

National Alcohol and Drug Addiction Recovery Month

This September marks the seventeenth year of observing National Alcohol and Drug Addiction Recovery Month, promoting the benefits of alcohol and drug use disorder treatment and recovery, and highlighting the contributions of treatment providers. The purpose of this observance is to reach out to the American public with the message that treatment is effective and recovery is possible, and to encourage local and national collaboration to support the treatment and recovery for people with alcohol and drug addiction. This is no small population, either: Statistics from the Substance Abuse and Mental Health Services Administration (SAMHSA) show that 22.5 million Americans ages 12 and older were classified with substance dependence or abuse in 2004. In a recent survey, 74% of the respondents said alcohol addiction has had some impact on them at some point in their lives.

Cost is one way to measure the impact of substance use disorders. In 2001, the total expenditure for treatment of substance use disorders in the US was \$18 billion. If we think treatment is expensive, consider the costs resulting from untreated substance use disorders in terms of medical consequences, premature death, lost productivity, car accidents, and crime, estimated at \$184.6 billion for alcohol-related and \$143.4 billion for drug-related causes.

A study published by the Journal of the American Medical Association in 2000 demonstrated the effectiveness of treatment for substance use disorders and found the treatments to be just as effective as those for other chronic conditions. "Substance use disorder" is an umbrella term used to encompass substance abuse, dependence, and addiction to foster greater understanding and to avoid perpetuating the stigma associated with these conditions. Recovery, defined as "the process of change through which an individual achieves abstinence and improved health, wellness and quality of life," is now viewed as a legitimate goal in treatment.

(cont'd on page 3)

- **National Alcohol and Drug Addiction Recovery Month**
- **Children's Program Toolkit**
- **Spotlight on ASAP in McHenry County**
- **Cultural Competence—Spanish language proficiency of providers**
- **Legislative Update**

Help for Children of Parents with Substance Use Disorders

Seventeen million children in the United States live in a household with an adult who is a binge or heavy drinker, and more than 9 million live with an adult who uses illicit drugs. It is impossible to adequately assess the negative consequences of substance use disorders on children. The devastating emotional and physical impact, as well as the increased likelihood of having substance use problems themselves, are long-term effects that are beyond financial costs.

Thanks to pioneering efforts by child advocacy groups across the nation, a tool kit is now available to offer guidance on program organization, start-up, and evaluation, along with age-appropriate lesson plans and activities for children from first grade through high school. It includes four videos, one for adult education and three for use with children. The materials are readily adaptable to various settings, including inpatient treatment centers, outpatient clinics, school-based student assistance programs, and community and faith-based youth programs.

"Supportive Education for Children of Addicted Parents" was developed by the National Association for Children of Alcoholics (NACoA), a nonprofit advocacy organization that addresses issues of addiction and its impact on families, in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the federal Department of Health and Human Services (DHHS). The Kit conveys a set of encouraging messages to the children:

- Addiction is an illness. You did not cause it and cannot be expected to control it or fix it.
- You are not alone. Millions of children are in similar situations.
- It is right and helpful to find a trustworthy person to talk to. Seeking help is not being disloyal to your family.
- You can make healthy and safe choices that will contribute to a happy, drug-free life despite the addiction in your family.
- Help is available for you. There are also treatment programs that can get your parent on the road to recovery.

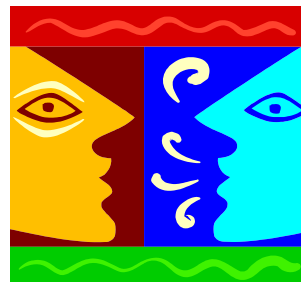
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SPEAKING YOUR CLIENT'S LANGUAGE

In many parts of Illinois the Hispanic portion of our population is growing exponentially. As a result, mental health agencies are struggling to provide culturally sensitive services in Spanish.

The long-term answer to this problem is to recruit and train bilingual staff. Mental Health and Mental Retardation Services (INC) has initiated a pilot program in the high schools to accomplish this goal. We are also exploring a program expansion to include bilingual people who are in second career or later-life and are interested in human services.

However, that does not address the immediate problem. To do this, INC is piloting a "crash" series of Spanish instruction classes. At the suggestion of an agency director, INC staff contacted the Berlitz Language Center in Oakbrook. Berlitz trains professionals, such as DEA agents, for doing business in many languages.



Berlitz worked with INC staff and agency personnel to set up a ten-week, twenty-session course of study in Spanish. The providers send staff interested in learning and INC pays for the tuition and materials. Berlitz is capable of offering classes on your site also. The reaction of agency staff has been favorable, to the extent of requesting further education. One agency intake person excitedly mentioned to me that she had just written her first treatment plan in Spanish last week!

I would encourage other mental health authorities to consider an investment in language training for agency staff. In some areas the community colleges also offer this training, but may not be as flexible as a private instruction provider like Berlitz. Addressing both the short and long-term needs of our provider agencies is surely a job for the local mental health authority.

— *Jerry Murphy, MH/MR Services, Inc.*

ASAP, McHenry County

ASAP

THE ADOLESCENT SUBSTANCE ABUSE PROGRAM

The Adolescent Substance Abuse Program known as ASAP was developed by Family Services and Community Mental Health Center of McHenry, Illinois in 1996, in partnership with the McHenry County Mental Health Board. The program's unique design of being primarily offered by Family Service Staff on site in schools was conceived after focus groups identified several distinct barriers to providing effective service for at-risk substance abusing youth.

These issues included: 1) Youth were not being identified early enough in their substance use; 2) Adult style programs often aren't appropriate for youth; 3) Programs were not focused on keeping youth in school further exacerbating their substance abuse; 4) Youth often would not accept services/treatment if family participation is required; and 5) Public transportation for youth to travel to and access services is almost non-existent in the county.

Considering this information and knowing that recovery from addiction is dependent on treatment being readily available, Family Service determined the solution was to bring adolescent substance abuse services to the schools. Starting as a pilot program with seven middle and high schools, ASAP has now grown to successfully serve students in 27 different schools across the county.

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(Children's Program, cont'd)

This information is distilled into the "Seven Cs," a list that even a young child can comprehend and remember:

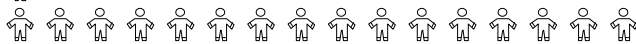
- I didn't cause it.
- I can't cure it.
- I can't control it.
- I can help take care of myself by: communicating my feelings, making healthy choices, and celebrating me.

An important premise underlying the Kit's design is that education and support, not psychotherapy, is what most children in this situation need, most of the time. The children learn to cope with the changes that will take place in their families during the recovery process. They also learn that recovery is a lengthy process, relapse is possible, and their parents are responsible for their own recovery.

This kit is available free of charge from the National Clearinghouse for Alcohol and Drug Information (NCADI), Box 2345, Rockville, Maryland 20847-2345. Or call 1-800-729-6686.

Excerpts of this article are from KidsPeace Healing Magazine, Spring/Summer 2003. Additional information on children's advocacy initiatives may be found on NACoA's Web site at www.nacoa.org.

Thanks to Dee Ann Ryan for contributing to this article.



(National Recovery Month, cont'd)

Despite these new developments and an increasing emphasis on recovery, two barriers to treatment continue to threaten further progress: stigma and discrimination. In a recent study questioning why people do not seek treatment for substance use disorders, 40% cited reasons concerning stigma. Over half of those surveyed believed that discrimination against people in recovery is a community problem. This plays out in access to treatment, due to unequal treatment benefits between physical and mental health/addiction problems and to the prevalence of affordable healthcare coverage tied to employment. Alternatives to not getting treatment are bleak: chronic unemployment, homelessness, HIV/AIDS and other infectious diseases, death. When stigma and discrimination decline, more people in recovery from substance use disorders will likely reach out for invaluable support from their peers. To this end, the community needs to be further educated to become critical supports for people with substance use disorders.

Community efforts are where local mental health authorities can play a critical role. For example, in Vermilion County, the Mental Health Board and ACES are sponsoring a Recovery Happy Hour at the Java Hut's Mardi Gras Courtyard on September 28th. They are inviting all of the recovery groups to have snacks and non-alcoholic drinks to celebrate recovery and show the community's support. Also invited are the local NAMI membership and the HOPE Recovery group as addiction and mental illness often go hand in hand.

Other activities focus especially on children. Vermilion County is planning a kickoff of the SAMHSA course, "Supportive Education for Children of Addicted Parents-The Children's Program Kit". (See "Help for Children of Parents with Substance Use Disorders" for more information on this program.) McHenry County Mental Health Board funds the Adolescent Substance Abuse Program, known as ASAP. It is for adolescents who have substance use disorders and is unique in that Family Service and Community Mental Health Center staff are in the schools and work with school staff to identify at risk youth early on, work with groups in the school, and tailor additional substance abuse services to the youth and family. (ASAP is the Spotlight article on page 2.)

—Cherryl Ramirez

Excerpts of this article are from SAMHSA's jointthevoicesfor-recovery packet. See www.recoverymonth.gov for more information on Recovery Month events.

(ASAP, cont'd)

Family Service's staffs' first step with a school is to develop relationships with the schools' administration, social workers and teachers who then generate the majority of referrals. This one change alone has brought substantially more youth into services at much earlier stages of their substance use/abuse. Often youth don't want parent involvement early on; however, as the youth develops a relationship with Family Service staff, engaging parents is frequently more easily accepted and accomplished.

Family Service's experience has been that individual sessions are most effective during early treatment and that work in groups is more helpful when the youth has identified that substance use is indeed a problem or when particular skills need to be focused on. The schools therefore, as part of the collaborative effort, make space available for staff to meet with individual youth or groups during the school day. This has been the key to keeping attendance rates very high and the contact between the Family Services staff and youth stable and consistent.

The schools offer this option throughout the summer months – clearing a hurdle experienced by most adolescent programs – summer attendance. Once engaged, if youth or parents don't want to be seen at the school, services are available at the Family Service office and many additional groups and family sessions are also delivered in the office setting.

ASAP believes and demonstrates that for a substance abuse program to serve youth and be successful, it needs to be easily accessible, available and intervene ASAP – As Soon As Possible!

— Sally Stachniak, McHenry County MHB



Governor Signs Legislation Of Interest To ACMHAI

As the 2006 legislative session ended, four particular pieces of legislation of interest to ACMHAI were sent to the Governor for his consideration. All were signed into law over the summer. They are:

House Bill 4202 - Amends the Illinois Insurance Code. Provides that a group health benefit plan shall provide coverage for 60 (now 35) visits for outpatient treatment of mental illness.

House Bill 4527 - Provides that the \$10 fee that a county may impose on each defendant on a judgment of guilty or a grant of supervision may be used to finance the county drug court, the county mental health court, or both (instead of the county mental health court only).

Senate Bill 2197 - Provides that a comprehensive community based youth service organization shall certify that a minor has been referred by the regional superintendent or Office of Chronic Truant Adjudication to that agency for truancy intervention services.

Senate Bill 2290 - Creates the Comprehensive Housing Planning Act. Provides that during the period from the effective date of the Act through June 30, 2016, the State of Illinois shall prepare and be guided by an annual comprehensive housing plan that is consistent with the affirmative fair housing provisions of the Illinois Human Rights Act and specifically addresses certain underserved populations, including households earning below 50% of the area median income, low-income senior citizens, and low-income persons with a disability.

LEGISLATIVE UPDATE

By Terry Steczo, Legislative Consultant



From Left: Representative Thomas Holbrook; Dana Rosenzweig and Debbie Humphrey, St. Clair County Mental Health Board; Jesse White, Secretary of State

Invite A Friend (Or Future Friend) To Lunch?

The 2007 session of the General Assembly may be a very active one for ACMHAI. In addition to the possibility of suggesting changes to the Community Mental Health Act, a number of weighty decisions will be made in issues relating to funding, etc. that can have a positive or negative impact on the services we provide. There is one group of 177 individuals in the state who will have a direct say as to how those issues are resolved ... namely, members of the Illinois General Assembly.

It is a perfect time, between now and November, when those same legislators (and their opponents) will be on the campaign trail, to invite them to visit, to acquaint or reacquaint yourselves. This is a golden opportunity to offer them a chance to see or hear about the value of local mental health authorities in the vital community services they fund and how that takes pressure off state finances. Legislators will also be made aware that there is a valuable resource available for them should they ever need expertise to help them make decisions. By making those legislative connections and then by following up on a periodic basis with them we can "enlist" legislators to help us with our issues and concerns when they arise in Springfield. It's a very timely and important thing to do.



Veto Session To Convene in November

The legislature is next scheduled to meet in November, shortly after the general election. This session, set for November 14, 15, 16 and November 28, 29, 30 will consider any vetoes or amendatory vetoes issued by the Governor. Periodically, however, major initiatives can be considered during this short session. At this time no such efforts have been suggested but that can change with very short notice.

MARK YOUR CALENDAR

September 26	Community Mental Health Board of Oak Park Open House, 4-7 PM	Oak Park
October 9-10	ACMHAI Fall Training Event	Grand Bear Lodge, Utica
October 11	Access to Mental Health Care in Rural Illinois: Moving from Crisis to Action	Springfield Hilton
October 17-19	Illinois Association of Rehabilitation Facilities Trade Show & Conference	Springfield Crowne Plaza
November 12-15	Township Officials of Illinois Annual Educational Conference	Peoria
December 11-13	Community Behavioral Healthcare Association Winter Conference	Chicago Drake

Mobilizing the community to spread a recovery message for this month (and all other months of the year) may include:

- writing articles,
- sponsoring athletic activities and essay contests,
- displaying banners and ads,
- outreaching to business, church, and volunteer organizations,
- participating in exhibits, health fairs, high school assemblies,
- initiating media campaigns, and
- establishing workplace partnerships.

For more information on community recovery programs, check out www.samhsa.gov.

Check out the newly remodeled website at www.acmhai.org. Your comments and suggestions for improvements are greatly appreciated. For ACMHAI members, take a look at the Members page with sample contracts, forms, plans and budgets. If you have any samples to share, please send them to acmhai@shout.net.

If you would like additional information about any of the articles, please call 217-369-5168 or email acmhai@shout.net.