

NORTH SOUND MENTAL HEALTH ADMINISTRATION

ADVISORY BOARD MEETING AGENDA

June 2nd, 2015 1:00pm-3:00pm

1. Call to Order - Introductions
2. Revisions to the Agenda
3. Comments from the Public
4. Approval of the May Meeting Minutes TAB 1
5. Executive/Finance Committee Report TAB 2
 - a. Approval of the May Expenditures
 - b. Retreat Planning
 - c. New Member; Rachel Herman
6. Standing Board of Directors Committee Reports TAB 3
 - a. Planning Committee (No May Meeting)
 - b. Quality Management Oversight Committee (Available at Meeting)
7. Old Business TAB 4
 - a. Advisory Board Advocacy Priorities/SOCI Debrief
(Update from Joanie on Advocacy Presentations)
 - b. Lake Whatcom Picnic Attendees
8. Executive Director Report
9. Action Items Being Brought To The Board of Directors TAB 5
 - a. Action Items/ Memorandum (Available at Meeting)
10. New Business
11. Report from Advisory Board Members
 - a. Peg; Accountable Communities of Health (ACH) Survey
12. Comments from County Advisory Board Representatives
 - a. Island
 - b. San Juan
 - c. Skagit
 - d. Snohomish
 - e. Whatcom
13. Other Business
14. Adjournment

NOTE: The next Advisory Board meeting will be the Annual Retreat, July 7, 9:00am-4:00pm, at Everett Community College in the Gray Wolf Room 166.

**North Sound Mental Health Administration (NSMHA)
 MENTAL HEALTH ADVISORY BOARD
 May 4, 2015
 1:00 – 3:00pm**

Present:	Island: Candy Trautman San Juan: Peg LeBlanc, via phone Skagit: Snohomish: Carolyn Hetherwick Goza, Greg Wennerberg, Fred Plappert, Marie Jubie, Joan Bethel Whatcom: Mark McDonald, Michael Massanari
Excused Absence:	Island: San Juan: Skagit: Jeannette Anderson Snohomish: Whatcom: David Kincheloe
Absent:	Island: San Juan: Skagit: Joan Lubbe Snohomish: Carolann Sullivan, Jennifer Yuen, Jeff Ross, Whatcom: Larry Richardson
Staff:	Joe Valentine, Betsy Kruse, Margaret Rojas, Joanie Williams recording
Guests:	none

MINUTES

TOPIC	DISCUSSION	ACTION
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CALL TO ORDER AND INTRODUCTIONS		
Chair	Mark opened the meeting with introductions. He noted the meeting was being held on Monday instead of Tuesday due to the System of Care Conference taking place Tuesday and Wednesday.	Informational
REVISIONS TO THE AGENDA		
Chair	Mark asked if there were revisions to the agenda, there were none.	Informational
COMMENTS FROM THE PUBLIC		
Chair	Joe introduced Betsy Kruse, NSMHA’s new Deputy Director. He also introduced Irene Richards, the newly hired Children’s Quality Specialist. Betsy and Irene spoke briefly about their experience and background.	Informational
OMBUDS SNAPSHOT		
Chuck Davis	Chuck gave an overview of the Ombuds activity from October 1, 2014-March 31, 2015. He also spoke about the Spring 2015 Quality Review Team Report, Agency Complaint/Grievance Counts and Complaint Levels Since 2010.	Informational
APPROVAL OF MINUTES		
Chair	Mark asked the group to review the notes from April. A typo was found which Joanie will amend. Tom Sebastian was typed “Mike” Sebastian. Candy asked that each member double check the conferences they	

	<p>decided to attend. No corrections were needed on the conference attendees sections.</p> <p>A motion was made to approve the minutes as amended, motion was seconded and approved.</p> <p>Review Upcoming Pre-Meeting and identify questions: Advisory Board members reviewed the questions they had previously identified for Tom Sebastian to address regarding the Rainbow and Bailey Centers Presentation during the June meeting.</p> <p>Additional questions were added to the list for Tom. Joanie will add them to the previous list of questions.</p> <p>1) What is the policy, rules and oversight for Peer Counselors and Employees who smoke on the premises?</p> <p>2) What is the role of the ‘Food Group’ in Recovery?</p> <p>It was suggested that Tom come and present the meeting with the main focus on questions that were derived by the Advisory Board’s discussion of the Centers, verses an overall program presentation.</p> <p>He can bring information documents with him regarding statistics and program focus.</p>	<p>Motion passed to approve minutes with one correction</p> <p>Informational</p>
<p>EXECUTIVE/FINANCE COMMITTEE</p>		
	<p>Mark spoke about the topics discussed in the Executive Finance Committee being brought forward to the full board. The first item was meal reimbursement allowances. Joe noted there may be an increase in the dollar reimbursement amounts for breakfast and lunch. The dinner reimbursement allowance should slightly decrease.</p> <p>Dinner expense reimbursement was discussed, regarding travel periods occurring during the afternoon or evening, following a conference or training class. It was decided to allow the dinner reimbursement, on a case by case basis when there is uncertainty as to whether it is an allowable dinner period.</p> <p>April Expenditures: A motion was made to forward the expenditures to the Board of Directors (BOD), motion was seconded and approved.</p> <p>Advisory Board Retreat July 7th:</p> <p>The upcoming Retreat was discussed. It was decided the Retreat should take place in Snohomish County to save money on taxi fares.</p> <p>Joe noted one of the tasks at the Retreat will be brainstorming on the configuration of the Advisory Board for the upcoming Behavioral Health Organization (BHO). Discussion followed. He said the State should have their recommendations prior to July. Another recommendation was to review (and possibly update) the By-Laws regarding succession planning. Review of the Attendance Policy was also suggested. Another topic will be Advisory Board Members Role with Providers. Joe suggested Richard Ries coming to the Retreat to speak on the continuum of Mental Health and Substance Use Disorders. One member suggested more focus on integration, to which all agreed. Another topic will be the Development of the Peer</p>	<p>Informational</p> <p>Motion approved to forward expenditures to the BOD</p>

	<p>Support Network and possibly expanding with recovery coaches. Another topic will be an update on the Accountable Communities of Health (ACH) implementation on health care reform integration. The option of facilitator was talked about. It was determined Betsy will assist Joe and Margaret in the facilitation of the meeting.</p> <p>Retreat Committee: Mark asked for Committee volunteers, Margaret will be the Planning Committee Lead. Fred, Greg and Candy volunteered. Marysville Library, 1st Presbyterian Church of Everett was suggested as possible locations.</p>	
STANDING BOARD OF DIRECTORS COMMITTEE REPORTS		
	Planning Committee (No meeting)	
	Quality Management Oversight Committee (QMOC) Report	
	<p>A brief was included in each member’s binder. It was pointed out that the Advisory Board was on a tour during the last QMOC meeting, so Joe gave an overview of the brief, since many members were unable to attend the meeting.</p>	Informational
OLD BUSINESS		
Chair	<p>Advisory Board Advocacy Priorities: Child/Youth Advocacy: Joe led the group in conversation regarding thoughts on advocacy around Children and Youth topics. One recommendation was to provide awareness and access of services. It was suggested an overview be given during a Pre-Meeting to provide information to the Board regarding the programming and goals for transition age youth. Julie de Losada’s team and the Snohomish County Navigator will be invited to speak during one of the fall meetings. It was also suggested that Peg LeBlanc speak during one of the pre-meetings, as well, regarding early identification and treatment in the schools.</p> <p>Members decided to have a de-brief from the System of Care Conference during the June meeting and possibly expound on the topics listed above.</p> <p>Behavioral Health Conference Applications: Joanie said she would be collecting the final registrations and let the Advisory Board know of the scholarship applications received. The Scholarship Review Committee meets on Monday to screen applications.</p> <p>Lake Whatcom Picnic: the picnic is scheduled for July 2nd. Marie, Mark, Carloyn Hetherwick Goza and her husband Michael would like to attend, as well as Greg and Fred. During the June meeting the picnic will be announced again due to multiple absent members during the May 4th meeting.</p>	
EXECUTIVE DIRECTOR’S REPORT		
	<p>Joe gave an update on the following topics:</p> <ul style="list-style-type: none"> • Evaluation and Treatment (E&T) Center in Sedro Woolley • NSMHA’s need for increased staffing and larger facility • BHO Clinical Model • BHO/Substance Use Disorder (SUD) • Legislative update and budget • North Sound Accountable Community of Health (NSACH) 	Informational

	<p>Regional Health Needs Inventory: <i>Joanie will send out and email requesting an Advisory Board Member to volunteer/identifying gaps in the Health Care System through a short phone interview with a representative from the workgroup.</i></p> <p>Discussion followed on various topics.</p>	
ACTION ITEMS BEING BROUGHT TO THE BOARD OF DIRECTORS		
	<p>Joe gave an overview of the Action Items. Discussion followed. A motion was made to forward the Action Items to the Board of Directors for approval. Motion was seconded and approved.</p>	<p>Motion approved to forward the Action Items to the BOD</p>
NEW BUSINESS: none		
REPORT FROM ADVISORY BOARD MEMBERS		
<p>Western State Hospital Tour (WSH): The Chair asked Members if they wanted to comment on the tour. It was noted that members make tour expectations clear, in advance, regarding what they would like to see while having a site tour with a Provider Agency. It was also noted that if confidentiality forms need signed, it could take place in advance to save time.</p> <p>NAMI Basics: Carolyn gave an overview on her findings with the youth and the classroom. She referred to pages of information she obtained regarding issues in the classroom/IEPs verses 504s.</p>		
COMMENTS FROM COUNTY ADVISORY BOARD REPRESENTATIVES		
Island		
San Juan		
Skagit		
Snohomish	<p>Marie handed out copies of pictures that were taken at the Cliff Bailey Center that pertained to her request for a Bus Shelter. She spoke about each picture. Along with fellow Advisory Board Members, the following questions were identified for Tom to address during the June Pre-Meeting;</p> <ol style="list-style-type: none"> 1) “Why can’t Compass have a bus shelter like this one”? 2) “Why can’t there be other space designated for smoking”? 3) “Why is there so many “no trespassing” signs and “no guns” signs posted”? <p>Marie said NSMHA can send the photos and questions ahead of time to Tom. Dialogue will take place at the next pre-meeting.</p>	<p>Informational</p>
Whatcom		
OTHER BUSINESS: none		
ADJOURNMENT: the meeting adjourned at 3:02pm		

**Advisory Board Budget
January through May 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	(6,718.26)		(6,718.26)	
Under / (Over) Budget	\$ 14,896.00	\$ 1,700.00	\$ 10,485.74	\$ 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
May 2015

Type	Date	Num	Name	Memo	Amount
Advisory Board					
Travel					
Bill	05/05/2015	April2015	AA Dispatch	Batch # 109848	416.75
Bill	05/05/2015	April2015-2	Yuen, Jennifer	Batch # 109848	15.40
Bill	05/19/2015	May2015	Yuen, Jennifer	Batch # 110024	88.65
Total Travel					<u>520.80</u>
Advisory Board - Supplies					
Bill	05/12/2015	April2015	Haggen Inc	Batch # 109939	227.85
Total Advisory Board -Supplies					<u>227.85</u>
Total Advisory Board					<u>748.65</u>
					<u>748.65</u>
					<u>748.65</u>



North Sound Mental Health Administration

Regional Support Network for Island, San Juan, Skagit, Snohomish, and Whatcom Counties
Improving the mental health and well being of individuals and families in our communities

117 North First Street, Suite 8 • Mount Vernon, WA 98273

360.416.7013 • 800.684.3555 • Fax 360.416.7017 • Email nsmha@nsmha.org • Web Site http://nsmha.org

Retreat Topics

Retreat Committee: Margaret, Candy, Fred and Greg

<h3>Theme: Integration</h3>

- **BHO Advisory Committee Configuration**

- **Role of the BHO Advisory Board**

- **By-Laws Succession Planning**

- **AB Attendance Policy Review**

- **Role of Advisory Board Members with Contracted Providers**

- **Building Peer Network**

- **Advisory Board Budget 2016**

- **Report on new contracts with Peer Centers**

- **Accountable Communities of Health (ACH): Update on implementation of Health Care Reform**



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Gray Wolf Hall Classrooms

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State-of-the-Art Classroom Amenity Breakdown

Square Footage

979

Setup Style

- Classroom - 32 ppl
- Clusters - 32 ppl (4 ppl per cluster)
- Conference - 18 ppl
- Hollow Square - 32 ppl
- Theatre - 35
- U-Shape - 26 ppl



Multi-Media Station features

- Windows 7 Enterprise
- DVD/CD/Laserdisc Player
- VCR Player
- Presentation Camera
- Data Projector (LCD)
- Multiple audio sources throughout room
- Large Screen Projection
- Large screen local monitors



Combined Classroom Amenity Breakdown

Combined Square Footage

1688

Setup Style

- Classroom - 64 ppl
- Clusters - 64 ppl (4 ppl per cluster)
- Conference - 1 @ 36 ppl or 2 @ 18 ppl
- Hollow Square - 1 @ 64 ppl, or 2 @ 32 ppl
- Theatre - 70
- U-Shape - 1 @ 52 ppl or 2 @ 26 ppl



Other Amenities

Our rooms feature large windows with shades providing natural light or desired darkness. A soft wall dividing the classrooms providing the option of a break out room, a training session and a meeting simultaneous while still keeping groups in the same location.



Hayley Edwards, Event Coordinator

Fadhillah Boska, Event Coordinator

(425) 388-9315

conferenceservices@everettcc.edu

Room Rental hours

Sunday thru Saturday

7 am to 10 pm

Related Topics

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Everett Community College

2000 Tower Street

Everett, WA 98201

425-388-9100 - Need TTY?

HAVE A QUESTION?

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Guest Parking Permit

NSMHA MEETING

Parking: Lot B & C (Carpool Lot)

Date: Tuesday July 7

Location: Gray Wolf Hall

Contact: Conference Services

Auth #: 070707301700L3

Time: 7:30am – 5:00pm

Room: GWH 166

Phone: 425.388.9315

Please cut on the dotted line and place the top portion on the left, driver's side dash of your vehicle.

This permit is not valid in the marked Pay Visitor parking stalls in lots A & B.

You may park in any available unmarked student stall on campus suggest Lot B & C (Carpool Lot).



Parking

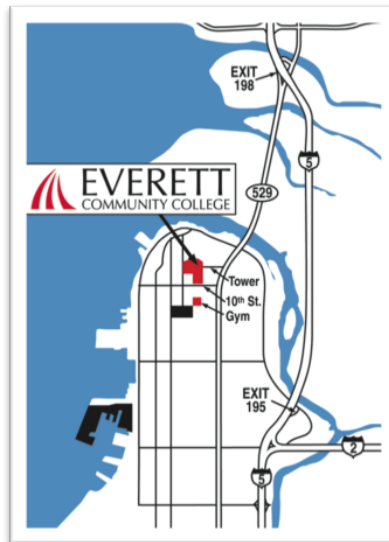
PARKING ON CAMPUS IS BY EVCC PERMIT ONLY.

DAILY PERMITS ARE AVAILABLE AT THE CASHIERS OFFICE OR AT DESIGNATED PAY & PARK STATIONS.

- STUDENT PARKING
- STAFF PARKING
- DISABILITY PARKING
- PAY VISITOR PARKING
- CARPOOL PARKING
- HYBRID PARKING
- ELECTRIC CHARGING STATION
- GENDER-NEUTRAL RESTROOMS
- ADA RESTROOMS AVAILABLE INSIDE
- NOT AN ADA ACCESSIBLE ROUTE
- EMERGENCY ASSEMBLY AREA
- PAY & PARK MACHINE

Buildings

AMT	ADVANCED MANUFACTURING TRAINING & EDUCATION CENTER	20
BAK	BAKER HALL	6
ELC	EARLY LEARNING CENTER	19
FAC	FACILITIES/MAINTENANCE	11
FIT	FITNESS CENTER	18
GLA	GLACIER HALL	10
GWH	GRAY WOLF HALL	7
IND	INDEX HALL	12
JFK	HENRY M. JACKSON CONFERENCE CENTER	8
LBH	LIBERTY HALL	16
LMC	LIBRARY/MEDIA CENTER	4
MON	MONTE CRISTO HALL	9
NBI	NIPPON BUSINESS INSTITUTE JAPANESE CULTURAL CENTER	1
OLY	OLYMPUS HALL	3
PSU	PARKS STUDENT UNION	5
RAI	RAINIER HALL	2
SHK	SHUKSAN HALL	14
LVA	STUDENT HOUSING LONA VISTA APARTMENTS	15
WHI	WHITEHORSE HALL	13



To reach us from I-5 Southbound

- Take Exit 198 and follow the highway south into Everett to Tower Street and turn right.
- Follow Tower Street two blocks and continue left to the main college entrance and campus parking to your right.

To reach us from I-5 Northbound

- Take Exit 195 and turn left onto E. Marine View Drive.
- Go one half mile to 16th Street and turn left.
- Follow 16th Street to Broadway.
- Turn right onto Broadway and continue to Tower Street and turn left.
- Follow Tower Street two blocks and continue left to the main college entrance and campus parking to your right

To reach us from downtown Everett

- Take Broadway north to Tower Street and turn left.
- Follow Tower Street two blocks and continue left to the main college entrance and campus parking to your right.

**WHATCOM COUNTY
EXECUTIVE'S OFFICE**

County Courthouse
311 Grand Avenue, Suite #108
Bellingham, WA 98225-4082



Jack Louws
County Executive

February 12, 2015

Rachel Cox
2217 D Street
Bellingham, WA 98225

Dear Ms. Cox:

Based upon my recommendation and that of the Behavioral Health Advisory Board, the Whatcom County Council confirmed your appointment to the North Sound Mental Health Administration Advisory Board at their regular meeting on February 10th. Your current term will run through 1/31/16.

I want to offer you my congratulations and thank you for sharing your time and talents with this significant board. If I can be of any assistance during your term of service, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to be "Jack Louws", is written over a large, stylized star-shaped graphic.

Jack Louws,
County Executive

cc: Jackie Mitchell

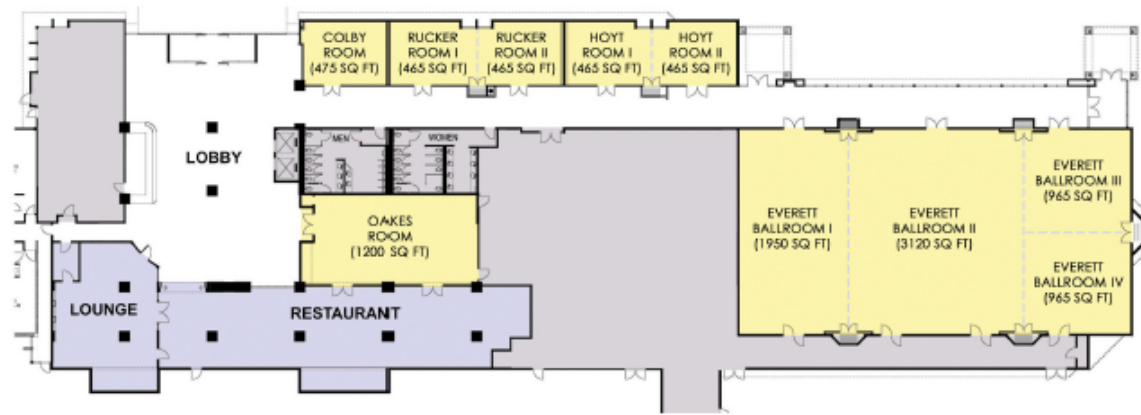
Brief Agenda

Tuesday, May 5th

- 7:30am-8:30am Breakfast and Registration
- 8:30am-8:45am Welcome – Joe Valentine (NSMHA)
- 8:45am-9:45am **Keynote** Ronni Sanlo: Sexual Orientation and Gender Identity, or LGBT is not a Sandwich!
- 9:45am-10:00am Break
- 10:00am-12:45pm Breakout Sessions
- 12:45pm-1:30pm Lunch
- 1:30pm-2:30pm **Keynote** Kevin Hines: The Art of Wellness
- 2:30pm-2:45pm Break
- 2:45pm-5:30pm Breakout Sessions and Intensive Workshops

Wednesday, May 6th

- 7:30am-8:30am Breakfast and Registration
- 8:30am-8:45am Welcome – Julie de Losada (NSMHA)
- 8:45am-9:45am **Keynote** Laura van Dernoot Lipsky: Transforming Trauma – How to do this Work and Sustain
- 9:45am-10:00am Break
- 10:00am-12:45pm Breakout Sessions and Intensive Workshops
- 12:45pm-1:30pm Lunch
- 1:30pm-2:30pm **Keynote** Khurshida Begum: Surviving to Thriving
- 2:30pm-2:45pm Break
- 2:45pm-5:30pm Breakout Sessions and Intensive Workshops



DOWNTOWN EVERETT
3105 Pine Street
Everett, WA 98201
Main: (425) 339-2000
Toll Free: (866) 700-1188
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North Sound Systems of Care Institute CONFERENCE

May 5th-6th, 2015

Holiday Inn Downtown

3105 Pine Street

Everett, WA 98201

Presenter Information Session Descriptions Agenda



Sponsored By:



Children's Policy
Executive Team



Northwest Educational
Service District 189

Together We Can

Welcome

to the

4th North Sound Systems of Care Institute Conference!

Thank you for joining us! We are happy to present this impactful event, providing professionals in community social and human service, education, and other related fields with valuable training and education to support you in serving children, youth, and families.

Originating in 2010, the Systems of Care Institute (SOCi) was developed by the Children’s Policy Executive Team as a tangible action step to help us meet our vision -- Children and families obtain what they need without system barriers. SOCi is based on the principles of interagency collaboration, individualized and strength-based practices, cultural responsiveness, community-based services, accountability, and full participation of families and youth at all levels of the system. With SOCi, we aim to meet the learning and networking needs of professionals whether new to the field or seasoned veterans. With a variety of session content and training levels, we hope you will find that there is something for everyone!

We thank you for your passion and commitment; enjoy your experience at SOCi!

Sincerely,

The North Sound Children’s Policy Executive Team (CPET)

Children’s Policy Executive Team

*CPET membership includes representatives from the North Sound Mental Health Administration; Northwest Educational Services District 189; DSHS Children’s, Developmental Disabilities, and Juvenile Justice & Rehabilitation Administrations; DSHS Division of Behavioral Health and Recovery; County-based Juvenile Justice and Human Services; Mount Vernon School District, community mental health and behavioral rehabilitation service providers; and parents with lived experiences raising children with complex behavior health needs.



Notes

Area with horizontal dashed lines for taking notes.

Session Descriptions – May 6th Continued

Trauma Informed Care: How Would We Know if We are Doing It?

Lucy Berliner, MSW (Harborview Center for Sexual Assault and Traumatic Stress, University of WA)

Trauma exposure is ubiquitous in the general population of children. Only a relatively small percentage of those who are exposed develop trauma-specific mental health problems; most are resilient. Trauma exposure is a risk factor for later problems; but so are many other adversities that children may experience. On the other hand, being exposed to trauma almost always affects children and their families even when they do not develop long lasting problems. A trauma-informed approach should be one that trauma survivors can tell is trauma-informed. We need to go beyond our own awareness. There are specific steps that organizations and individuals can take to be trauma informed including validation and acknowledgment for trauma experiences, promoting access to trauma-specific mental health assessments, and insuring that distressed trauma survivors receive evidence-based interventions.

Lucy Berliner, MSW, is Director, Harborview Center for Sexual Assault and Traumatic Stress and Clinical Associate Professor, University of Washington School of Social Work and Department of Psychiatry and Behavioral Sciences. Her activities include clinical practice with child and adult victims of trauma and crime; research on the impact of trauma and the effectiveness of clinical and societal interventions; and participation in local and national social policy initiatives to promote the interests of trauma and crime victims.

Children's Behavioral Health in Washington State

Barbara Lucenko

Children and youth with behavioral health needs in Washington State have diverse and complex service needs which are met through intersecting medical, mental health, educational, child welfare, juvenile justice and other social service systems. Administrative data can be used for identifying needs, risk factors, and outcomes for these children and is an efficient mechanism for summarizing information across systems. An approach to measuring outcomes and statewide system performance over time for children with behavioral health needs, and tools designed for community planning, will be presented. In addition, methods for measuring "well-being" as it relates to behavioral health will be described. Sample studies and reports using measures such as emergency department utilization, homelessness, juvenile justice involvement, and school success will be summarized.

Barbara Lucenko is the Program Research and Evaluation Section Chief in the Research and Data Analysis Division of the Washington State Department of Social and Health Services. She manages and oversees projects designed for policy and programmatic decision-making that address risk factors, interventions and outcomes for individuals receiving publicly funded services. As a clinical psychologist, she specializes in research and program evaluation relevant to behavioral health and other complex client populations. Barbara has held positions that focus primarily on clinical outcomes and health services in diverse settings such as community mental health treatment programs and university and military medical centers. Interests and project topics have included health risk behavior, specialty court evaluation, posttraumatic stress, substance abuse and co-occurring disorders.

Family Engagement

Cathy Liu Scott (Washington Family Engagement Trust)

Over 30 years of national research demonstrates that when all stakeholders participate in the education process, student academic scores and high-school graduation rates increase and school dropout rates decrease. Research shows that strong school-family-community partnerships are a protective factor for students and predictors of positive outcomes for children and youth. This workshop explores the value of the diverse perspectives that families bring to the school and social service setting, debunks myths about parental engagement, and identifies how children benefit from a high level of collaboration between home, schools and community services. Participants will examine the concepts of equity and equality, examine successful models and study best practices and strategies currently in use.

Cathy Liu Scott is the Partnerships Director of the Washington Family Engagement Trust, a nonprofit organization working to build the capacity of families, schools and community organizations to work with each other for the education and well-being of children and youth. For over 20 years, Mrs. Scott has fostered community collaboration, trained adults and youth, and overseen civic engagement projects. She was the Community Relations Manager for the Governor's Office of the Education Ombuds, and the Community Engagement Coordinator for Shoreline Public Schools. She has worked as a community activist and trainer for the Sierra Club, the City of Seattle's Upward Bound program, and the League of Women Voters. A recognized community and school leader, she has led numerous community-based health and education initiatives and has served as a school PTA President and Officer for many years. She holds a Bachelor's Degree in Sociology from Trinity University, San Antonio, Texas.

Keynote Speakers



Sexual Orientation and Gender Identity, or LGBT is Not a Sandwich!

Dr. Ronni Sanlo is the Director Emeritus of the UCLA Lesbian Gay Bisexual Transgender (LGBT) Center and a frequent keynote speaker and consultant on LGBT issues in Higher Education. Now retired, Dr. Sanlo was the Senior Associate Dean of Students and professor/director of the UCLA Masters of Education in Student Affairs and on the higher education faculty at California State University Fullerton. Prior to being recruited by UCLA, Ronni served as the director of the University of Michigan LGBT Center. Prior to a career in higher education, Ronni served as an HIV/AIDS epidemiologist in Florida. She earned a bachelor's degree at the University of Florida, and a masters and doctorate in education from the University of North Florida in Jacksonville.

Her consultation, research, and many publications focus on sexual orientation issues in education and higher education. Dr. Sanlo is the founding chair of the Consortium of Higher Education Lesbian Gay Bisexual Transgender Resource Professional, and is the originator of the award-winning Lavender Graduation, a commencement event that celebrates the lives and achievements of graduating LGBT college students. <http://www.ronnisanlo.com/>



Cracked Not Broken

One of the few to survive jumping off the Golden Gate Bridge, Kevin Hines is a leading advocate for the suicide prevention movement. In this special event, he will share his inspiring and touching story of struggle and survival, while emphasizing the importance of mental health awareness and advocacy.

Kevin Hines is a mental health advocate, global speaker, and bestselling author who reaches audiences with his story of an unlikely survival and his strong will to live. Two years after he was diagnosed with bipolar disorder (at 19 years of age), he attempted to take his life by jumping from the Golden Gate Bridge. He is one of only thirty-four to survive the fall. He is the only Golden Gate Bridge jump survivor who is actively spreading the message of living mentally healthy. The fall would break his body, but not his spirit. Kevin's story is a remarkable testament to the strength of the human spirit and a reminder to us to love the life we have.

www.kevinhinesstory.com



Transforming Trauma - How to Do This Work and Sustain

- Setting the Context for Cumulative Toll
- We will discuss the context for how a cumulative toll arises and how we'll engage in this conversation. We'll discuss some principals that may be helpful in taking in the information.
- The Trauma Exposure Response
- These are the specific manifestations of cumulative toll. From numbing to anger to cynicism we'll dive deeply into how one is impacted individually and collectively.
- How to Sustain Individually

- We'll look at very concrete strategies for how to create sustainability for oneself individually.
- How to Sustain Collectively - We'll broaden the conversation by looking at how to create sustainability for oneself within a larger context as well as how to create larger organizational, institutional, movement change.

Laura van Dernoot Lipsky is the founder and director of the Trauma Stewardship Institute. The author of *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others*, she has worked directly with trauma survivors from the age of 18. At that time she was regularly spending nights volunteering in a homeless shelter, and over the years has been active in community organizing and movements for social and environmental justice.



Surviving to Thriving

Khurshida Begum: After 15 years as a successful professional business woman in the corporate world, Ms. Begum found her passion was to be social entrepreneur. She founded ASHHO, which means to "come" in her native Bengali language, indicating that ALL should join the movement because ALL people matter. ASHHO provides comprehensive training to educate and empower communities on human trafficking. The training includes guidance on understanding the scope of human trafficking, guidance on identifying and communicating with victims and helping survivors by connecting them with

resources. Ms. Begum teaches by sharing her personal experiences of being a trafficking survivor from Bangladesh. What she learned through her experience and the strategies she used to overcome her horrific situation, are instructive—both for survivors and those tasked with identifying or assisting them.

Recognized for being fearless and honest, Ms. Begum has taught trafficking education all over the country. Her mission is to empower all people especially youth and those who serve our youth and vulnerable communities. She has been a keynote speaker and presenter at many conferences, colleges, K-12 schools, churches, corporations and organizations.

Co-Occurring Treatment with Youth

Judy Heinemann, LMHC, CDPT (Compass Health)

More than 50% of people that use drugs and/ or alcohol have an accompanying mental health issue. Less than half of the people in the US with co-occurring disorders receive mental health or substance abuse treatment at all. Youth that use drugs and /or alcohol often suffer long term affects physiologically, developmentally, emotionally, and socially. Early intervention with youth is crucial to preventing long term consequences to youth. This presentation will educate attendees on surprising statistics about co-occurring disorders, common signs to watch for in youth who may be using, what co-occurring treatment is, the benefits of integrated treatment and how it may be structured in different agencies and the importance of culturally competent treatment with Native American youth.

Judy Heinemann, LMHC, CDPT, received her Masters in Psychology from Antioch University in 1990 and completed her CDP training in 2011. She has over 30 years of professional experience working with children, youth, families and adults in various systems, including juvenile corrections, educational settings, mental health and chemical dependency. Ms. Heinemann has provided direct Co-Occurring Disorders treatment to youth in Spokane County for over four years and has several years of experience working in Native American communities. Ms. Heinemann is Ojibwa and Onondaga by descendency. She is currently the Clinical Director for Compass Health outpatient mental health and CD programs in Skagit, Island and San Juan counties.

Art Therapy and Building Resilience with Youth in Detention

Sara Julsrud (Snohomish County Human Services)

Counseling with oppositional teenagers can be difficult, if not impossible. Resistance is a very common defense used by the youth we are trying to serve. Oftentimes, the use of art making activities in individual and group sessions can circumnavigate this type of behavior and facilitate engagement. Participants in this presentation will review adolescent development, explore how art making can enhance the therapeutic process, and will practice and reflect on some art therapy-based interventions.

Sara Julsrud is a registered art therapist and licensed mental health counselor employed by Snohomish County Human Services. In her current role, she provides individual and group art therapy, risk and crisis assessment/services, and release planning to the youth currently detained at Denney Juvenile Justice Center. Prior to her time with Snohomish County, Sara was serving children and families on the White Earth Reservation (White Earth, MN) in residential and community-based settings. She is trained and experienced providing Parent-Child Interaction Therapy (PCIT) and Cognitive Behavioral Interventions for Trauma in Schools (CBITS).

Youth Who Have Sexually Offended and the Continuum of Care in Juvenile Justice

Jeff Patnode (Juvenile Rehabilitation Administration)

This presentation will provide an overview of juvenile justice in Washington State, including the continuum of care for youth who have sexually offended. Specifically, the role of the Juvenile Justice and Rehabilitation Administration will be explored regarding the treatment and supervision of youth who have sexually offended. This will include changes and trends in the approach for addressing sexually abusive behaviors of youth. Other topics to be covered will include changes in law and policy which impact individuals with a sex offense, and the risk level process in Washington State for sex offenders.

Jeff Patnode is the Sex Offender Program Administrator for the Juvenile Rehabilitation Administration and has been working in the juvenile justice field for over 23 years. He has had oversight for statewide programs within JRA and the County Juvenile Courts since 1999, focusing on dispositional alternative programs and evidence based program implementation as well as quality assurance development. Jeff has worked with the youth sexual offender population in a variety of capacities to include direct service and program administrative on in both institution and parole/community program settings. He is the current chair for the JRA End OF Sentence Review Committee (ESRC) and is a member of the DOC ESRC and Vice-Chair of the Sex Offender Policy Board. His formal education is in the field of Psychology.

The Healthy Youth Survey, Important Information about Adolescents

Krissy Johnson (OSPI)

This presentation will provide an introduction and overview of the Healthy Youth Survey, a voluntary confidential survey taken every two years by over 200,000 Washington public school youth in 6th, 8th, 10th and 12th grades. We will explore how students responded to a number of topics, including substance use, community, family and school protective and risk factors, and social-emotional skills. We will discuss ways to interpret and use the data, as well as how to access it through the AskHYS.net website.

Krissy Johnson is the Student Assistance Program Supervisor at the Office of Superintendent of Public Instruction (OSPI). The student assistance program places prevention and intervention specialists in public schools to implement comprehensive student assistance programs that address problems associated with substance use and other at-risk behaviors. Krissy leads the Healthy Youth Survey work at OSPI, providing training and technical assistance. She has a Master's in Public Administration from the UW Evans School of Public Affairs.

Infant and Early Childhood Mental Health (Beginner)

Nina Auerbach (WA-AIMH)

Carol Good, Gina Veloni, Katrina Hanawalt

Infant and Early Childhood Mental Health is NOT about putting a baby on the couch! It is a growing field of practice that cuts across disciplines in order to promote the social and emotional well being of our youngest and most vulnerable children. You will hear from a panel of experts that work in the field in various capacities. At the end of this session you will have a basic understanding of the definition of infant and early childhood mental health (IECMH) and how IECMH principles relate to the work you do. You will hear about assessment, diagnostic and treatment approaches, understand the impact of Adverse Childhood Experiences (ACEs) on this age group, and be exposed to a number of case examples that will bring the work to life. This is an interactive session that is appropriate for anyone who touches the lives of young children and their families, regardless of familiarity with the topic.

Infant and Early Childhood Mental Health (Intermediate)

This session is for anyone who attended the Basic What is Infant Mental Health session and/or has some familiarity with infant and early childhood mental health (IECMH). Our panel of experts in the field will help you go deeper in your understanding of this interdisciplinary field that promotes the social and emotional well being of our youngest, most vulnerable children. The session will cover IECMH principles and how they relate to the work you are doing as well as best practices in assessment, diagnostic and treatment approaches for very young children who have emerging mental health problems. It will also cover the role of adverse childhood experiences (ACES) as it impacts very young children. Finally, you will learn about workforce training and the exciting endorsement process that will soon be coming to Washington. You will have a chance to see the work come alive through case examples.

Nina Auerbach is the Executive Director of the Washington Association for Infant Mental Health (WA-AIMH), a non-profit dedicated to supporting the interdisciplinary community of professionals that work with infants, toddlers, and their families in order to promote optimal social and emotional well being. Nina has an MSW from Smith College School for Social Work and an MBA from the University of Washington and over 30 years of experience in the fields of child and family mental health and early learning. She also holds several certifications as an Executive and Health Coach. Before coming to WA-AIMH, Nina was the CEO of Thrive Washington, a public private partnership working to advance the field of early learning in Washington.

Evidence Based Practice and Practice Based Evidence

Jeff King (Western Washington University)

Much emphasis has been placed on evidence-based practice. However, little attention has been given to the worldview that underlies these approaches. Recently, communities of color, including Native communities have responded by offering a comparable and perhaps more culturally-congruent approach called practice based evidence. The primary difference between these approaches is that evidence-based practice is anchored within a White Western worldview while practice-based evidence anchors itself in the values of the communities. This presentation will elaborate the underlying dynamics of the approaches as well as provide a brief history for Western-based approaches and the attitude of superiority that subtly creates an imbalance in both research and treatment. The learning outcomes will include: (a) greater knowledge of the history and dynamics of Western-based approaches; (b) knowledge of practice-based evidence as a more culturally congruent approach; (c) evidence of tribal approaches that have been practice-based.

Dr. Jeff King is a licensed clinical psychologist. He is also full professor at Western Washington University's Department of Psychology, where he is also Director for the Center for Cross Cultural Research. As a licensed clinical psychologist he has provided clinical services to primarily American Indian populations for the past 25 years. He was director of Native American Counseling in Denver, Colorado for 13 years. Before coming to Western Washington University, Dr. King worked for two years among the Taos and Picuris Pueblo through Indian Health Service. He is currently the president of the First Nations Behavioral Health Association which advocates at the national level for cultural competence and the reduction in disparities in behavioral health care for Native Americans and other ethnic minority populations. Dr. King has been involved in local, state, national and international efforts addressing disparities in mental health among ethnic minorities for the past 25 years. Dr. King is a tribally-enrolled member of the Muscogee (Creek) Nation of Oklahoma.

SBIRT (Screening Brief Intervention and Referral to Treatment)

David Jefferson (Skagit County)

Screening Brief Intervention and Referral to Treatment (SBIRT) is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Practitioners learn why it is important to screen people for substance use disorders and use a brief negotiated interview to build motivation for change and link to appropriate services. This presentation will discuss the research and rationale for widespread implementation of SBIRT and demonstrate how a Brief Intervention is conducted.

David Jefferson is the Community Health Analyst with Skagit County and former Research Associate with the Northwest ATTC and has worked in the field of Behavioral Health since 1989. His projects include; Development of the Skagit County Community Health Plan, Care Management, Recovery Oriented Systems of Care, Motivational Interviewing, and Health Care Reform. David is a seasoned MI trainer and a graduate of the Motivational Interviewing Network of Trainers.

Stories of Strength, Conversations with our Youth

Dionnea Andricos (Sea Mar)

Sea Mar Visions will have a panel of six girls, who are currently in a long-term inpatient substance abuse treatment facility, to share their personal stories on how drugs have impacted their lives. Each girl will also discuss how their relationship with their family has evolved over their time at Visions. The girls will explain what skills they have learned to help them cope with past trauma, low self-esteem, cravings/triggers related to their drug use. The girls will also address the benefits they have experienced from being in a long-term treatment facility.

Dionnea Andricos has worked at Sea Mar Visions since June 2007; beginning as a Chemical Dependency Professional Trainee and received her CDP Certification in September 2009. She graduated from Western Washington University in June 2006 and later graduated from Skagit Valley College in June 2009 where she completed the Chemical Dependency Education Program. Dionnea is currently the Clinical Supervisor at Sea Mar Visions. She also has experience working as a CDP on all the different units at Visions. She really enjoys the work she does at Visions, providing the patients with education about chemical dependency, relapse prevention and helping them develop DBT Skills (Dialectical Behavioral Therapy). She believes it is important to build rapport with each patient and help them to believe in themselves.

Youth Mental Health First Aid

Megan Boyle (Compass Health)

Diana Beale (Compass Health)

Youth Mental Health First Aid is a public education program which introduces participants to the unique risk factors and warning signs of mental health problems in adolescents, builds understanding of the importance of early intervention, and most importantly – teaches individuals how to help a youth in crisis or experiencing a mental health or substance use challenge. Mental Health First Aid uses role-playing and simulations to demonstrate how to assess a mental health crisis; select interventions and provide initial help; and connect young people to professional, peer, social, and self-help care. Participants will receive an overview of the Youth Mental Health First Aid course.

Megan Boyle is a Licensed Clinical Social Worker and a Child Mental Health Specialist. She received her Master of Social Work from Boston College and has 15 years experience in Child Welfare/Community Mental Health. In addition to clinical practice, she has also worked in therapeutic foster care, program development and provided mental health consultation. Megan is currently the Program Manager for Compass Health's Children's Intensive Services Program in Snohomish County.

First Episode Psychosis and Early Intervention

Tamara Sale, MA (EASA)

Haley Lowe

Tamara Sale, Director of Early Assessment and Support Alliance (EASA) will provide an overview of current knowledge about early psychosis intervention: direct experience, overview of the field and core practices, how it looks different and why it matters. The Early Assessment and Support Alliance is a systematic effort that originated in Oregon to prevent early trauma and disability caused by schizophrenia-related conditions. EASA model has been informed by Dr. McFarlane's Family Aided Community Treatment model (McFarlane, Stastny, & Deakins, 1992) as well as and guidelines from the Substance Abuse and Mental Health Services Administration (SAMHSA) regarding multi-family psychoeducation, assertive community treatment, and supported employment (2008, 2009). Washington is currently partnering with EASA to implement a First Episode Pilot Program in Yakima County.

Tamara Sale, MA, is the Director of the EASA Center for Excellence at Portland State University in Oregon. She has been responsible for development and implementation of Oregon's early psychosis effort since it began as a regional program in 2001. Tamara has decades of experience as a mental health systems planner and as a family advocate. For more information go to www.easacommunity.org

De-escalate Anyone, Anywhere, Anytime

Steve Seiller

De-escalate Anyone, Anywhere, Anytime: Unplug the Power Struggle with Principle-Based De-escalation
Imagine dealing with any situation. In this introduction to Principle-Based De-escalation, learn 5 surprises and 3 Guiding Principles that will allow you to remain in control at all times, support anyone, anywhere, with any issue, and avoid the wrong response which can make the situation worse.

Is it really possible to de-escalate anyone, anywhere, anytime? Yes! Imagine yourself dealing with any scenario with anyone, anywhere, with confidence and long-term foresight. This is possible with a Principle-Based approach to de-escalation.

While no single technique will work on every person, there is a small set of principles that do apply to everyone. These principles are universal so they apply to any age person, any level of ability or disability, and any setting.

If you are new to de-escalation, this overview will introduce the guiding principles that form the basis for today's professional behavioral interventions and emergency response protocols. If you are experienced, this presentation will serve as a valuable affirmation or even help you fuse together varied, previous trainings into a consistent and potent practice. Attendees will be asked to consider past or future scenarios they encounter in order to apply the learned process and identify needed skills. Specific goals for this overview are to help you learn to: 1. Remain in control at all times. 2. Support anyone, anywhere, with any issue. 3. Avoid the wrong response which can make the situation worse.

Steve Seiller: I help schools, hospitals, group homes and agencies of all types deal with their worst behavioral and aggression problems. As an Administrator with the Service Alternatives Training Institute, I provide consultation, risk management and specialized training to empower organizations to maintain safety while increasing educational and therapeutic outcomes.

Wounded Places, Confronting Childhood PTSD in America's Shell-Shocked Cities

Alissa Copeland

Mara Marano-Bianco

Wounded Places is a 42 minute episode from The Raising of America Project. This project is a narrative bridging scientific evidence about the role of first experiences in building the foundation for life-long physical, emotional and cognitive health, with the larger social ecology that structures opportunities for healthy child development. Traveling to Philadelphia and Oakland, Wounded Places chronicles the stories of children shaken by violence and adversity and asks not "What's wrong with you?" but "What happened to you?" and "How can traumatized children and neighborhoods heal?" The implications of this simple shift can be transformative -- for those suffering from trauma, for neighborhoods and even for the providers themselves. Following the screening will be a short panel to discuss the implications of childhood trauma and how our local communities can strengthen systems to support children who've experienced trauma as well as increase resilience and wellbeing community-wide. This screening of Wounded Places is made possible by the Snohomish County Health District and the Snohomish County NEAR (Neuroscience, Epigenetics, ACEs and Resiliency) Steering Committee. For more information about the Raising of America Project, please visit <http://www.raisingofamerica.org>.

The Snohomish County NEAR Steering Committee (Neuroscience, Epigenetics, ACEs, & Resiliency) is a group of Snohomish County Professionals representing Mental Health, Child Welfare, Human Services, Public Health, Early Intervention, Early Learning, and Community Mobilization. This steering committee has identified three strategic goals and is in process of developing sub-committees to address the needs associated with these goals in our community.

1. Community partners collaborate to share data about childhood trauma
 2. Ensure quality training about childhood trauma and resilience is available across Snohomish County
 3. Leaders who influence health and human services policy or practice make decisions based on NEAR sciences
- Through partnership with the Snohomish Health District, we are able to provide our community with screenings of The Raising of America documentary series. The Raising of America is more than a series of documentaries, it is also a "public engagement campaign that explores how a strong start for all our kids can lead to a healthier, stronger and more equitable America." (www.raisingofamerica.org)

Session Descriptions – May 5th Continued

What is Family Assessment Responses?

Kara Roozeboom (DSHS)

FAR is a differential response CPS model with emphasis on the importance of broadly assessing all families' situations to identify and meet underlying needs. While the paramount focus of FAR is child safety; FAR has no investigation, has no findings, does not identify subjects, protects children while strengthening families, and builds on Children's Administration's practice model of Solution Based Casework. The CPS FAR approach is different from that of a traditional CPS investigation in that FAR social workers are partnering with families and communities for the sake of child safety; understanding that families are better able to safely care for their children when they develop and strengthen their connections to natural supports and communities. Initial benefits of FAR are families taking immediate action to address child safety through engagement in the FAR intervention. Through this process parents are able to gain a better understanding of the issues which have contributed to child abuse/neglect, which will lead to long-term benefits of decreased recidivism in child welfare cases.

Kara Rozeboom currently is the DSHS Children's Administration Region 2 Family Assessment Response Program Manager. Prior to this position she worked for a few years as the Region 2 North CPS Program Manager consulting about child safety and facilitated child fatality reviews. Since 1997 when she started working for the state of Washington, she has worked as an Intake and Child Protective Services social worker, Program Manager, Trainer, and Intake Supervisor. Kara graduated with a Bachelor of Social Work Degree from Calvin College in Grand Rapids, Michigan in 1996 and a Master of Social Work Degree in Social Work from Eastern Washington University in Everett, WA in 2007. Kara is passionate about child safety and discussing this with families with dignity and respect. She enjoys teaching new staff about child developmental milestones, assessing safety through Children's Administration's Safety Framework practice model and encouraging staff to connect families with their local communities.

Medicaid Mental Health 101, Overview of Eligibility and Available Services

Julie de Losada, LMHC/CMHS (NSMHA)

Have you ever wondered how the Medicaid Community Mental Health System works? It is a complex system that often leaves folks with misconceptions and many questions – For example: Who is eligible? How do folks get enrolled? What is an RSN? What is NSMHA? How do I get someone into the hospital? What is CLIP? This presentation will take you through the North Sound Mental Health System from accessing services for younger children and youth, to services for transition age youth (16-21). We will provide you with a better understanding of the roles and functions of the RSN and VOA (Regional Support Network and Volunteers of America – Western Washington). In this Breakout Session, we will provide time to answer your specific questions.

Julie de Losada is a Licensed Mental Health Counselor and Child Mental Health Specialist. She began her career path at the age of 15 working in a unique on campus preschool supported by her high school and local community college. This gave Julie her first insights into the wonder and magic of young children and their ability to be resilient despite significant life challenges. Julie's early desire to support families and children lead to a degree in Liberal Arts with Elementary Education focus, and ultimately to the field of family and child counseling. Today, Julie is the Regional Wraparound Program Coordinator for Skagit, Snohomish, Island, and Whatcom Counties. She works "behind the scenes" developing and supporting the necessary system conditions for Wraparound and Systems of Care Principles to thrive and ensuring communication, coordination, and collaboration across multiple systems. She also serves on the Board of Directors for Burlington Little School.

Dads MOVE

Steve Williams (Dads MOVE)

Marc Youngberg

This presentation will demonstrate how a male peer driven support model can increase dramatically successful outcomes for Family and youth struggling with behavioral health issues. We will show how to increase male and father involvement in the home and in the professional setting as advocates. Dads MOVE has developed effective tools and strategies to increase parent knowledge, advocate for better outcomes, help with outreach and increase awareness of vital resources.

Nelson Rascon: Currently I serve as one of the Co-Directors for Dads MOVE, an all-volunteer peer support organization, based in Washington State. I became involved with the non-profit world as a result of my three special needs children. As I began searching for help with my children, I met many individuals from other non-profits and parent support groups. Since then I have developed a passion for helping other parents, particularly fathers. After gaining the needed help and support for my own children I went to work for several non-profits and community based groups. I began to take what I learned to help my own family, and began helping others. I am certified in many training modules, and have even authored several of my own. I have now been working in this Co-Director capacity since 2007. In the last six years I have become certified in over a dozen trainings and workshops became a Peer Certified Counselor and in 2012 received my National Peer Certification. I have also attended and presented at numerous national conferences during this time frame. I recently completed my Bachelor's degree, and I will be continuing on to earn a Master's Degree, all with the goal of learning more so I may continue to help others in this capacity. Aside from my duties at DadsMOVE I also serve as the Parent Advocate at one of the four C.L.I.P (Children's Long-term Inpatient Program) facilities in the state serving children with acute mental health needs.

Session Descriptions – May 5th Continued

CLIP (Children's Long Term Inpatient Program)

Angela Fraser-Powell, MA, LMHC, CMHS

Lisa Daniels LICSW, CLIP Administration: CLIP Coordinator, Katrina Ray, ATA, Pearl Street Center: Clinical Case Manager, Patty King, Division of Behavioral Health & Recovery: Family Liaison

What is "CLIP" and how do we get it for a youth? Children's Long Term Inpatient Program (CLIP) in collaboration with North Sound RSN will present an overview of this intensive treatment resource. Information provided will include how to access CLIP treatment, what are the steps to the referral process, what does treatment look like, what is the role of the community and family during treatment, what is parent advocacy within CLIP treatment look like, how are kids transitioned in and out of treatment, what changes have been made within the CLIP system over the past 3 years in programs being more grounded in system of care principles and values.

Angela Fraser-Powell, MA, LMHC, CMHS – Angela's first exposure to "at risk youth" and the multiple systems they are often involved in, began at Cascade Job Corps. While completing her master's degree, she then went on to work for Seattle Children's Home – first in Children's Long-Term Inpatient (CLIP) at the McGraw Center, then in the Cedar House program for transitioning young adults, and finally as an Outpatient Therapist both in community mental health setting and some private practice. After working in direct service, Angela decided to make a shift to an administrative position, with the North Sound Mental Health Administration (RSN) as the Regional Youth / CLIP Care Coordinator & Quality Specialist where she has worked for 8 ½ years. Angela holds an MA degree in Counseling Psychology – emphasis on Youth and Family, she is a Licensed Mental Health Counselor and a Child Mental Health Specialist.

PBIS (Positive Behavior Interventions and Supports) Beginner

Shirley Cutshall (NWESD 189)

Part I: Positive Behavior Instructional Support (PBIS): a Multi-Tiered System of Support in Education

During this introductory overview (Part I), participants will understand the relationship of Positive Behavior Instructional Supports and Response to Intervention (PBIS), parallel Multi-Tiered Systems of Supports (MTSS) in educational settings. Focus on PBIS foundations, essential elements for implementation, and 'getting-started' basics for a school building will be briskly covered. Session will be followed by a more detailed presentation outlining implementation basics and the use of data-based decision making process. Attend one or both sessions, based on your prior knowledge of school-level, PBIS implementation and interest level.

PBIS (Positive Behavior Interventions and Supports) Intermediate

Part II: Key Implementation Elements for Positive Behavior Instructional Supports in Schools (PBIS)

Following the introductory session, this session (Part II) will take a deeper dive into PBIS basics for building-level implementation. Participants will understand the key differences in tiered student supports, tools for measuring outcomes, evidence from National data, and touch on resources to jump-start implementation. Depending on prior knowledge of PBIS, participants may attend both sessions, or just one.

Shirley Cutshall is a consummate professional with over 35 years of combined experience in children/youth services and education. Straddling social and clinical services as well as early learning, traditional k-12, alternative, and juvenile court schools as a teacher, counselor, school psychologist, and learning leader, Shirley is known as an advocate for multidisciplinary coordination and catalyst for cross-system collaboration in support of family health and child/youth development. Her experiences span diversified populations and a full spectrum of services for individuals with disabilities, as well as administration of Coordinated School Health; cross-system collaboration for Foster Youth Service, multi-disciplinary response team, threat assessment, and critical incident stress management; and clinical, prevention, health, multi-tiered systems of support, and special education services. Now serving her eighth year as Special Programs Director at Northwest Educational Service District, Shirley supports thirty-five school districts across five counties and is one of nine regional representatives for Special Education Services in the state of Washington.

Developmental Disabilities Administration Access and Services

Michelle Bayard (DDA, CIIBS)

Chris Osborn

The presentation will be an overview of the Developmental Disabilities Administration. This will include the intake process and eligibility rules. A description of the various services available such as personal care, home and community based waivers and other specialized behavioral health services will also be discussed.

Michelle Bayard is a supervisor of a Children's Waiver team with the Developmental Disabilities Administration. She is also the regional coordinator of the CIIBS (Children's Intensive In-Home Behavioral Support) waiver and the Voluntary Placement Services Program. She has been a supervisor with DDA for four years and was a case resource manager for five years prior to that. **Chris Osborn** is a supervisor of the Intake and Eligibility team with the Developmental Disabilities Administration. He has been a supervisor for seven years and was a case resource manager for four years prior to that.



LAKE WHATCOM

Residential & Treatment Center



[Home](#)

[About Us](#)

[Contact](#)

[Services](#)

[Job Openings](#)

[Staff Directory](#)

[Links](#)

Welcome

Lake Whatcom Residential and Treatment Center (LWC), located in Bellingham, Washington, is a [DSHS](#) licensed not-for-profit organization providing an array of residential and community mental health services to adults with severe and persistent mental illness in Whatcom and surrounding counties.

Understanding the most severe and persistent mental illness means meeting the consumers needs and understanding their ability to meet their goal of recovery. This is the foundation of care that consumers receive at LWC. Consumers are supported through providing assistance with housing, financial and legal issues, psychiatric and medical care, social and personal growth. The intensity of services is continually adjusted to address the full spectrum of treatment from crisis intervention to independence of case management. Services are provided to meet individual needs and incorporate natural supports to integrate to the maximum level of independence.

To discuss how we can serve you, call (360) 676-6000, Office Hours: 9am to 5pm, Monday through Friday

Need Help Now?

If you fear for your, or someone else's safety, call 911.

If you are in crisis and need someone to talk to, call

Care Crisis Line 1-800-584-3578

TTY 1-425-339-3301



LOCATION

Our Community and Business Office is located east of downtown Bellingham near Lake Whatcom at 609 Northshore Drive, Bellingham. (360) 676-6000
[Go to Map](#)



Our Boarding Home is located in the serene environment North of Lake Whatcom at 3400 Agate Heights Road. (360) 676-6000 ext 399
[Go to Map](#)



LAKE WHATCOM

Residential & Treatment Center



[Home](#)

[About Us](#)

[Contact](#)

[Services](#)

[Job Openings](#)

[Staff Directory](#)

[Links](#)

About Us

LWC's purpose is to provide residential care and community outpatient mental health programs and treatment in a psycho-social rehabilitation model for chronically mentally ill adults to facilitate their achieving and maintaining an optimal level of independence, health, and fulfillment.

LWC excels in understanding and providing levels of service based on ability to recognize where the consumer is in their recovery. Services are provided to meet individual needs and incorporate natural supports.

History

Lake Whatcom Residential and Treatment Center was created in 1968 as a non-profit, 501(C)(3) organization in Whatcom County, under the name Blue Canyon Foundation. In the early 70's, our focus shifted from retardation and elderly care to mental health. In 1980 we moved closer to Bellingham and changed our name to Lake Whatcom Residential and Treatment Center - Lake Whatcom Center (LWC) for short. Since then we have expanded our services and currently provide licensed residential care in our boarding home, independent supported living, community outpatient mental health services, intensive mental health services (IOP and PACT), employment services, and protective payee services.

HOW TO ACCESS MENTAL HEALTH SERVICES

Access Line: 1-888-693-7200
Authorization for services is assessed through North Sound Mental Health Administration's centralized access center operated by Volunteers of America. The access center is open Monday through Friday, 8:30am to 5:00pm.





LAKE WHATCOM

Residential & Treatment Center



[Home](#)

[About Us](#)

[Contact](#)

[Services](#)

[Job Openings](#)

[Staff Directory](#)

[Links](#)

Services

LWC's purpose is to provide residential care and community outpatient mental health programs and treatment in a psycho-social rehabilitation model for chronically mentally ill adults to facilitate their achieving and maintaining an optimal level of independence, health, and fulfillment.

Boarding Home



Lake Whatcom Center's 67-bed, 24 hour a day supervised living program specializes in clients who wish to transition into the community as well as those who require long-term care. Clients are encouraged to assume as much responsibility as possible in the areas of independent living. To assist with this goal, our program consists of daily activities following the rehabilitative model. Clients residing in our boarding home must at least 18 years old and ambulatory.

Key Components and services:

- *meals*
- *assistance with activities of daily living*
- *arranging and coordinating health care services*
- *laundry facilities and assistance*
- *assistance with medications*
- *assistance budgeting and maintaining benefits*
- *assistance with leisure activities*
- *shuttle van services to public transit*

IN THIS SECTION



[Boarding Home](#) - Department of Social and Health Services ([DSHS](#)) Licensed 67 bed 24 hour facility.

[Independent Housing](#) - Subsidized apartments

[Community Case Management](#) - Individualized support

[Employment Services](#) - Individualized job and career development

[Medical Services](#) - Psychiatric evaluations and prescriptive services

[IOP](#) - Intensive Outpatient Program

[PACT](#)- Program for Assertive Community Treatment

[Protective Payee Services](#) - Representative Payee Services

[NOTICE OF PRIVACY PRACTICES](#)

Our Community and Business Office is located east of downtown Bellingham near Lake



Independent Living



Lake Whatcom Center operates 6 apartment complexes providing safe and affordable housing in the community. Most of our apartments are two bedroom and are therefore shared with a roommate. All apartments are completely furnished and supplied with all kitchen utensils, linens, small appliances. Lake Whatcom Center works with the Bellingham Whatcom County Housing Authority to help clients with rental assistance and subsidies.



Community Case Management

Lake Whatcom Center's case management program offers individualized support for people with chronic mental illness to reach treatment outcomes. Areas of support focus on housing, employment, education, daily activity, financial and legal issues, psychiatric and medical care, social and personal growth. The intensity of services is continually adjusted to address the full spectrum of treatment from crisis intervention to independence of case management. The service is provided to meet individual needs and incorporates natural support to integrate to the maximum level of independence. Community case management services are available from 8:30 am to 5:00 pm Monday through Friday. Most services are provided on an outreach basis; in the clients home, job site, accompaniment to medical appointments, etc.

Key Components and services:

- *maintaining apartment cleanliness*
- *assistance with shopping, menu planning and cooking*
- *assistance with attending medical/dental appointments*
- *medication monitoring up to 2 – 3 days per week*
- *assistance with budgeting and maintaining benefits*
- *assistance with leisure activities*
- *assistance with transportation issues*
- *referral for substance abuse issues*

Whatcom at 609 Northshore Drive, Bellingham. (360) 676-6000

[Go to Map](#)

Our Boarding Home is located in the serene environment North of Lake Whatcom at 3400 Agate Heights Road. (360) 676-6000 ext 399

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- *assistance with self care (personal hygiene and laundry)*
- *referral for employment services*
- *psychiatric evaluations and medications*
- *crisis assessment and intervention during regular business hours*



Employment Services

Lake Whatcom Center's employment services program offers assistance in determining employability, employment exploration and preparation, job placement, and job retention. Our Supported Employment Specialist will create an individualized job and career development plan for each client.

Key Components and services:

- personal career goals and desired outcomes of the client
- assessment of work history, skills and education
- preparation skills
- assistance in locating employment opportunities
- outreach and job coaching
- long term support in a normalized or integrated work site
- working with other resources in the community

The pre-employment program includes assessment, development and improvement of general work skills as well as interviewing, writing resumes and completing applications.



Medical Services

Lake Whatcom Center has two psychiatrists who perform psychiatric evaluations and prescriptive services. There are also licensed nursing staff in our boarding home, community outpatient office and PACT program.



IOP (Intensive Outpatient Program)

Intensive Outpatient Program (IOP) is a home and community-based treatment program. Team members work together to provide intensive, coordinated and integrated treatment. Services are provided mostly on an outreach basis and are designed to rehabilitate individuals who are experiencing persistent and severe mental illness symptoms. The IOP services are available 24 hours per day, 7 days per week. The staff to client

ratio is 1 staff member to 15 clients. Most services are provided on an outreach basis; in the clients home, job site, accompaniment to medical appointments, etc.

Key components and services:

- *maintaining apartment cleanliness*
- *assistance with shopping, menu planning and cooking*
- *assistance with attending medical/dental appointments*
- *medication monitoring up to 7 days a week*
- *monitoring and assistance with diabetic issues*
- *assistance with budgeting and maintaining benefits*
- *assistance with leisure activities*
- *assistance with transportation issues*
- *referral for substance abuse issues*
- *assistance with self care (personal hygiene and laundry)*
- *referral for employment services*
- *psychiatric evaluation and medications*
- *crisis assessment and intervention*



PACT (Program for Assertive Community Treatment)

Program for Assertive Community Treatment (PACT) is a person-centered recovery oriented mental health service, which is delivered by a transdisciplinary mental health staff in the community. The PACT team consists of a team leader, psychiatrist, registered nurses, mental health professionals, peer specialist, vocational specialist and chemical dependency specialist to holistically meet the complex needs of the client. The Lake Whatcom Center PACT team will serve 50 adults with severe and persistent mental illness such as Schizophrenia, Schizoaffective disorder, and Bipolar disorder. PACT services are available 24 hours per day, 7 days per week.

PACT is for people with severe and persistent mental illness who also experience difficulties with daily living activities and tasks, and have not benefited from traditional programs.

Key components and services:

- *crisis assessment and intervention*
- *symptom management and psychotherapy*
- *co-occurring disorders services*
- *vocational and educational services*

peer support

- *medication prescription, administration and monitoring*
- *assistance activities of daily living*
- *social and community integration skills training*
- *family and natural supports psycho-education and support*
- *person centered treatment planning*
- *wellness management and recovery services*



Protective Payee Services

LWC offers representative payee services for our clients. Many individuals with disabilities have had little opportunity to develop money management skills resulting in the necessity for a payee being assigned for their cash benefit. As a payee, LWC follows guidelines put in place by the Social Security Administration and the Department of Social and Health Services. These guidelines assure the clients basic needs are always met. LWC's payee establishes a budget with each client and assists in educating and assisting in money management to ensure financial stability.

