Affordable Care Act (Section 2707) and is administered by the Centers for Medicare and Medicaid Services.

The MEPD is testing the impact of expanded Medicaid coverage by providing previously unavailable federal match dollars for services received by eligible Medicaid beneficiaries in non-government psychiatric hospitals. The MEPD started in July, 2012 and Washington State is receiving \$715,500 in Medicaid match dollars for the first year of participation.

The MEPD provides Medicaid coverage for beneficiaries, age 21-64, who receive services in inpatient psychiatric hospitals classified as Institutions for Mental Diseases (IMD). Medicaid currently does not provide this coverage and this "IMD exclusion" contributes to the problems of insufficient psychiatric bed capacity and psychiatric boarding in community hospital emergency departments. The MEPD is testing if the expanded coverage improves the access to and quality of mental health services for Medicaid beneficiaries and reduced emergency department use and psychiatric boarding.

DBHR is the MEPD project lead working in partnership with the HCA, King County and Greater Columbia RSNs, and Washington's three private IMD psychiatric hospitals; Fairfax Hospital and Navos Mental Health, both located in King County, and Lourdes Counseling Center, located in Richland.

MEPD funds will be allocated to King County and Greater Columbia RSNs for use in meeting MEPD research goals. King County RSN is underway with plans to use their MEPD funds to implement a new service called the Transitional Support Team (TSP), which will assist community hospitals with care planning and discharge planning for psychiatric boarding patients. Greater Columbia RSN is using their MEPD funds to support the development and use of a new Crisis Residential Unit in Richland that will serve people experiencing a mental health crisis and avoid unnecessary use of community hospital emergency departments and reduce psychiatric boarding.

An evaluation of the MEPD will be conducted by the U.S. Department of Health & Human Services and a report to congress will be issued with a recommendation about continuing and expanding the Demonstration.

Additional information about the Medicaid Emergency Psychiatric Demonstration is available at: <http://innovation.cms.gov/initiatives/medicaid-emergency-psychiatric-demo/>.

Richard Wentworth may be reached at (360) 725-3734 or Email: wentwr2@dshs.wa.gov.

More Communities Catch Let's Draw the Line Fever

By Ray Horodowicz, Project Coordinator Enforcing Underage Drinking Laws

For three years running, community groups across the state carried out underage drinking prevention activities as part of Let's Draw the Line between Youth and Alcohol (LDTL). Most groups were community substance abuse prevention coalitions, but other participating groups included traffic safety coalitions, and clubs on both the high school and college level. All these groups carried out a mix of activities geared towards supporting community norms, policies and enforcement efforts that help prevent underage drinking in their community.

Since Initiative 1183 passed in the fall of 2011, increasing the number of stores selling spirits in the state, liquor privatization has been a concern for many. As part of LDTL, all groups compiled information on local impacts of privatization. This involved using a Community Assessment of Neighborhood Stores (CANS) survey, which looked at the amount of indoor and outdoor alcohol advertising and how alcohol products are displayed in stores. Many groups also put together information from law enforcement and retailers. All groups then summarized their information and shared it with businesses, organizations and parent groups in their community.

Another required activity for LDTL in 2013 was a social norms mini-campaign. Among high school youth there is a perception that all teens use alcohol. The truth is that most teens do not drink, and social norms campaigns address this gap. Work on this project, which was mostly carried out by youth, included creating posters and other signs with statistics from the Washington State Healthy Youth Survey showing the percentage of youth who do not use alcohol. Groups unleashed their creativity in various ways. At Eastmont High School in East Wenatchee, paper owls were hidden throughout the school. Each owl contained a prevention message. As students found the owls, they were hung together in the foyer. Each owl found was also an entry for a chance to win a prize.

All participating groups also selected two additional activities from a list of options. Activities included:

- Supporting an existing police 'tip line' to help enforce underage drinking laws.
- Placing information about underage drinking in local newspapers or on the radio.
- Using social media to promote messages about the positive benefits of youth staying drug and alcohol free
- Holding a flash mob "rally" in support of underage drinking prevention with music and dancing in a public location.
- Presentations on alcohol advertising awareness in schools and churches.

The work on LDTL by a youth group in Buckley caught the interest of youth groups from Bonney Lake High School, Enumclaw Youth Center, and Enumclaw High School. Jenny Smith, the Youth Activities Coordinator at the Buckley Youth Activities Center, said "We have made a few really awesome networking connections with other communities who are interested in learning more!"

Planning is underway for the 2014 edition of Let's Draw the Line. For more information visit www.StartTalkingNow.org or email Ray.Horodowicz@dshs.wa.gov.

Funding for Let's Draw the Line was provided by the U.S. Office of Juvenile Justice and Delinquency Prevention – Enforcing Underage Drinking Laws.

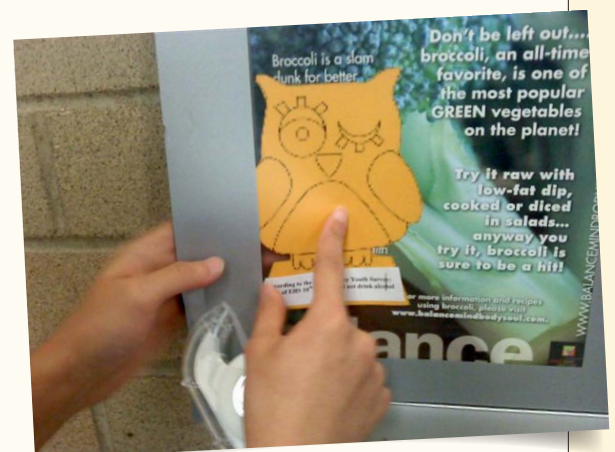
“

We have made a few really awesome networking connections with other communities who are interested in learning more.

”



Youth carried out most of the campaign activities.



One of the owls hidden at Eastmont High School as part of their Social Norms Campaign.

Stay connected with **Let's Draw the Line** – like us on Facebook



Updates from the Office of Consumer Partnerships

By Jennifer Bliss

This summer the DBHR Office of Consumer Partnerships (OCP) partnered with consumer run organizations to pilot five peer leadership classes around the state. The goal of the classes is to increase the ability of consumers to participate actively in systems advocacy. In each class, participants learned skills in self-advocacy, involvement at the RSN, community, and state levels, and understanding the legislative process. The classes were rated highly and the Office of Consumer Partnership plans to continue and expand the program in 2014. If you would like to participate in one of these trainings or would like more information please contact Jennifer.bliss@dshs.wa.gov.

The Office of Consumer Partnership maintains a large, ever-growing, and active distribution list. The distribution list serves as a two-way communication tool, letting consumers know about OCP activities and requesting feedback and participation in OCP projects. Short surveys and information about classes, teleconferences and videoconferences are sent using this list. This list has been extremely help-

ful in identifying issues of importance to peers and providing valuable ideas. If you or anyone you know would like to be on this distribution list, please email wanda.johns@dshs.wa.gov.

The OCP has also been involved in assisting Quality Review Teams in the Regional Support Networks. Quality Review Teams (QRT) provide independent peer review of RSN services. QRT members are usually current or former recipients of services and they often survey agencies and hold independent "speak-outs" about services. QRT recommendations are then provided to RSN advisory boards and the QRT continues to advocate for needed changes. A training for Quality Review Teams was held September 24th at DBHR and a highlight of the training was sharing successful engagement and advocacy projects.

The Certified Peer Counseling program continues to grow and develop. Currently the OCP along with other DBHR staff are actively engaged in studying the current state training program and the needs of the program. Peers and peer and family organiza-

tions, providers, and the RSNs are all participating in continuing to improve the quality of the program. There is a strong commitment to recovery supports and developing the unique role of peer support in all services.

The Certified Peer Counseling program has amazing energy and momentum! Agencies that employ peer counselors and those who are served by them are enthusiastic about their experiences. Peer counselors share their own experiences and provide living examples that recovery is possible. Peer counselors change lives! Certified Peer Counselors may be found in all aspects of services, including outpatient services, as parent and youth partners, in crisis services, in housing and employment programs, in chemical dependency and co-occurring programs, and in hospital transition services. Increasing the availability and quality of peer counseling services is a high priority for the OCP.

For more information feel free to contact Jennifer. Bliss@dshs.wa.gov

SBIRT 2013

By Dennis W. Malmer, Chief, DBHR Certification, Licensing, and Customer Relations

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a universal, evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. SBIRT enables healthcare professionals to screen and refer people who may not initially be seeking help for a substance use problem, but whose use is causing health concerns and complicating other meaningful life activities. Screening services are provided in a wide variety of settings including primary care community health centers, hospitals, hospital emergency departments, trauma centers, and specialty healthcare centers.

There is substantial research and evidence for the effectiveness of SBIRT when delivered by a physician and other qualified health professionals. SBIRT successfully reduces:

- Substance use, abuse, and dependency which improves health outcomes.
- The risk for trauma, injuries, and death.
- Health care utilization which in turn reduces health care costs and the costs for other chronic health care conditions.

The Division of Behavioral Health and Recovery was awarded \$8,330,000 (\$1,666,000 per FFY) to implement drug and alcohol screening, brief interventions, and referral to treatment for persons with substance use disorders in primary healthcare clinics. The grant is from the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (CSAT).

The Washington State SBIRT Primary Care Integration (WASBIRT-PCI) project will screen and serve 96,720 adult clients over the life of the grant. WASBIRT-PCI began providing

SBIRT services to adults receiving primary care in selected community health clinics in King County in 2011. Earlier this year, we expanded SBIRT services to Cowlitz and Whitman Counties and expect to implement services in Clallam County this fall.

WASBIRT-PCI staff members are working with a number of local, county, and state partners to increase access to substance abuse and dependence treatment through integration of SBIRT. Primary goals for program development this fall include:

- Continuing work with the five Basic Health/Healthy Options managed care organizations to implement screening and brief intervention at provider sites by January 1, 2014.
- As SBIRT services and reimbursement mechanisms mature, supporting statewide expansion of SBIRT. We will support diffusion in a wide variety of health care settings such as additional primary health care settings, community health centers, hospitals, emergency departments, university-based student health centers, and specialty clinics.
- DBHR is developing implementation guidelines, tools, and a website with training portals which will support statewide expansion. We expect to have the website ready for public use by October 31.
- Developing additional statewide training events for SBIRT to support providers who wish to begin offering SBIRT when screening and brief intervention reimbursement becomes available January 1, 2014, through Medicaid expansion.

The 2010 WASBIRT program performance report is available [online](#).

Upcoming Events [Click here](#) for more training resources.



OCTOBER '13

NATIONAL SUBSTANCE ABUSE PREVENTION MONTH

3 BH SERVICES TRAINING – NEW WAC RULES
Vancouver

6-12 NATIONAL MENTAL ILLNESS AWARENESS WEEK

17-18 WASHINGTON STATE DRUG COURT CONFERENCE
Tukwila

17 NATIONAL ABOVE THE INFLUENCE DAY

20-22 WASHINGTON STATE PREVENTION SUMMIT
Yakima

23-31 RED RIBBON WEEK



NOVEMBER '13

9-13 TREATMENT OF OPIOID DEPENDENCY NATIONAL CONFERENCE
Philadelphia

15 GREAT AMERICAN SMOKE OUT

The State Prevention Summit is Coming. Stand up, Stand Out, Choose Health!

Did you know that 95% of those who attend the Prevention Summit say it is a motivational experience, and they would recommend it to others? Could it be the enriching and culturally competent training and networking opportunities for youth, volunteers and professionals? Could it be the fun evening activities? The inspiring speakers? The free prizes? Find out by joining us October 20-22 in Yakima. See you there!



DECEMBER '13

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.

Youth 'N Action Leads Many to Happy Endings

By Maricha LeCount

The place where the sidewalk ends; in my mind, this is a metaphor for a place where people can go when they have nowhere else to go. It is a refuge for lost people, lost souls. This is the purpose of Youth 'N Action (YNA). We are there; in that nowhere place between the end of the sidewalk and the beginning of the road, ready to help the weary travelers that get lost there.

When a troubled youth comes to YNA, they find a group of people who have experienced the same things that youth is trying to escape. They find young people who have seen the same sights, felt the same way, and they know in that instant that these people will listen to them. The members of YNA have been on the other side, the “drug” side, the “life on the streets” side, the depression side, and they have come back from it. These youth see other youth who have recovered and improved their own lives, and they think, “If they can do it, I can do it.”

Youth 'N Action has helped many of these youth find their way. We are here to support those youth that come our way looking to get out of their desperate situations and turn their lives around. And we have watched as, time and again, these youth have pushed through and beat the odds. Their successes have been inspirational to the members of YNA, and we would like to share one of them with the rest of the community.

“I was eight years old when my mom introduced me to prescription pills. After that, I started doing other drugs and I stopped going to school. Through the years, I was homeless off and on. This led me to doing heavy drugs, and I became homeless on a more regular basis. This was my life up until September 12, 2011. That’s when I started dating a girl who

happened to be one of the Youth Leaders of Youth 'N Action.”

“When we started dating, I decided to clean up. I stopped doing drugs, started looking for a job, and enrolled in the Gravity Program run by Mason County Youth Programs to get my GED. I also joined Youth 'N Action. When I joined,

I thought I was just doing it to make my girlfriend happy. I didn’t realize that the people in YNA had similar stories to mine, of drugs and recovery. I discovered kindred spirits in people who had been through what I went through. They were working to help others who still hadn’t found their mo-

tivation to get clean and sober, but needed and wanted help all the same.”

“Cleaning up had been a struggle for me. I felt alone because my girlfriend has been clean for years, and she makes it look so easy. But when I found YNA, it became easier, because the others in Youth 'N Action showed me that I wasn’t alone. They struggled with it too. But they were doing it, and this made me realize that if I keep trying, I will succeed. Having them around gave me a sense of community and helped me understand that I want to help others too. I want to help them recover.”

This young man chose to remain anonymous, feeling his story would have more impact that way, and I agree. Because this isn’t just his story; it’s all of our stories. They may not have happened the same way, but they had the same ending: recovery, resilience, confidence and belief. And hope.

Maricha is a Youth Leader at Youth 'N Action. For more information about YNA, email us at masonyna@gmail.com or check us out on Facebook under Mason Youth 'N Action. You may also call or text Brian McCracken at (703) 638-8884.

“There is a place where the sidewalk ends, and before the street begins...”

– Shel Silverstein