

**Advisory Board Executive/Finance Agenda**  
**February 3, 2015**  
**11:00 – 12:00**  
**NSMHA Conference Room**  
**117 North 1<sup>st</sup> Street, Suite 8, Mount Vernon, WA 98273**

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The next meeting will be held:

11:00 – 12:00 Tuesday, March 3<sup>rd</sup>, 2015  
NSMHA Conference Room  
117 North 1<sup>st</sup> Street, Suite 8, Mount Vernon, WA 98273

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**Call to Order**

- Introductions
- Modifications to the Agenda
- Review January Minutes

**Finance Committee**

- New Business
  1. Advisory Board Expenditures
- Old Business
- Other Business

**Executive Committee**

- Old Business
- New Business
  1. Committee Appointment
  2. Scholarship Process and Conferences
  3. AB Deputy Director Interview Panel (one person)
- Other Business

**Advisory Board**

1. Advisory Board Agenda Review
2. Carry Over Items

**Attachments:**

Executive/Finance Minutes for January  
Expenditures  
JY QMOC application  
Conference Scholarship forms

## **Advisory Board Executive/Finance Committee Meeting Notes**

**Date: January 6, 2015**

**North Sound Mental Health Administration (NSMHA) Conference Room  
117 North 1<sup>st</sup> Street, Suite 8, Mount Vernon, WA 98273**

**ATTENDING:** Mark McDonald, Marie Jubie, Candy Trautman, Joan Bethel, (guest)

**STAFF:** Bill Whitlock, Joe Valentine, Margaret Rojas, Joanie Williams (recording)

### **CALL TO ORDER**

- **Introductions:** Mark opened the meeting with introductions.
- **Modifications to the Agenda:** Mark asked if there were any modifications to the agenda. Three modifications were noted: one under Other Business; Legislature Visit to Olympia and an addition under Executive Committee and the other under New Business; Appointments to QMOC and Planning.
- **Review Minutes:** A motion was made to approve the minutes were as written, motion was seconded and approved.

### **FINANCE COMMITTEE**

- **New Business:**
  - A) **Advisory Board Expenditures:** Bill reviewed the expenses for December. Discussion followed. A motion was made to forward the expenses to the full Board for recommendation to the Board of Directors for approval. Motion was seconded and approved.
- **Old Business :** none
- **Other Business:** none

### **EXECUTIVE COMMITTEE**

- **Old Business: Follow up calls to Members:** Mark and Marie made follow up calls to members who haven't been able to attend regularly and encouraged their attendance. Conversation followed.
- **New Business:**
  - B) **J. Anderson Request:** J. Anderson's letter of request for a 3 month sabbatical from QMOC attendance was reviewed and discussed. A motion was made to accept the request, motion was seconded and approved.
  - C) **Appointments to the Quality Management Oversight Committee (QMOC):** Mark will ask the Full Board if there are other members who are interested in applying for QMOC. It was noted there are four vacant slots for Advisory Board Membership. Joan Bethel voiced interest in participating, if she can work out her scheduling and transportation issues. Mark asked Candy to announce the openings to the full Board to see if other members are interested.

- D) Planning Committee:** The Advisory Board Planning Committee Member seats were discussed. All the current slots are filled. New Members can apply and must be appointed. Mark will ask the Full Board if members are interested in participating in 2015. He will also ask current Advisory Board Members serving on the Planning Committee if they would like to continue serving in 2015. Applications will be filled out for those who want to continue, as well as new members interested in serving. During the February meeting the re-appointment/ new appointment process will take place.
- E) Scheduling of Pre-Meetings:** The Advisory Board discussed prioritization of the various Pre-meeting topics identified in 2014 as areas of interest for 2015. The Executive Finance Committee requested an overview of the current Medical Director's role with NSMHA at the next Pre-Meeting in February. A written report was requested on Dr. Brown's role, so those who can't attend the meeting will be informed. It was also suggested that Joe explain the difference between Dr. Brown's role with NSMHA and the Deputy Director's role. During the Pre-Meeting, the Board will identify questions to ask Dr. Brown. Following the overview in February, the Board requested Dr. Brown attend the March Pre-Meeting to answer questions from the Advisory Board. Joanie will follow up and invite him, pending his availability. Joe noted some of Dr. Brown's activities and mentioned types of questions the Advisory Board may want to ask, such as emerging issues regarding medication and changing practices. He spoke about Dr. Brown's involvement with denial and appeal reviews, out-of-network service reviews, and counsel on difficult cases such as fair hearings and appeals, consultation and interaction with psychiatrists and other medical staff, e.g. Fairfax and other prescribers. Mark asked Joe to include types of cases Dr. Brown works on. Joe suggested having Charissa be involved with this Pre-Meeting. Joanie will check with Charissa as to her availability.

A visit to the Skagit REACH Center was discussed. Mark will forward this conversation to the Full Board to see who is interested in participating. The outcome of the Pre-Meeting Schedule discussion is as follows: Pre-Meeting from Joe, Margaret and Charissa regarding Dr. Brown's role in February, questions will be determined for Dr. Brown during the Pre-Meeting. Doctor Brown will be scheduled for the March 3<sup>rd</sup> meeting, pending his availability. Compass and Lake Whatcom PACT Teams will present in April. Bailey and Rainbow Center will present in May, with questions planned at the April meeting during the full board meeting. Northwest Educational Service District and Center for Human Services (school based programs) will present in June. Joanie will update the Pre-meeting page. It was suggested that Julie give and update on the System of Care Conference during the March meeting. Joe said he would give a presentation in the late fall on the Tribal Centric Behavioral Health System.

The Executive Finance Committee will ask the Full Board who is interested in participating in the Site Visit to the REACH Center directly after the February 3<sup>rd</sup> meeting.

- **Other Business:**
- Legislature Visit to Olympia:** Marie asked if expenses could be reimbursed for a trip to the Legislature for a few Advisory Board members. Discussion followed. Joe said NSMHA will consult with the attorney and get back to her.
- **REVIEW FULL BOARD AGENDA:** the Full Board Agenda was reviewed.

**ADJOURN:** The meeting adjourned 12:15

**NEXT MEETING:** the next meeting is February 3, 2015

## Advisory Board Budget January 2015

	All Conferences	Board Development	Advisory Board Expenses	Stakeholder Transportation
Total	Project # 1	Project # 2	Project # 3	Project # 4
Budget	\$ 14,896.00	\$ 1,700.00	\$ 17,204.00	\$ 200.00
Expense			(48.30)	
Under / (Over) Budget	\$ 14,896.00	\$ 1,700.00	\$ 17,155.70	\$ 200.00

BHC, NAMI, COD, OTHER	BOARDS SUMMIT (RETREAT)	Costs for Board Members (food, mileage, misc.)	Non-Advisory Board Members, to attend meetings and special events
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North Sound Mental Health Administration  
Warrants Paid  
January 2015

Type	Date	Num	Name	Memo	Amount	Balance
Bill	01/13/2015	January2015	Yuen, Jennifer	Batch # 108434	48.30	48.30
					<u>48.30</u>	<u>48.30</u>
					48.30	48.30
					<u>48.30</u>	<u>48.30</u>

Advisory Board

Travel

Total Travel

Total Advisory Board

SCANNED

North Sound Mental Health Administration  
Quality Management Oversight Committee  
Application

**INITIATOR - Fill In This Section (office use)**

County Department/Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Board/Commission: \_\_\_\_\_

Advisory  Governing \_\_\_\_\_ Ad Hoc \_\_\_\_\_ Ongoing \_\_\_\_\_

Term of Appointment (mos./yrs.): \_\_\_\_\_ Commencing: \_\_\_\_\_

Mandated requirements for appointment (see pg. 2): \_\_\_\_\_

**NOMINEE - Fill In This Section**

Date: \_\_\_\_\_ County Represented \_\_\_\_\_

New Appointment  Reappointment \_\_\_\_\_ 1st \_\_\_\_\_ 2nd \_\_\_\_\_ Ex Officio \_\_\_\_\_

Name: Jennifer Yuen

Home Address: 1130 8th Drive Mukitico WA 98275

Mailing Address: 1130 8th Drive Mukitico WA 98275

E-mail Address: jennifer.schan@live.com

Telephone (Home): 425-355-5765 Telephone (Work): \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Education: Optional – Consumer, Advocate, Family Member

\_\_\_\_\_

\_\_\_\_\_

Experience Relevant to QMOC

Worked in mental health services in Hong Kong supervising clinical nursing services

Community Involvement:

Member of Council on Aging Snohomish County.

Interest in Serving/Other Comments:

\_\_\_\_\_

\_\_\_\_\_

List any Boards/Committees on which you currently serve:	Expiration Date of Term
<u>Council on Aging member Snohomish County</u>	<u>2016</u>
<u>North Sound Mental Health Administration</u>	<u>6/30/2016</u>

SCANNED

Will you be able to make the commitment to attend the monthly QMOC meetings and committee meetings?  
(QMOC generally meets the 3<sup>rd</sup> Wednesday of each month) *Try my best.*

What would you like to accomplish as a result of your participation on this Board/Commission?  
*Maintain quality service standard in Mental Health services*  
What will you contribute as a member of QMOC *ask questions*

1. Possess qualifications and/or experience for the appointment sought, as shown by the candidate's written and any hearing testimony;
2. If a reappointment, demonstrate the continuing benefits of retaining the board member as discussed in the executive's recommendation and a satisfactory attendance records, as determined by adopted criteria of the particular board/committee;
3. Reside or work in a North Sound Mental Health Administration County, or show evidence of special interest;

\*These are general requirements. Some boards/committees have other requirements that must be met.

Signature: *JLpen*

Date: *Jan 6 2015.*

## **Guidelines for Assessment of Scholarship Applications**

Applicants for NSMHA Advisory Board Scholarships must be adults or older, legally independent adolescents who have lived experience with mental illness or with both mental illness and chemical dependency (Co-Occurring), or be parents/guardians of children/youth with lived experience with mental illness or with both mental illness and chemical dependency (Co-Occurring).

Scholarship Recipients cannot be Agency-Affiliated, as the agency with which they are working should fund their training and ancillary expenses.

However, Certified Peer Counselors who are not currently employed should be awarded scholarships preferentially.

It would be preferable to award scholarships to:

- a) Individuals who are actively involved in mental-health-related volunteer work in the community (peer/recovery center, NAMI, DBSA, Lydia's Place, etc.)
- b) Individuals who have not already been awarded a scholarship from NSMHA for that conference/event.

Depending on the number of scholarship received the geographic spread should follow these guidelines:

The number of scholarships awarded to each county should be proportional to the size of the population of each county in the NSMHA Region (Total Pop = 1,124,651).

Therefore, approximately

63% of all scholarships for each conference or event should be awarded to peers/consumers from Snohomish County (pop = 713,335),

18% of all scholarships for each conference or event should be awarded to peers/consumers from Whatcom County (pop = 201,140),

10% of all scholarships for each conference or event should be awarded to peers/consumers from Skagit County (pop = 116,901),

7% of all scholarships for each conference or event should be awarded to peers/consumers from Island County (pop = 78,506), and

1% of all scholarships for each conference or event should be awarded to peers/consumers from San Juan County (pop = 15,769).

For example, if the Advisory Board authorizes 10 scholarships for a conference/event (in addition to those for Advisory Board members), then approximately

5 of the 10 scholarships should be awarded to peers/consumers from Snohomish County,

2 of the 10 scholarships should be awarded to peers/consumers from Whatcom County,

1 of the 10 scholarships should be awarded to peers/consumers from Skagit County,

1 of the 10 scholarships should be awarded to peers/consumers from Island County, and

1 of the 10 scholarships should be awarded to peers/consumers from San Juan County.



North Sound Mental Health Administration  
Advisory Board

[NAME OF CONFERENCE] Scholarship Application

The Advisory Board of the North Sound Mental Health Administration (NSMHA) is pleased to offer scholarships to residents of Island, San Juan, Skagit, Snohomish, or Whatcom counties who have lived experience with a mental illness, or with mental illness and chemical dependency (co-occurring disorders), and to parents/guardians of children who have lived experience with a mental illness, so that those residents may attend behavioral health conferences and training events in Washington State. We do this to promote recovery, and to provide opportunities to learn about mental illness and chemical dependency.

Scholarships will be awarded on a first-come, first-served basis, based on the following:

- 1) Completing the application, below;
- 2) Your responses to four questions, below;
- 3) A recommendation from someone of standing in the community; and
- 4) Your signed agreement to fulfill all requirements as noted on the application (see "Agreement," below).

If you are awarded a scholarship, the NSMHA Advisory Board will pay for the following expenses:

- 1) Conference Registration Fee, which pays for the following:
  - a) All sessions, meetings and workshops included in the event;
  - b) Up to 3 meals per day (excluding those provided at the conference or training event);
- 2) Hotel Room (double-occupancy), if an overnight stay is required;
- 3) Transportation to and from the conference or training event using the least expensive option; and
- 4) Incidental expenses *as allowed by NSMHA's Fiscal Policy*, determined on a case-by-case basis. (We recommend that you budget for incidentals since NSMHA may not be able to pay for them.)

Please mail all materials to the address below, BEFORE [DATE]:

NORTH SOUND MENTAL HEALTH ADMINISTRATION  
ADVISORY BOARD CONFERENCE SCHOLARSHIP APPLICATION  
117 N. 1<sup>st</sup> St.  
Suite 8  
Mount Vernon, WA 98273

North Sound Mental Health Administration  
Advisory Board

TRIBAL CONFERENCE Scholarship Application

The Advisory Board of the North Sound Mental Health Administration (NSMHA) is pleased to offer scholarships to residents of Island, San Juan, Skagit, Snohomish, or Whatcom counties who have lived experience with a mental illness, or with mental illness and chemical dependency (co-occurring disorders), and to parents/guardians of children who have lived experience with a mental illness, so that those residents may attend behavioral health conferences and training events in Washington State. We do this to promote recovery, and to provide opportunities to learn about mental illness and chemical dependency.

Scholarships will be awarded on a first-come, first-served basis, based on the following:

- 1) Completing the application, below;
- 2) Your responses to four questions, below;
- 3) A recommendation from someone of standing in the community; and
- 4) Your signed agreement to fulfill all requirements as noted on the application (see "Agreement," below).

If you are awarded a scholarship, the NSMHA Advisory Board will pay for the following expenses:

- 1) Conference Registration Fee, which pays for the following:
  - a) All sessions, meetings and workshops included in the event;
  - b) Up to 3 meals per day (excluding those provided at the conference or training event);
- 2) Hotel Room (double-occupancy), if an overnight stay is required;
- 3) Transportation to and from the conference or training event using the least expensive option; and
- 4) Incidental expenses *as allowed by NSMHA's Fiscal Policy*, determined on a case-by-case basis. (We recommend that you budget for incidentals since NSMHA may not be able to pay for them.)
  - WILL YOU NEED AN OVERNIGHT HOTEL ROOM FOR THIS CONFERENCE: YES\_\_\_ NO\_\_\_
  - WILL YOU NEED A TAXI TO AND FROM THE CONFERENCE: YES\_\_\_ NO\_\_\_
  - IF YOU NEED A TAXI, PLEASE PROVIDE THE ADDRESS WHERE YOU WILL BE PICKED UP FROM AND DROPPED OFF THE NEXT DAY:

Pick up Address the morning of May 13<sup>th</sup>: \_\_\_\_\_

Drop off Address the afternoon of May 14<sup>th</sup>: \_\_\_\_\_

Please email or mail all materials to the address below, BEFORE April 18th:

[Joanie\\_williams@NSMHA.org](mailto:Joanie_williams@NSMHA.org)

or mail to:

NORTH SOUND MENTAL HEALTH ADMINISTRATION  
ADVISORY BOARD CONFERENCE SCHOLARSHIP APPLICATION

117 N. 1<sup>st</sup> St.

Suite 8

Mount Vernon, WA 98273

## Conference Scholarship Application

Please print your answers below as you want the information to be seen by others. *Please do not use abbreviations or acronyms.*

Conference Name: Tribal Conference		Location: Skagit Resort in Bow	
Dates: May 13 <sup>th</sup> and 14 <sup>th</sup> , 2014			
Are you a resident of Washington State? Yes / No    Your County? _____			
What organization do you work for?			
Your Name:			
Your Mailing Address (in the blanks below):			
Street		Apt./Suite/Unit	
City	State	Postal Code	
Home Phone (    )		Cell Phone (    )	
Email:			
Name of Emergency Contact Person:			
Street		Apt./Suite/Unit	
City	State	Postal Code	
Home Phone (    )		Cell Phone (    )	
Email:			

## Conference Scholarship Application Questions

On a separate piece of paper, please answer the following questions. Your answers are very important because the review committee will use them to decide whether to award you a scholarship.

- (1) Why do you want to attend this conference?
  
- (2) How will you communicate to other people, or to organizations with which you are affiliated, what you learn at this conference?
  
- (3) What are the specific issues, related to your lived experience with a mental illness, or with both a mental illness and a chemical dependency (co-occurring disorders), in which you are most interested? *Why?*

If you are a parent/guardian of a child who has lived experience with a mental illness, or with both a mental illness and a chemical dependency (co-occurring disorders), what are the specific issues with which you are most interested? Why?

## Conference Scholarship Application Requirements

- You must complete the application above;
- You must provide at least one (1) written recommendation (from someone who can write about why she or he thinks you should attend this conference);
- You must answer the questions above, in writing, on a separate piece of paper; and
- You must submit all of the requested information by April 18th.
- To be eligible for this scholarship you must:
  - Be someone with lived experience with a mental illness, or with mental illness and a chemical dependency (co-occurring disorders), or the parents/guardians of children with lived experience with a mental illness, , or with mental illness and a chemical dependency (co-occurring disorders), who resides in Island, San Juan, Skagit, Snohomish, or Whatcom counties in Washington State;
  - Agree to present to the North Sound Mental Health Administration Advisory Board (orally, or in writing, or both) an evaluation about how you benefitted from attending the conference; and
  - Complete a simple, written evaluation form.

If you agree to these requirements, and wish to be considered for a scholarship, please sign below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Conference Scholarship Application

Please print your answers below as you want the information to be seen by others. *Please do not use abbreviations or acronyms.*

Conference Name:		Location:	
Dates:			
Are you a resident of Washington State? Yes / No    Your County? _____			
What organization do you work for?			
Your Name:			
Your Mailing Address (in the blanks below):			
Street		Apt./Suite/Unit	
City	State	Postal Code	
Home Phone (    )		Cell Phone (    )	
Email:			
Name of Emergency Contact Person:			
Street		Apt./Suite/Unit	
City	State	Postal Code	
Home Phone (    )		Cell Phone (    )	
Email:			

## Conference Scholarship Application Questions

*On a separate piece of paper, please answer the following questions. Your answers are very important because the review committee will use them to decide whether to award you a scholarship.*

- (1) Why do you want to attend this conference?
  
- (2) How will you communicate to other people, or to organizations with which you are affiliated, what you learn at this conference?
  
- (3) What are the specific issues, related to your lived experience with a mental illness, or with both a mental illness and a chemical dependency (co-occurring disorders), in which you are most interested? *Why?*

If you are a parent/guardian of a child who has lived experience with a mental illness, or with both a mental illness and a chemical dependency (co-occurring disorders), what are the specific issues with which you are most interested? *Why?*

## Conference Scholarship Application Requirements

- You must complete the application above;
- You must provide at least one (1) written recommendation (from someone who can write about why she or he thinks you should attend this conference);
- You must answer the questions above, in writing, on a separate piece of paper; and
- You must submit all of the requested information by [DATE].
- To be eligible for this scholarship you must:
  - Be someone with lived experience with a mental illness, or with mental illness and a chemical dependency (co-occurring disorders), or the parents/guardians of children with lived experience with a mental illness, , or with mental illness and a chemical dependency (co-occurring disorders), who resides in Island, San Juan, Skagit, Snohomish, or Whatcom counties in Washington State;
  - Agree to present to the North Sound Mental Health Administration Advisory Board (orally, or in writing, or both) an evaluation about how you benefitted from attending the conference; and
  - Complete a simple, written evaluation form.

If you agree to these requirements, and wish to be considered for a scholarship, please sign below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Conference Scholarship Application

Please print your answers below as you want the information to be seen by others. *Please do not use abbreviations or acronyms.*

Conference Name:		Location:	
Dates:			
Are you a resident of Washington State? Yes / No    Your County? _____			
What organization do you work for?			
Your Name:			
Your Mailing Address (in the blanks below):			
Street		Apt./Suite/Unit	
City	State	Postal Code	
Home Phone (    )		Cell Phone (    )	
Email:			
Name of Emergency Contact Person:			
Street		Apt./Suite/Unit	
City	State	Postal Code	
Home Phone (    )		Cell Phone (    )	
Email:			

## Conference Scholarship Application Questions

*On a separate piece of paper, please answer the following questions. Your answers are very important because the review committee will use them to decide whether to award you a scholarship.*

- (1) Why do you want to attend this conference?
  
- (2) How will you communicate to other people, or to organizations with which you are affiliated, what you learn at this conference?
  
- (3) What are the specific issues, related to your lived experience with a mental illness, or with both a mental illness and a chemical dependency (co-occurring disorders), in which you are most interested?  
*Why?*

If you are a parent/guardian of a child who has lived experience with a mental illness, or with both a mental illness and a chemical dependency (co-occurring disorders), what are the specific issues with which you are most interested? Why?

## Conference Scholarship Application Requirements

- You must complete the application above;
- You must provide at least one (1) written recommendation (from someone who can write about why she or he thinks you should attend this conference);
- You must answer the questions above, in writing, on a separate piece of paper; and
- You must submit all of the requested information by April 25, 2014;
- To be eligible for this scholarship you must:
  - Be someone with lived experience with a mental illness, or with mental illness and a chemical dependency (co-occurring disorders), or the parents/guardians of children with lived experience with a mental illness, , or with mental illness and a chemical dependency (co-occurring disorders), who resides in Island, San Juan, Skagit, Snohomish, or Whatcom counties in Washington State;
  - Agree to present to the North Sound Mental Health Administration Advisory Board (orally, or in writing, or both) an evaluation about how you benefitted from attending the conference; and
  - Complete a simple, written evaluation form.

If you agree to these requirements, and wish to be considered for a scholarship, please sign below.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**NSMHA Conference Evaluation Form**

Your Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of Event \_\_\_\_\_

Date(s) of Event \_\_\_\_\_

Location of Event \_\_\_\_\_

**How satisfied were you, overall, with the program/event/workshop/conference?**

(Circle a number, where 1 = Completely Satisfied, and 5 = Completely Disappointed.)

Completely Satisfied   1   2   3   4   5   Completely Disappointed

**Please tell us (in no more than a few sentences) WHY you felt that way:**

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**Based on your experience at the Event, do you believe that it met its stated objectives?**

Yes / No

**Please tell us (in no more than a few sentences) WHY you felt that way:**

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**When you applied for an Advisory Board Scholarship, you stated some reasons why you wanted to attend the Event. Did the Event meet your expectations?**

Yes / No

**Please list between 1-3 component(s)/events(s)/session(s)/workshop(s) you found most useful, and tell us why you found them useful?**

Name of Session \_\_\_\_\_

Why was it useful? \_\_\_\_\_

Name of Session \_\_\_\_\_

Why was it useful? \_\_\_\_\_

Name of Session \_\_\_\_\_

Why was it useful? \_\_\_\_\_

**To what extent did the program provide you with new knowledge and/or skills?**

(Circle a number, where 1 = More than You Expected, and 5 = Less than You Expected)

More than Expected    1   2   3   4   5    Less than Expected

**Please tell us (in no more than a few sentences), what knowledge or skills you acquired:**

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**Please rate whether you believe that the program/event/workshop/conference was worth the expense.**

(Circle one number, where 1 = Well Worth the Cost, and 5 = Not Worth the Cost At All.)

Well Worth the Cost    1   2   3   4   5    Not Worth the Cost



## Guide for Scholarship Applicants

Here are some ideas and resources for you to use in your search for funding. We hope that you find them useful!

### Possible Sources of Additional Funding:

- Your Employer, or other Private Businesses
- Community Mental Health Agencies
- Managed Care Organizations
- Health Insurance Companies
- Religious/Spiritual Organizations (e.g., Churches, Mosques, Synagogues, Temples, etc.)
- Boards/Committees you may be a member of
- State Mental Health, Protection & Advocacy, or Chemical Dependency Councils/Boards/Committees
- Local or State or National Non-Profit Groups
- City or County Mental Health Authorities
- Washington State Department of Behavioral Health (DBHR), Office of Consumer Partnerships
- Peer-Operated or Peer-Run Organizations in your area
- Hospitals / Medical Centers
- Charitable Foundations
- Consumer Groups
- Civic Organizations (e.g., Lions, Rotary, Kiwanis, Elks, VFW, etc.)

### Some Tips on How to Ask for Funding:

- Don't wait to ask for financial help. Many other people need help, too. So, act early.
- Keep trying. Don't be discouraged. Be persistent. Don't give up. You may have to ask many organizations to get the help you need.
- Ask friends or family for cash for this conference (instead of gifts) on special occasions (your birthday, anniversary, etc.).
- Start a savings account, and put a little money in it each month.
- Do chores for others in exchange for a small fee or cash gift. Hold a bake sale, walk a friend's dog every day, give friends' dogs a bath or brushing, wash cars, clean houses, help someone with gardening, weeding, or trimming bushes and trees, babysit, etc.
- Ask yourself how important it is to go to the conference. Not buying something (a new cell phone or clothes) can help you save money that you can spend getting to this conference.
- If you're employed, speak with your employer about giving you training funds.
- Remember that it's ok to ask your friends or colleagues to help you with fundraising.
- Discuss, with your friends and colleagues what your goals or purposes are for attending the conference. Your goals might be related to your own recovery, to your work, or to helping others.
- When speaking with a potential funding source, remember to emphasize what you are going to get from attending this event:

- Knowledge and skills that will help you better support others.
  - Knowledge about innovative and effective programs that you can bring back to your own workplace.
  - A “network” of new (and old) colleagues that will serve as personal and professional resources.
  - New knowledge about the most recent research.
- If you decide to ask an organization for help, offer to speak to them *after* the conference about what you learned, and how that will benefit the community and others. It’s also a wonderful opportunity for them to learn a bit about the benefits of peer support.
  - If the person you meet with at an organization cannot give you help, ask them if they know someone else at another organization who might be able to help you.
  - Remember that you didn’t get this far in your recovery by accepting failure. You got where you are through perseverance, creativity and a positive attitude!

Here's a Sample Email/Letter that you can use:

[Date]

Dear [Name of person you're writing to],

I am a [your county's name] County resident with a mental illness. I am involved in our community in the following ways:

[Something you do to help others];

[Something else you do to help others]; and

[Something else you do to help others].

I want to attend the [Name] Conference in [City], [State], from [Date] to [Date] to learn more, to share ideas with others, and to better prepare myself to help other people with mental illnesses in our community. But, in order to attend, I need financial help.

The Registration Fee for the conference is \$\_\_\_\_\_.

My travel costs will be \$\_\_\_\_\_.

My hotel room will cost \$\_\_\_\_\_.

My meals will cost \$\_\_\_\_\_.

I would appreciate any assistance with these expenses that you can provide.

Sincerely,

[Leave space here for your handwritten signature]

[Your full name]

[Your mailing address]

[Your telephone number]

[Your email address]

