

NORTH SOUND BEHAVIORAL HEALTH ORGANIZATION

ADVISORY BOARD MEETING AGENDA April 5th, 2016 1:00pm-3:00pm

1. Call to Order - Introductions, Chair
2. Revisions to the Agenda, Chair
3. OMBUDS TAB 1
4. Announcements
5. Approval of the March Meeting Minutes TAB 2
6. Upcoming Pre-Meeting for May-Determine Topic and Questions TAB 3
7. Executive/Finance Committee Report TAB 4
 - a. Approval of the March Expenditures
- Standing Board of Directors Committee Reports TAB 5
 - a. Planning Committee (No March Meeting)
 - b. Quality Management Oversight Committee (Available at Meeting)
8. Old Business TAB 6
 - a. Advisory Board Advocacy Priorities
 - b. Future Training
 - c. Poster Poetry Contest Theme Suggestions
 - d. Bylaws Revision Content (addition of SUD language)
9. Executive Director Report
 - a. Quality Review Team/Betsy
10. Action Items Being Brought To The Board of Directors
 - a. Action Items/ Memorandum (Available at Meeting)
11. New Business TAB 7
 - a. AB Input on Mission Statement (Joe)
 - b. Conferences
 - c. Scholarship Committee
12. Report from Advisory Board Members
13. Comments from County Advisory Board Representatives
 - a. Island
 - b. San Juan
 - c. Skagit
 - d. Snohomish
 - e. Whatcom

NORTH SOUND BEHAVIORAL HEALTH ORGANIZATION

14. Brief Comments from the Public

15. Adjournment

NOTE: The next Advisory Board meeting will be **May 3rd** in the North Sound BHO Conference Room Whatcom.

JANUARY - MARCH 2016 OMBUDS AND QUALITY REVIEW TEAM REPORT

Slide #1: We are Chuck Davis and Kim Olander-Mayer from North Sound Regional Ombuds. This is our quarterly report, covering January 1 through March 31, 2016.

Slide #2: We assisted 45 people and have had 70 issues of concern. Things slowed down from last quarter's 77 people and 111 issues of concern. After a long, hot, dry summer people were in turmoil. It's better now. This quarter we helped an additional 11 people with mental illness deal with concerns about hospitals, Medicaid Transportation and other agencies on the periphery of the community mental health program. These 11 people are not included in this report, nor are the estimated 150 people to whom we provided information and referral services. We helped 8 family members submit complaints. There were 22 male and 23 female clients. We assisted a child and several seniors this quarter.

The number of people we serve has more than doubled since the end of 2013, just before the Medicaid expansion began. We had 59 clients in the six-months before Medicaid expansion began and in the past six months we have had 122 clients. We additionally talk to 50 people (clients, families and professionals) a month as they seek in-depth information about behavioral health. Beginning in April we will develop a behavioral health care Ombuds system and interact with new types of clients, new provider agencies and new treatment criteria for substance-related conditions. Accordingly we expect our client numbers and intensity to rise significantly. If they rise as we expect it will be exceedingly difficult for Ombuds to stay afloat without an additional staff member.

Slide #3: This quarter 27 people initiated level-1 (provider level) grievances.

Slide #4: And 1 person initiated a Level-2 (North Sound Mental Health Administration level) grievance.

Slide #5: As noted, we opened 70 issues of concern for 45 people: 13 in Physicians & meds; 12 in Services coordination/intensity; 11 in Other (consumer) rights violations; 9 in Dignity & respect; 5 in Access; 5 in Emergency services; 4 in Participation in treatment; 3 in Violation of confidentiality, 2 in Financial & Administrative services; 2 in Housing; 1 in Quality appropriateness; 1 in Transportation, 1 in Residential and 1 in Other type.

Slide #6: We helped 1 person initiate an appeal of a formal Action and we helped 1 person resolve an administrative law court issue before a hearing with a judge was necessary.

Slide #7: Concerning our ethnicity demographics: 11 of our 45 clients (25%) are non-Caucasian. 5 are Latino, 1 is African American, 3 are Native American/Alaskan Native and 2 are Asian/Pacific Islander.

Slide #8: We had good outcomes again this period. Of our 45 clients we have 4 open cases for which no release form has been received yet and 13 open grievances and appeal cases that are currently being worked. 4 cases were resolved without a grievance by helping the client work the issue out or by providing information and referral. 15 cases were closed through conciliation and mediation. 8 cases were resolved as complaints. 1 person failed to pursue their issue.

Slide #9: Here are our Quality Review Team comments:

- (1) **Access-to-care standards:** Our clients heartily approve of the State's new access-to-care standards. These are the access standards they have sought for a long time. Our grievances about initial access have dropped accordingly.
- (2) **Ombuds Contract:** We in Ombuds have been required to dedicate a good percentage of our time to our employer's tasking over the past 8 years. The new contract between the North Sound BHO and our employer will hopefully allow us to devote much more time to behavioral health concerns.

- (3) **Rising Numbers:** Medicaid expansion has doubled the number of clients we open cases on. We look forward to serving a rising number of clients in both mental health and substance use disorder treatment programs. With new contracts and new clients, the North Sound needs a Quality Review Team. Ombuds has had this duty as an adjunct function. We urge the North Sound BHO to find a solution.
- (4) **CPITs:** We are heartened to see crisis prevention & intervention teams (CPITs) in place in three North Sound counties. We look forward to all teams having law enforcement representatives.
- (5) **Grievance Policy:** We have reviewed the North Sound BHO's new grievance policy. Although we understand this policy is founded strictly upon federal and state guidance, we have several concerns.
- a. We are afraid having 90 days (rather than 30) to respond to grievances will hinder quick resolution of grievances. We hope providers will still offer resolutions within about 30 days.
 - b. We're concerned about eliminating level 2 grievance meetings. Much good has come from them.
 - c. We wish grievances could still be *expedited* when necessary.
 - d. We liked the ability to initiate family member *complaints*. The new policy eliminates complaints. We will continue to notify providers of family member concerns and we ask that providers take them seriously.
- (6) **Lessons Learned:**
- a. NSMHA recently discovered that even when a client's medically necessary days in a hospital are fewer than what the client wants, it is often the hospital's decision to seek Medicaid funding for the non-covered days rather than charge the client. Nevertheless it's still important for clients to be advised quickly when their covered treatment days are denied.
 - b. Crisis workers and family members finally convinced a person refusing treatment to get help. She made an appointment but the scheduler accidentally scheduled it for a holiday and there was no one in the office to see her. This is when a simple mistake can become costly.
- (7) **Success Stories:**
- a. A client, new to Compass Health and homeless, called us several days before having major surgery, requesting assistance finding a place to stay during initial, post-surgery rehabilitation. We notified Compass Health and they undertook a rapid and tremendous effort to find hotel vouchers, not only from their own funding but also from additional funding from Apple Health and Everett Clinic.
 - b. Peers have expressed their sincere gratitude for the REACH Center, Director and staff. Several quotes: "They helped me apply for jobs and I actually got one!" "Although I was really mad at the new peer center for not giving us food, I now realize it was unhealthy for us!"
 - c. A mother was struggling desperately to get her daughter into outpatient services. We referred to the Crisis Prevention & Intervention Team. The team interviewed the daughter and set her up an intake appointment. Mother was exceedingly happy with the team and daughter is now in services!

**NORTH SOUND REGIONAL
OMBUDS & QUALITY REVIEW
TEAM REPORT**

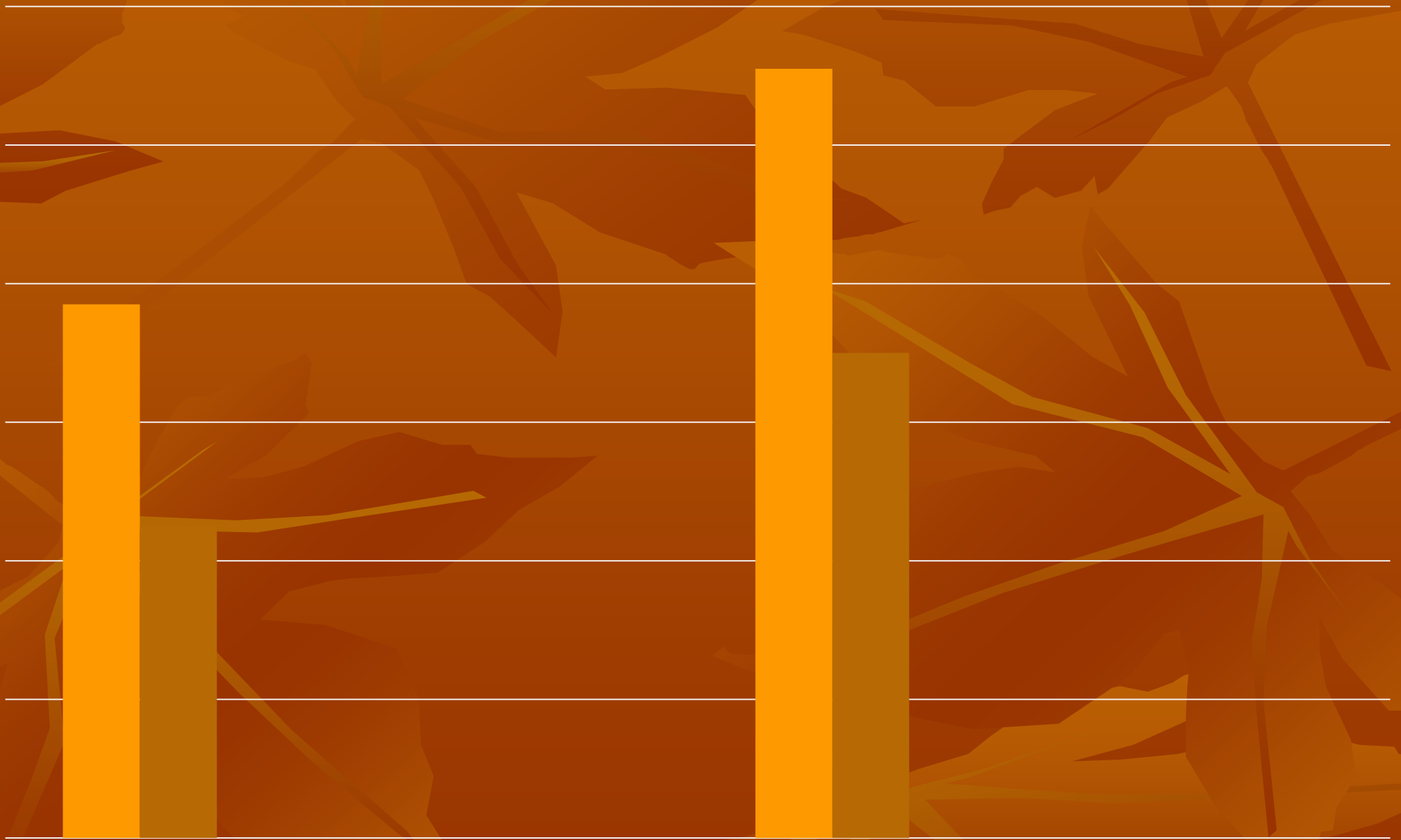
Quarterly 2016

January 1 – March 31, 2016

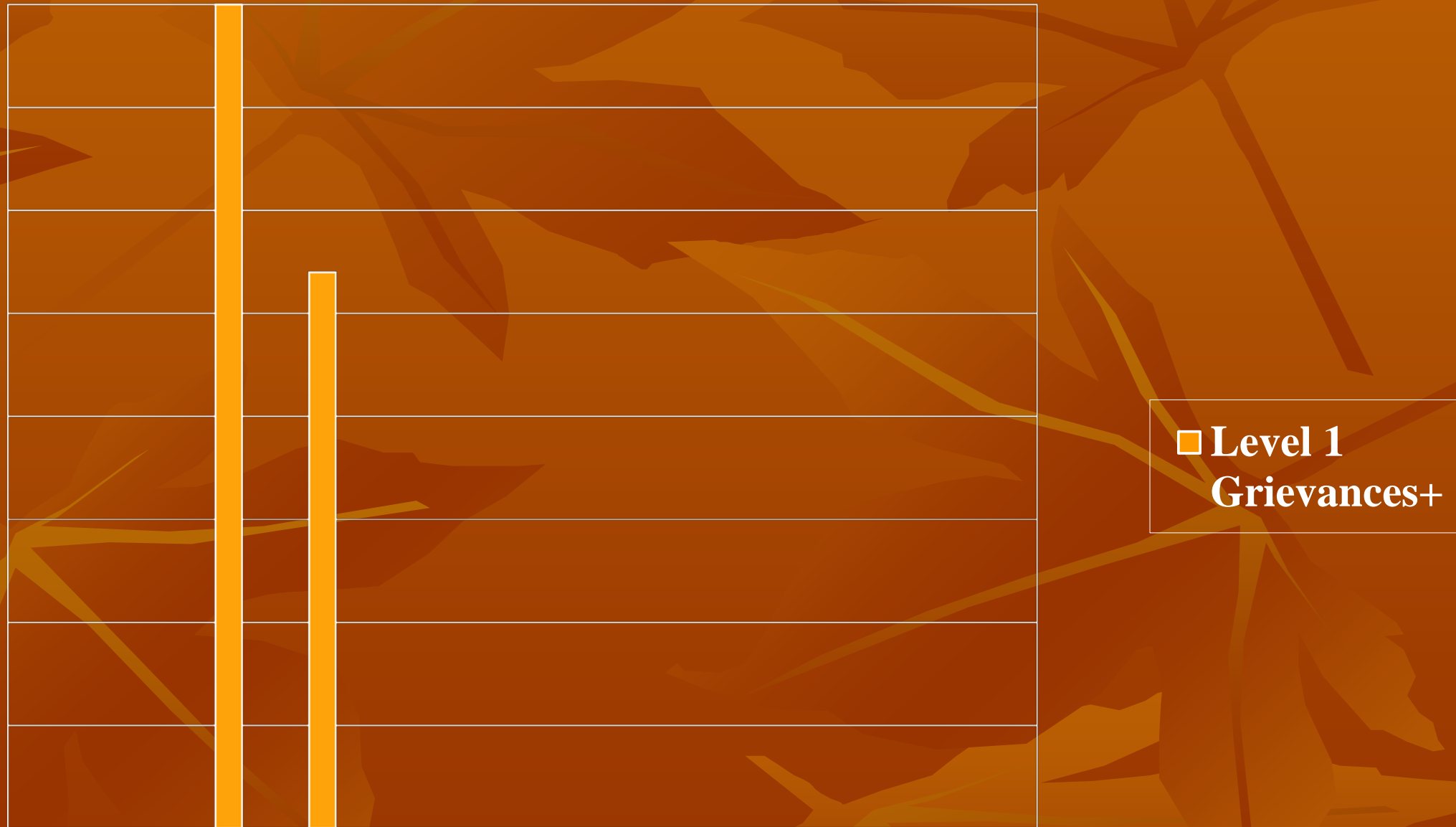
Past Two Quarters

People:

Issues of Concern:



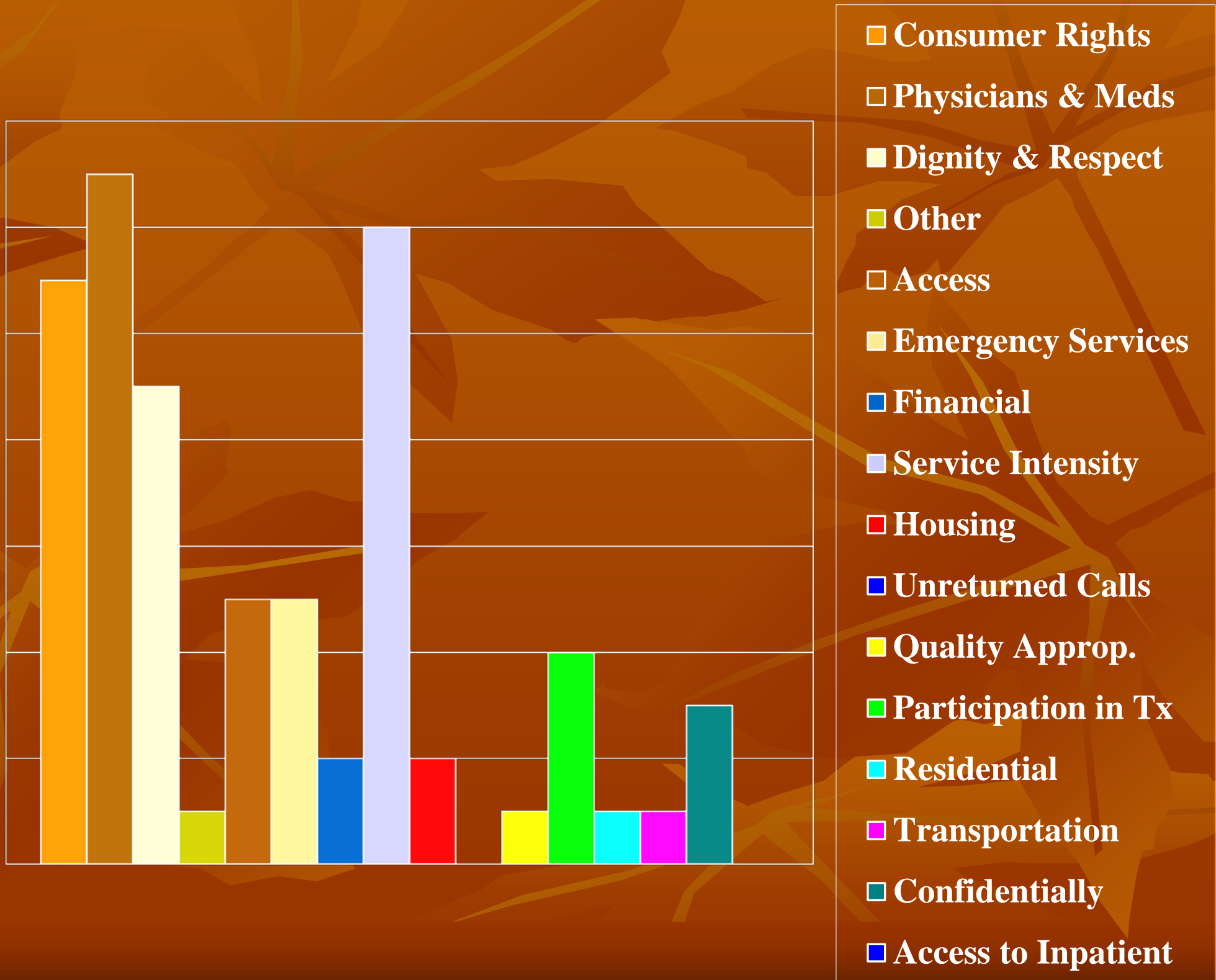
Level-1 Grievances, Past Two Quarters



Level-2 Grievances Past Two Quarters



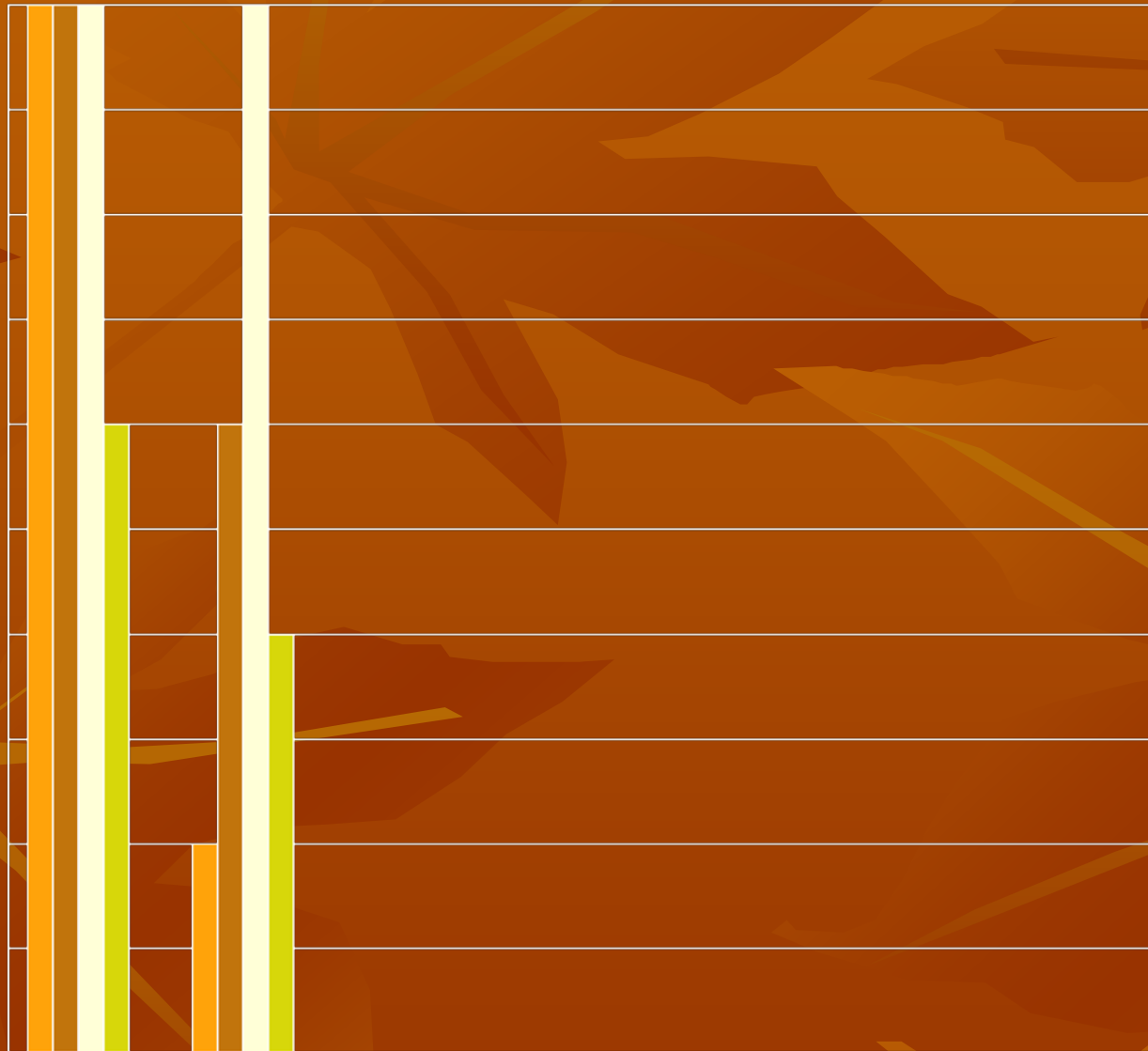
Issues of Concern



Appeals & Administrative Hearings

- One Appeal
- No new Administrative Hearings – finished one this quarter

Ethnicity of Non-Caucasian Client



- African American
- Native American
- Latino
- Asian/Pacific Islander
- Middle East

Resolution Outcomes

- Open cases: 4 (no release form yet)
- Open grievance/appeal cases: 13
- Information and Referral: 4
- Conciliation & Mediation: 15
- Resolved as complaints: 8
- Not Pursued: 1

Quality Review Team Comments

- New Access to Care Standards
- Ombuds Contract
- Rising Numbers of Clients-Need for QRT
- Crisis Prevention & Intervention Teams
- New North Sound BHO Grievance Policy
- Lessons Learned
- Success Stories

Quarterly Ombuds & QRT Report

QUESTIONS or COMMENTS?

North Sound Behavioral Health Organization (North Sound BHO)

ADVISORY BOARD MEETING

March 1st, 2016

1:00 – 3:00pm

Conference Room Whatcom

Present:	Island: Candy Trautman San Juan: Skagit: Ron Coakley Snohomish: Carolyn Hetherwick Goza, Greg Wennerberg, Fred Plappert, Carolann Sullivan, Jennifer Yuen, Marie Jubie, Joan Bethel Whatcom: David Kincheloe, Michael Massanari
Excused Absence:	Island: San Juan: Peg Leblanc Skagit: Snohomish: Whatcom: Mark McDonald
Absent:	Island: San Juan: Skagit: Faviola Lopez, Joan Lubbe Snohomish: Whatcom: Rachel Herman
Staff:	Joe Valentine, Joanie Williams, Kristen Hagin, Maria Arreola (Recording)
Guests:	Jack Eckrim, Snohomish County; Pat O’Maley Lanphere, Snohomish County, Susie Spencer, Skagit County

MINUTES

TOPIC	DISCUSSION	ACTION
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CALL TO ORDER AND INTRODUCTIONS

Chair	David called the meeting to order and initiated introductions. The guests were Susie Spencer, Skagit County; David noted he will speak more about Susie during the Full Board Meeting. Pat O’Maley Lanphere and Jack Eckrim, both are from Snohomish County and serve on the Alcohol and Other Drugs Board (AOD). They are interested in becoming members of the North Sound Behavioral Health Organization Advisory Board (North Sound BHO AB).	Informational
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REVISIONS TO THE AGENDA

Chair	David asked if there are any revisions to the Agenda. Joe requested a discussion on training, per a Member’s request. David added Guiding Principles and the Poster/Poetry Contest. Carolann Hetherwick Goza requested to speak briefly on National Alliance on Mental Illness (NAMI) Spring Basics Classes.	Informational
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ANNOUNCEMENTS

Chair	<ul style="list-style-type: none"> ▪ Carolyn Hetherwick Goza announced the NAMI Basics Spring Classes. It is a six week program for parents and caregivers and will take place April 12th, 2016 – May 17th, 2016. She provided informational flyers. 	Informational
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	<ul style="list-style-type: none">▪ David spoke about Susie Spencer from Skagit County. Susie has attended several Advisory Board Meetings with interest in becoming an Advisory Board Member. Skagit County appointed Susie and the letter is on the way to North Sound BHO. Susie served on the Lewis County Advisory Board as a Provider, in addition to the Substance Use Board in Skagit County. She stated she has a strong belief that she can be a voice for those whom are unable to speak for themselves.▪ David asked the AB Members if they were all in agreement regarding Susie Spencer becoming a member. All were in favor. David introduced Susie Spencer as an official member of the North Sound BHO Advisory Board.▪ Upon expansion, there are two open seats for Whatcom, Snohomish and San Juan Counties. Island County has three open seats currently, and Skagit County has none. Betty Rogers is interested in representing Island County on the North Sound BHO Advisory Board.▪ David spoke about the North Sound Recovery Academy. A Recovery Coach is anyone interested in promoting health and wellness of people with substance use disorders by removing barriers and obstacles to recovery. Recovery coaches serve a personal guide and mentor for people and Veterans seeking or already in recovery. Information was provided.▪ The upcoming Tribal Conference was mentioned. Pending dates are September 6th-7th, 2016. Further discussion will take place during the April meeting.▪ The State of Washington Chemical Dependency Professional Advisory Committee was announced. The committee works with the State Executive Agencies ensuring effective processes. The committee has seven seats, one of which will be filled with a consumer. The Committee meets four times a year. The consumer must have substance use background and lived experience. Travel reimbursement (to and from Tumwater) is included, in addition to \$50.00 a day while attending. Any interested members can contact David.▪ David announced the NAMI Annual Children’s Conference, March 5th, 2016. The announcement was accompanied by a flyer.▪ Snohomish County will hold the 19th Annual Transition Resource Fair; focusing on Individuals with disabilities 12 years and older, or families, teachers and/or community members. Areas of emphasis are employment, housing and future planning.	
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	<ul style="list-style-type: none"> Charles DeElena, North Sound BHO Quality Improvement Coordinator, is organizing three Performance Improvement Projects (PIP)s; Adults (Same Day Access), Children (psychotropic medications with people whom are not adult age), and Substance Use Disorders (percentage of people receiving treatment). David asked 1 to 3 Advisory Board Members to be involved. They will meet three times for two hours each time before May 1st, 2016. After May 1st they will meet monthly. Those whom are interested are to contact Joanie; she will refer them to Charles. <p>Carolann Sullivan announced a new One Stop Resource Center for Veterans. She has additional information, if members are interested.</p>	
APPROVAL OF MINUTES		
Chair	<p>Review of the February Minutes</p> <p>David asked if there were any revisions to the February Minutes. There were none.</p>	Motion approved: February Minutes as written
UPCOMING PRE-MEETING		
Chair	<p>Month: April</p> <p>Event Topic: Access to Care Standards/Julie deLosada</p> <p>Julie de Losada from North Sound BHO will discuss the Access to Care Standards.</p>	Informational
EXECUTIVE/FINANCE COMMITTEE		
Chair	<p>Approval of March Expenditures</p> <p>The February Expenditures were reviewed and discussed. A motion was made to move the Expenditures to the Board of Directors (BOD) for approval. Motion was approved.</p>	Motion approved to forward February Expenditures to the BOD for approval
STANDING BOARD OF DIRECTORS COMMITTEE REPORTS		
Chair	<p>Planning Committee</p> <p>A public education campaign is underway regarding accessing services under the new BHO. Strategies were discussed at the Planning Committee Meeting and new brochures will be written. Fact sheets will be made for Law Enforcement, Hospitals and others.</p>	Informational
Chair	<p>Quality Management Oversight Committee (QMOC Report)</p> <p>A QMOC Brief was provided for each BHO AB Member to review.</p>	Informational
OLD BUSINESS		
Marie	<p>Advisory Board Advocacy Priorities</p> <p>Legislative Session Brief</p> <p>Marie gave a brief update regarding the Legislative Session trip. She stated the Advisory Board Members who attended were granted access to speak collectively and individually with the Legislators during the pre-scheduled appointments she arranged with Legislative Aids. Joe gave Marie accolades regarding her careful and thoughtful planning. She pointed out the receptivity of each Legislator. She also noted that having a script written and ready was important to the overall successfulness of the trip.</p>	Informational

	Advisory Board Members voiced their anticipation in going again next year.	
EXECUTIVE DIRECTOR'S REPORT		
Executive Director	<p>Joe spoke about the Legislative Budget and recent concerns. Letters were sent out to the Legislators with explanation on allocated reserves. He went on to speak about other standing House Bills. HB1713 would integrate Behavioral Health requirements and create Secure Detox Facilities. Another House Bill will result in the creation of a State Hospital Oversight Committee. HB2439 would produce the formation of a Children's Mental Health Workgroup to identify barriers in accessing mental health services. SB6430 will continue Medicaid benefits to those who are in prison or jail.</p> <p>North Sound BHO is finalizing the rates for services, in addition to collaborating with a Consulting Firm specializing in population modeling projections. The projections will help to replace the lost beds at Pioneer Center North, as well as aid in configuring facility needs over the next three years within the North Sound. The model projection can also be used to advocate with the Legislators for funding.</p> <p>Lake Whatcom Residential Treatment Center is opening a 28 bed Substance Use Residential Treatment Center; funding is being determined.</p> <p>North Sound BHO will be awarding a Tele-Psychiatry Contract. A letter is being sent to the Tribes requesting Representative Appointments to the new Behavioral Health Organization Advisory Board, as well as the Board of Directors.</p> <p>The Inter-Local Agreement is official now.</p> <p>Trainings are available for the Providers.</p>	Informational
ACTION ITEMS BEING BROUGHT TO THE BOARD OF DIRECTORS		
Executive Director	<p>Action Items/Memorandum</p> <p>Joe reviewed each of the Action items with the Advisory Board. A motion was made to move the Action items to the Board of Directors for approval. Motion was seconded and approved.</p>	Motion approved to forward the Action Items to the BOD
NEW BUSINESS		
Chair	<p>a. Mental Health Block Grant (Margaret)</p> <p>Margaret gave an overview of the Mental Health Block Grant. A motion was made to have the AB Chair sign the letter approving the Grant Plan to be forwarded to the State. Motion was seconded and approved. David signed the letter and gave it to Joanie, she forwarded it to Margaret.</p> <p>b. Bylaws Revision</p> <p>Bylaws Revisions were discussed; modifications are listed below:</p> <ul style="list-style-type: none"> • Name change revision from North Sound Mental Health Administration to the North Sound Behavioral Health Organization (North Sound BHO), throughout the entirety of the Bylaws documents. • Article 3 Paragraph 4 will be taken out, which states, " At least one (1) member form each county will be a voting 	Informational

	<p>member on that county’s local Mental Health Advisory Board”.</p> <ul style="list-style-type: none"> • The number of Member Seats per County has increased by one per county to accommodate the expansion. The tribal seats have changed to 8, (1 member per Tribe). • The Executive Finance Committee (EFC) will be adding 1 seat to the Board. There will be Financial Experience and Substance Use Disorder lived experience requirements added. • Article 9 item 1 will remain the same which speaks to unexcused absences. • The Bylaws need to specifically reference mental health services and behavioral health services (depending on the context). • A motion was made to table the context of the Bylaws until the next meeting. Motion was seconded and approved. <p>c. Performance Improvement Projects (PIPs) David encouraged members to participate in the North Sound BHO PIPs. Those interested can contact Joanie, who will inform Charles and David.</p> <p>d. Guiding Principles David spoke about members being respectful and accountable for individual behavior, as well as demonstrating kindness to one another during internal and external meetings. He noted the importance of upholding the Guiding Principles as representatives of the North Sound Behavioral Health Organization Advisory Board.</p> <p>e. Future training This item will be discussed during the April Meeting.</p> <p>f. Poster/Poetry Contest David asked the Advisory Board to think of ideas regarding themes for the Poster/Poem Contest. Topic themes will be voted on during the April meeting. Theme ideas are to be sent to Joanie.</p>	
REPORT FROM ADVISORY BOARD MEMBERS		
Chair	No Report from Advisory Board Members	Informational
COMMENTS FROM COUNTY ADVISORY BOARD REPRESENTATIVES		
Island	None	
San Juan	None	
Skagit	None	
Snohomish	Fred spoke about housing expansion at the Cocoon House	Informational
Whatcom	None	
OTHER BUSINESS		
Chair	No Other Business	
BRIEF COMMENTS FROM THE PUBLIC		
Chair	No comments from the public	Informational
ADJOURNMENT		

DRAFT not yet approved by Advisory Board

Chair	The meeting adjourned at 3:06pm	Informational
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2016 Pre-Meetings, Site Visits, Conferences and Advocacy

Date	Pre-Meeting Topics	Note
January 5th, 2016	SUD Opioid Epidemic and Strategies	Dr. Gary Goldbaum
February 2nd, 2016	SUD/Juvenile Justice/Recovery Services	Lisa Tremblay and Lex Rivers
March 1st, 2016	Phoenix Recovery Center	Corky Hundahl
April 5th, 2016	Adult and Youth Access to Care Standards	Julie de Losada
	Substance Use Disorder	Sharon Toquinto
May 3rd, 2016	Youth/MH Intake Assessment Process	Julie de Losada
	Alternatives to Jail	Ron Coakley
	Tele-Psychiatry Webinar	
	Pioneer Center North (Focus on SUD)	
	Lummi and Tulalip Tribes BHO Programs	
	Dispute Resolution	Chuck Davis and Pat Morris
	Evergreen Detox Center	
	Tribal Centric Behavioral Health System	
	Qualifying Factors of a Co-Occurring Disorder	
	Center for Human Services (Children)	
	Phoenix Recovery Center	
	Therapeutic Health Services	
	Peer Support Model Presentation	
	Crisis Redesign	
	Everett De-Tox Center	
	Seamar Co-Occurring Compass	Toward the end of 2016
	Mulilteo E&T Remodel	Toward the end of 2016
	NSMHA Funded School Based MH Services	
	Co-Occurring Disorders	
	Peer Specialist and Recovery Coach Integration	
Date	Site Visits	Note
	Pioneer Center North	
	Lake Whatcom Treatment Center Site Tour	
Possibly June	Lake Whatcom Treatment Center/Picnic	
Date	Advocacy	Note
February 23 & 24	Legislative Session Visit	
Date	Conferences	Location
Potentially Sept.	Tribal Conference	Skagit Casino, Bow
June 23-24, 2016	Behavioral Health Conference	Yakima
TBD	NAMI Conference	Tri-Cities/Richland
TBD	Co-Occurring Disorders Conference	Yakima

Advisory Board Budget March 2016

	All Conferences		Board Development		Advisory Board Expenses		Stakeholder Transportation		Legislative Session	
	Project # 1	Project # 2	Project # 3	Project # 4	Project # 5					
Total										
Budget	\$ 16,736.00	\$ 1,910.00	\$ 19,329.00	\$ 225.00	\$ 3,800.00					
Expense	(6,189.14)		(4,923.93)		(1,265.21)					
Under / (Over) Budget	\$ 16,736.00	\$ 1,910.00	\$ 14,405.07	\$ 225.00	\$ 2,534.79					

BHC , NAMI, COD, OTHER	BOARDS SUMMIT (RETREAT)	Costs for Board Members (meals mileage, misc.)	Non- Advisory Board Members, to attend meetings and special events	Shuttle, meals, hotel, travel
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North Sound Behavioral Health Organization, LLC
Warrants Paid
March 2016

Type	Date	Num	Name	Memo	Amount
Advisory Board					
Supplies					
Bill	03/02/2016	3/1/16-99733	Haggen Inc	Batch # 113501	310.34
Bill	03/22/2016	February2016	Arreola, Maria A	Batch # 113750	43.02
Total Supplies					<u>353.36</u>
Travel					
Deposit	42425	February 2016	Joanie Williams	Deposit	-492.49
Bill	03/02/2016	February2016	NSRSN (Advanced Travel)	Batch # 113512	683.04
Bill	03/02/2016	February016	AA Dispatch	Batch # 113501	1,225.00
Bill	03/02/2016	February2016	Kincheloe, David	Batch # 113501	140.40
Bill	03/02/2016	Jan/Feb2016	McDonald, Mark	Batch # 113501	114.85
Bill	03/02/2016	Jan-Feb2016	Trautman, Candy	Batch # 113501	64.80
Bill	03/08/2016	February2016	Yuen, Jennifer	Batch # 113567	112.20
Bill	03/16/2016	February2016	Enterprise Rental	Batch # 113669	364.16
Bill	03/16/2016	February2016	Red Lion	Batch # 113669	166.87
Bill	03/16/2016	February2016	Red Lion	Batch # 113669	166.87
Bill	03/16/2016	February2016	Red Lion	Batch # 113669	166.87
Bill	03/16/2016	February2016	Red Lion	Batch # 113669	166.87
Bill	03/29/2016	March2016	Yuen, Jennifer	Batch # 113828	112.25
Total Travel					2,991.69
Miscellaneous					
Bill	03/16/2016	547059	Mister T Trophies	Batch # 113669	175.23
Total Miscellaneous					<u>175.23</u>
Total Advisory Board					<u>3,520.28</u>
					<u>3,520.28</u>
					<u>3,520.28</u>



North Sound Behavioral Health Organization, LLC

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QMOC Brief March 23, 2016

Policy 1729 – DMHP Coordination with Jails for Involuntary Evaluation Needs

The purpose of this new policy is to clarify the role of the DMHP within the scope of RCW 71.05 and RCW 10.77 and procedures needed to coordinate with jails when an individual is incarcerated and experiencing a behavioral health crisis. If the person has a mental disorder they can be detained to an evaluation and treatment facility if they are eligible for release from the jail. This policy was approved by QMOC.

Contract Deliverable – Grievance System Reports to DBHR

There were two recent Grievance System reports sent to DBHR. The first report of October 2015 covers the period April 2015 - September 2015 and July 2016 - September 2015 (DBHR reporting). This report has both the 6 month and 3 month date range as DBHR transitioned from a six month reporting period to a three month reporting period. The second report of January 2016 covers the 3 month period of October 2015 - December 2015.

Children's Update

A brief update was given regarding Children's and the transition to Substance Use Disorders. Majority of policy changes have to do with adding SUD language. One change noted regarding out-of-network services; there will now be two forms. First, anytime a provider subcontracts, they will fill out a form to notify the BHO. The second form will be for out of state subcontracting. The overall goal of these two new forms is to make out-of-network subcontracting clearer. The new forms will be presented to EQRO and then brought back to QMOC.

BHAS Reports

A review of the 4th Quarter Behavioral Health Assessment System (BHAS) reports was given. The date range was from October 1, 2015 – December 31st, 2015. Highlights included the Child and Adolescent Needs and Strengths (CANS) Assessment, key intervention needs, and strengths development. Discussion ensued regarding how reports are developed and how they may possibly be improved for future presentations.

	A	B	C	D	E	F	G
	Issues that result in the biggest impact for the people	Access to MH and CD services, e.g. transportation and Limited English Proficiency (LEP)	Legislative advocacy to increase targeted funding, e.g. Crisis Intervention Training (CIT)	Focus at the County or Community Level	Emphasis on rural health	Focus on wellness initiatives	What areas of advocacy are transferable to an integrated system?
3	Homeless of all ages, to include Vets; Attainment of housing; community meals & shelter; opportunities for engagement in services	* * * *					
4	Increase in Certified Peer Counselors & practitioners in Nursing Homes; Providing awareness of the benefits to peer support	* *					
5	Individuals with disabilities; Protection of Civil Rights	*					
6	Older adults, Accessibility; Transportation to health care facilities	* * *					

Advisory Board Advocacy Priorities

		A	B	C	D	E	F	G
		Issues that result in the biggest impact for the people	Access to MH and CD services, e.g. transportation and Limited English Proficiency (LEP)	Legislative advocacy to increase targeted funding, e.g. Crisis Intervention Training (CIT)	Focus at the County or Community Level	Emphasis on rural health	Focus on wellness initiatives	What areas of advocacy are transferable to an integrated system?
1	Non-English speakers; navigating the healthcare system; accessibility and assistance in resource attainment.	**						
2	Children, youth & adolescents E&T for children & Youth; RCW changes in ITA; provide awareness of services to children/youth; treatment available in schools	***** *						
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Advisory Board Advocacy Priorities

		Issues that result in the biggest impact for the people	Access to MH and CD services, e.g. transportation and Limited English Proficiency (LEP)	Legislative advocacy to increase targeted funding, e.g. Crisis Intervention Training (CIT)	Focus at the County or Community Level	Emphasis on rural health	Focus on wellness initiatives	What areas of advocacy are transferable to an integrated system?
7	Individuals involved in the criminal justice system; Mental health court	**						
8	Incarcerated individuals; availability of treatment while in jail; support for family members	*****						
9	Individuals who have attempted suicide; Research and education in suicidality							
10	Legislators, schools & colleges; Stigma reduction	*****						
		A	B	C	D	E	F	G
		Issues that result in the biggest impact for the people	Access to MH and CD services, e.g. transportation and Limited English Proficiency (LEP)	Legislative advocacy to increase targeted funding, e.g. Crisis Intervention Training (CIT)	Focus at the County or Community Level	Emphasis on rural health	Focus on wellness initiatives	What areas of advocacy are transferable to an integrated system?
11	Greater Community; Improvement in healthcare delivery; development, education and involvement of individuals/families in improving healthcare delivery; cultural awareness and sensitivity toward those experiencing disparities in care	*						
12	Traumatic Brain Injury; Support for individuals, family and caregivers							
13	Global Community; Research how other countries support individuals with mental illness and what we can learn							

NSMHA-The North Sound Behavioral Health Organization
ADVISORY BOARD BY-LAWS

ARTICLE I: PURPOSE

The purpose of the **North Sound Behavioral Health Organization** ~~North Sound Mental Health Administration (NSMHANSBHO)~~ Advisory Board (AB) is to provide independent advice to the NSMHA Board of Directors, and to provide independent feedback to local jurisdictions and service providers.

Additionally, it is the purpose of the AB to advocate for the people we serve in the community, at local Advisory Boards, at the State Legislature, and in Congress.

Further, it is the AB's objective to promote the mission of ~~NSMHA~~ **the North Sound BHO**: "Improving the mental health and wellbeing of the individuals and families in our communities."

The ~~NSMHA~~ **North Sound BHO** AB is established in compliance with ~~the~~ **Interlocal Agreements Establishing A Mental Health Regional Support Network for Island, San Juan, Skagit, Snohomish and Whatcom Counties** executed in October 1989, and in compliance with the provisions of *RCW, Chapter 71.05, 71.24, 71.34*, and with all applicable Federal laws and regulations.

Comment [GDLK1]: NEEDS FULL REVISION

ARTICLE II: DUTIES

The duties of the ~~NSMHA~~ **North Sound BHO** AB shall be:

1. To provide oversight activities in order to advise the ~~NSMHA~~ **North Sound BHO** Board of Directors concerning the planning, delivery, and evaluation of those mental health services which promote recovery and resilience, and which are the responsibility of ~~NSMHA~~ **the North Sound BHO**.
2. To provide a medium for public testimony regarding mental health concerns which are the responsibility of ~~the North Sound BHO~~ **NSMHA**. The AB will, upon request, cover the cost of a consumer's transportation to appear before the AB to give testimony.
3. To review and provide comment on all ~~North Sound BHO~~ **NSMHA** Strategic Plans, Quality Assurance Plans, and Service Delivery Plans and Budgets, which relate to mental health services, before such plans and budgets are acted on by ~~the North Sound BHO~~ **the NSMHA** Board of Directors.
4. To ensure that the needs of all consumers within the region are

met (including, but not limited to, the needs of people with special needs, elderly people, disabled people, children/youth, Native Americans, people who identify as Gay, Lesbian, Bisexual, or Transgender (GLBT), and people with low incomes), within the plans established by ~~the North Sound BHO the NSMHA~~ Board of Directors.

5. To conduct site visits of ~~North Sound BHO NSMHA~~ service providers, special interest groups, Department of Social and Health Services (DSHS) agencies, private sector service providers, hospitals, and community programs. Site visits are designed to provide ~~North Sound BHO North Sound Mental Health~~ AB members with first-hand information so that AB members might make informed recommendations to the NSMHA Board of Directors.
6. To assist ~~NSMHA the North Sound BHO~~ with dissemination of information to the public who reside within the five (5) counties of ~~NSMHA the North Sound region~~.
7. To perform such other duties as the ~~North Sound BHO NSMHA~~ Board of Directors, Washington State Department of Social and Health Services, and/or Washington State Mental Health Division may require.
8. Limitations of Duties:
 - a) No AB member shall give the impression they are representing the Board without express written permission. Permission must be authorized by a majority vote of the AB, and by the ~~North Sound BHO NSMHA~~ staff liaison to the AB.
 - b) No AB member shall give the general public the impression they are representing ~~North Sound BHO NSMHA~~, as all AB members serve only in an advisory capacity to ~~North Sound BHO NSMHA~~.
 - c) No AB member shall interact with regional contractors as an authoritative representative of the AB without express written permission. Permission must be authorized by a majority vote of the AB, and by the ~~North Sound BHO NSMHA~~ staff liaison to the AB.
 - d) AB members shall immediately bring concerns regarding a ~~North Sound BHO NSMHA~~ contract or ~~North Sound BHO NSMHA~~ staff, or refer any individual who voices a concern regarding a ~~North Sound BHO NSMHA~~ contract or ~~North Sound BHO NSMHA~~ staff, to the Chair of the AB, and/or to the ~~North Sound BHO NSMHA~~ staff liaison to the AB.

- e) AB members shall refer any individual with questions or concerns regarding ~~North Sound BHO NSMHA~~ policies or resource management to the Executive Director of ~~North Sound BHO NSMHA~~ (or his/-her designated representative) for action.
- f) Failure to adhere to these by-laws may result in administrative action to remove that member from the AB (see ARTICLE X, below).

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ARTICLE III: MEMBERSHIP

1. The North Sound BHO NSMHA AB shall consist of twenty-~~one-six~~ (26~~1~~) members representing the five counties that make up the region, and ~~three-eight~~ (8~~3~~) regional Tribal members, as follows:

Island County	Three-Four (4 3)
San Juan County	Two-Three (3 2)
Skagit County	Three-Four (4 3)
Snohomish County	Eight-Nine (9 8)
Whatcom County	Five-Six (6 5)
County Subtotal	Twenty- Six-One (26 1)
Tribes	Three-Eight (8 3)
Advisory Board Total	Twenty Four (3 2 4)

2. Each representative from each county and each regional tribal member shall have one vote. ~~The three (3) regional tribal representatives shall share one vote.~~
3. Length of term and rotation of membership shall be determined by the code of each individual county which is party to North Sound BHO NSMHA.
4. At least one (1) member from each county will be a voting member on that county's local Mental Behavioral Health Advisory Board, if that county has such a Board.
5. Fifty-one percent (51%) ~~(WAC 388-865-0222 (2))~~, of the North Sound BHO NSMHA AB membership will be comprised of people who are consumers, family and foster-family members, or caregivers, including youths, older adults, or people with a disability, and/or parents of children who are emotionally disturbed, with at least one (1) representative from each county being a consumer. A representative from law enforcement shall be a member of the board.
6. The North Sound BHO ~~Mental Health~~ AB membership will be representative of the demographic character of the region and of the ethnicity and broader cultural aspects of consumers being served.

Comment [GDLK2]: KILL THIS RESTRICTION i.e., Delete Item 4

ARTICLE IV: APPOINTMENT

1. Representatives of each county which is party to the North Sound BHO NSMHA AB shall be appointed according to each county's officially stipulated method of appointment.

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ARTICLE V: OFFICERS

1. The officers of the ~~North Sound BHO NSMHA~~ AB shall include only a Chair and a Vice- Chair.
2. The term of office held by the Chair and by the Vice-Chair shall be one (1) year, served from 1 January until 31 December, following election in the previous calendar year.
3. The Chair may be re-nominated, and re-elected, an additional two (2) times, to serve a total of no more than three (3) consecutive years. As well, the Vice-Chair may be re-nominated, and re-elected, an additional two (2) times, to serve a total of no more than three (3) consecutive years. Elections for the Chair and for the Vice-Chair shall be held concurrently during the last meeting of the AB in each calendar year. Elections will always be preceded by the nomination process noted below (see ARTICLES V:2 and V:3, and VI:4). Nominations will be opened at the third-to-last (October) AB meeting and will close at the second-to-last (November) meeting. The names of nominated candidates for the position of Chair and for the position of Vice-Chair must be submitted directly to the chair of the Nominating Committee, and not to its members, by the end of the day of the second-to-last meeting of the calendar year prior to the year in which they would assume their positions.
4. Any current member of the AB may submit their own name, or the name of another member, directly to the chair of the Nominating Committee (see Article VI:4); and the Nominating Committee may submit the name of any current member of the AB whom the Committee believes to be a suitable candidate, but who was not otherwise nominated. Nominees must be current members of the AB who has actively served on the AB for a minimum of 6 months.
5. All nominees for the offices of Chair and Vice-Chair will be voted on by the Advisory Board at the final (December) meeting of the AB. Immediately following the vote; the Nominating Committee will recuse themselves and count the votes. If there is a tie for either office, the Nominating Committee members will declare the tie and the AB will vote once again. This process will continue until the chair of the Nominating Committee is able to announce the new AB Chair and new AB Vice-Chair for the next calendar year.

ARTICLE VI: COMMITTEES

1. Standing committees of the ~~North Sound BHO NSMHA~~ AB shall be:
 - a) The Executive-Finance Committee, and
 - b) The Nominating Committee.
2. The Executive-Finance Committee shall consist of the Chair, Vice-Chair,

Chair Emeritus, plus a maximum of ~~two-three~~ (32) other AB members appointed by the Chair. Efforts will be made to ensure that at least one member of the Executive-Finance Committee has experience and/or understanding of financial management, and at least one member has lived experience with a substance use disorder (SUD).

3. The Executive-Finance Committee shall convene to hear pressing matters of business which may arise during the interval between regularly scheduled AB meetings. The committee will review and make recommendations regarding all AB fiscal expenditures. Any decision made by the Executive Committee shall be subject to the ratification of the full Board at its next regularly scheduled meeting. The Executive-Finance Committee shall review the by-laws once each calendar year for the purpose of amending them if necessary.
4. Members of the Nominating Committee, and its chair, shall be appointed by the Executive-Finance Committee at the third-to-last (October) AB meeting of each calendar year. Membership in the Nominating Committee is to be limited to 3 or 5 people (to avoid deadlocked voting). The Nominating Committee members and chair will be announced to the full AB immediately following on the same day.
5. The Chair may establish and appoint members to Ad-Hoc Committees, as the need arises.
6. Committee appointments to the ~~North Sound BHO NSMHA~~ Board of Directors Standing Committees shall be made by the Chair each January at the regular meeting of the ~~North Sound BHO NSMHA~~ AB. The two standing committees the ~~North Sound BHO NSMHA~~ Board of Directors are (a) the Planning Committee and (b) the Quality Management Oversight Committee. Membership appointments for each standing committee Charter.

ARTICLE VII: MEETINGS

1. The ~~North Sound BHO NSMHA~~ AB shall meet at least ten (10) times each year at a date and time mutually agreeable to the members of that Board. Any regularly scheduled meeting may be canceled at the discretion of the Chair.
2. Special meetings may be called by the Chair, as needed, and/or as requested by a minimum of one (1) member from each of three (3) of the five (5) counties which are party to ~~the North Sound BHONSMHA~~, by contacting the Chair. Special meetings shall be called within five (5) working days of the request, following notice of at least forty-eight (48) hours to all members of the AB.
3. Use of Technology for Attendance
 - a) Although the level of “engagement” – via social interaction, hearing and comprehension – can be limited when using the *Go To Meeting* technology (or a ~~North Sound BHONSMHA~~- identified substitute) in lieu of *physically* attending the ~~North Sound BHO NSMHA~~ AB meetings, any or all AB members representing San Juan County are allowed to use the *Go To Meeting* technology (or a ~~North Sound BHONSMHA~~-identified substitute) for any and all meetings of the AB, due to the difficulty of, and time required for, travel. AB members from all other counties (Whatcom, Skagit, Snohomish and Island) will be allowed to use the “Go To Meeting” technology (or a NSMHA identified substitute) for a maximum of two (2) meetings during one (1) calendar year, and only with authorization for the AB Chair and/or the ~~North Sound BHO NSMHA~~-liaison to the AB.
 - b) Physical absences from AB meeting will be considered “excused” if the AB Chair and/or the ~~North Sound BHO NSMHA~~-liaison to the AB deem(s) the absence to be so. The AB member who intends to be absent must contact the AB Chair, and/or the ~~North Sound BHO NSMHA~~-staff liaison to the AB, prior to the meeting at which the AB member will not be in attendance.
 - c) The AB Chair may invoke the use of the *Go To Meeting* technology, (or a ~~North Sound BHO NSMHA~~-identified substitute), at any time in lieu of physical attendance by any or all AB members, only when a Special Meeting of the AB is called by the Chair as stipulated in Article VII (2) above.
4. Committee meetings shall be held at the discretion of the

Committee Chair.

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5. Robert's Rules of Order shall be used as an informal guideline for formal meetings of the ~~North Sound BHO NSMHA~~ AB and committees, insofar as the *Rules* do not conflict with, or are not inconsistent with, the provisions of these By-Laws.
6. The Board shall comply with the *State of Washington Open Meetings Act (RCW 42.30)*.

ARTICLE VIII: QUORUM

1. The presence of at least fifty percent (50%) of the appointed representatives to the AB, and at least three (3) of the five (5) counties which are party to ~~North Sound BHO NSMHA~~, shall constitute a quorum of the ~~North Sound BHO NSMHA~~ AB.
2. A quorum of the Executive Committee shall exist when a simple majority of the Executive Committee members are present.
3. Members of the AB who attend via digital conferencing (by phone or any other allowable technological means), shall be counted as *present* in determining the constitution of a quorum.

ARTICLE IX: RESIGNATION/TERMINATION

1. Following two unexcused absences of a ~~North Sound BHO NSMHA~~ Advisory Board (AB) member, from AB meetings, the Chair of the AB will *informally* contact *both* the absentee member and the County Coordinator to ascertain whether the member is willing and able to continue serving on the AB.
2. Following (3) *unexcused* absences from the ~~North Sound BHO NSMHA~~ (NSMHA) Advisory Board (AB) meetings in a single calendar year, whether consecutive or non-consecutive, the AB Chair will formally recommend (in writing) to both the absent member and to the County Coordinator that the absent member resign from the AB, and that another representative from the same county be appointed by the County Coordinator to represent that county as a replacement member of the AB.
3. Members of the ~~North Sound BHO NSMHA~~ AB, by virtue of their appointment to the AB, agree to adhere to the *Advisory Board Guiding Principles*. AB members will adhere to the *Advisory Board Guiding Principles* in their interactions with all other AB members, with the community, and with ~~North Sound BHO NSMHA~~ staff. The AB Chair will work to ensure that all AB members will be given an opportunity to participate in discussions during AB meetings.

Comment [GDLK3]: Joe, take this issue to County Coordinators, please.

4. Failure to adhere to the *Advisory Board Guiding Principles* may result in a recommendation for that member's dismissal from the AB.

ARTICLE X: DISMISSAL FROM THE ADVISORY BOARD

Dismissal from the AB will be undertaken in the following manner:

1. Any member of the AB in attendance at a Board meeting at which an alleged violation of the *Guiding Principles* occurs may bring a 'complaint' regarding another member's behavior to the AB Chair, and/or to the ~~North Sound BHO NSMHA~~ staff liaison to the AB, who, upon discussion with the complaining member of the AB, and upon assessment of the validity of the complaint, will *then* bring the complaint to the Executive Committee of the AB, and, upon decision by the members of the Executive Committee, will *then* bring the complaint to the entire AB as a written motion.
2. A simple majority vote of the AB will be required to formally reprimand ("censure"), and/or recommended dismissal of the violating member from the AB.
3. The formal reprimand ("censure") and/or dismissal will be presented by the AB Chair, following the meeting at which the AB voted for such, to the Executive Director of the North Sound BHO NSMHA (or his/her designated representative) for action.

The North Sound Behavioral Health Organization
ADVISORY BOARD BY-LAWS

ARTICLE I: PURPOSE

The purpose of the **North Sound Behavioral Health Organization** (NSBHO North Sound BHO) Advisory Board (AB) is to provide independent advice to the NSMHA North Sound BHO Board of Directors, and to provide independent feedback to local jurisdictions and service providers.

Additionally, it is the purpose of the AB to advocate for the people we serve in the community, at local Advisory Boards, at the State Legislature, and in Congress.

Further, it is the AB's objective to promote the mission of the North Sound BHO: "Improving the **mental health** and wellbeing of the individuals and families in our communities."

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The NSMHA-North Sound BHO AB is established in compliance with the Interlocal Agreements Establishing A Mental Health Regional Support Network for Island, San Juan, Skagit, Snohomish and Whatcom Counties executed in October 1989, and in compliance with the provisions of RCW, Chapter 71.05, 71.24, 71.34, and with all applicable Federal laws and regulations.

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Comment [GDLK1]: NEEDS FULL REVISION

ARTICLE II: DUTIES

The duties of the North Sound BHO AB shall be:

1. To provide oversight activities in order to advise the North Sound BHO Board of Directors concerning the planning, delivery, and evaluation of those **mental health services** which promote recovery and resilience, and which are the responsibility of the North Sound BHO.
2. To provide a medium for public testimony regarding **mental health** concerns which are the responsibility of the North Sound BHO. The AB will, upon request, cover the cost of a consumer's transportation to appear before the AB to give testimony.
3. To review and provide comment on all North Sound BHO Strategic Plans, Quality Assurance Plans, and Service Delivery Plans and Budgets, which relate to **mental health** services, before such plans and budgets are acted on by the North Sound BHO Board of Directors.
4. To ensure that the needs of all consumers within the region are met (including, but not limited to, the needs of people with

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special needs, elderly people, disabled people, children/youth, Native Americans, people who identify as Gay, Lesbian, Bisexual, or Transgender (GLBT), and people with low incomes), within the plans established by the North Sound BHO Board of Directors.

5. To conduct site visits of North Sound BHO service providers, special interest groups, Department of Social and Health Services (DSHS) agencies, private sector service providers, hospitals, and community programs. Site visits are designed to provide North Sound BHO AB members with first-hand information so that AB members might make informed recommendations to the [NSMHA North Sound BHO](#) Board of Directors.
6. To assist the North Sound BHO with dissemination of information to the public who reside within the five (5) counties of the North Sound region.
7. To perform such other duties as the North Sound BHO Board of Directors, Washington State Department of Social and Health Services, and/or Washington State Mental Health Division may require.
8. Limitations of Duties:
 - a) No AB member shall give the impression they are representing the Board without express written permission. Permission must be authorized by a majority vote of the AB, and by the North Sound BHO staff liaison to the AB.
 - b) No AB member shall give the general public the impression they are representing North Sound BHO, as all AB members serve only in an advisory capacity to North Sound BHO.
 - c) No AB member shall interact with regional contractors as an authoritative representative of the AB without express written permission. Permission must be authorized by a majority vote of the AB, and by the North Sound BHO staff liaison to the AB.
 - d) AB members shall immediately bring concerns regarding a North Sound BHO contract or North Sound BHO staff, or refer any individual who voices a concern regarding a North Sound BHO contract or North Sound BHO staff, to the Chair of the AB, and/or to the North Sound BHO staff liaison to the AB.
 - e) AB members shall refer any individual with questions or concerns regarding North Sound BHO policies or resource

management to the Executive Director of North Sound BHO (or his/her designated representative) for action.

- f) Failure to adhere to these by-laws may result in administrative action to remove that member from the AB (see ARTICLE X, below).

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ARTICLE III: MEMBERSHIP

1. The North Sound BHO AB shall consist of twenty-six (26) members representing the five counties that make up the region, and eight (8) regional Tribal members, as follows:

Island County	Four (4)
San Juan County	Three (3)
Skagit County	Four (4)
Snohomish County	Nine (9)
Whatcom County	Six (6)
County Subtotal	Twenty-Six (26)
Tribes	Eight (8)
Advisory Board Total	Twenty ^{Thirty} Four (34)

2. Each representative from each county and each regional tribal member shall have one vote.
3. Length of term and rotation of membership shall be determined by the code of each individual county which is party to North Sound BHO.

~~4.~~

- ~~5.4.~~ Fifty-one percent (51%) [WAC 388-865-0222 (2)], of the North Sound BHO AB membership will be comprised of people who are consumers, family and foster-family members, or caregivers, including youths, older adults, or people with a disability, and/or parents of children who are emotionally disturbed, with at least one (1) representative from each county being a consumer. A representative from law enforcement shall be a member of the board.

The North Sound BHO AB membership will be representative of the demographic character of the region and of the ethnicity and broader cultural aspects of consumers being served.

ARTICLE IV: APPOINTMENT

1. Representatives of each county which is party to the North Sound BHO AB shall be appointed according to each county's officially stipulated method of appointment.

ARTICLE V: OFFICERS

1. The officers of the North Sound BHO AB shall include only a Chair and a Vice- Chair.
2. The term of office held by the Chair and by the Vice-Chair shall be one (1) year, served from 1 January until 31 December, following election in the previous calendar year.
3. The Chair may be re-nominated, and re-elected, an additional two (2) times, to serve a total of no more than three (3) consecutive years. As well, the Vice-Chair may be re-nominated, and re-elected, an additional two (2) times, to serve a total of no more than three (3) consecutive years. Elections for the Chair and for the Vice-Chair shall be held concurrently during the last meeting of the AB in each calendar year. Elections will always be preceded by the nomination process noted below (see ARTICLES V:2 and V:3, and VI:4). Nominations will be opened at the third-to-last (October) AB meeting and will close at the second-to-last (November) meeting. The names of nominated candidates for the position of Chair and for the position of Vice-Chair must be submitted directly to the chair of the Nominating Committee, and not to its members, by the end of the day of the second-to-last meeting of the calendar year prior to the year in which they would assume their positions.
4. Any current member of the AB may submit their own name, or the name of another member, directly to the chair of the Nominating Committee (see Article VI:4); and the Nominating Committee may submit the name of any current member of the AB whom the Committee believes to be a suitable candidate, but who was not otherwise nominated. Nominees must be current members of the AB who has actively served on the AB for a minimum of 6 months.
5. All nominees for the offices of Chair and Vice-Chair will be voted on by the Advisory Board at the final (December) meeting of the AB. Immediately following the vote; the Nominating Committee will recuse themselves and count the votes. If there is a tie for either office, the Nominating Committee members will declare the tie and the AB will vote once again. This process will continue until the chair of the Nominating Committee is able to announce the new AB Chair and new AB Vice-Chair for the next calendar year.

ARTICLE VI: COMMITTEES

1. Standing committees of the North Sound BHO AB shall be:
 - a) The Executive-Finance Committee, and
 - b) The Nominating Committee.
2. The Executive-Finance Committee shall consist of the Chair, Vice-Chair,

plus a maximum of three (3) other AB members appointed by the Chair. Efforts will be made to ensure that at least one member of the Executive-Finance Committee has experience and/or understanding of financial management, and at least one member has lived experience with a substance use disorder (SUD).

3. The Executive-Finance Committee shall convene to hear pressing matters of business which may arise during the interval between regularly scheduled AB meetings. The committee will review and make recommendations regarding all AB fiscal expenditures. Any decision made by the Executive Committee shall be subject to the ratification of the full Board at its next regularly scheduled meeting. The Executive-Finance Committee shall review the by-laws once each calendar year for the purpose of amending them if necessary.
4. Members of the Nominating Committee, and its chair, shall be appointed by the Executive-Finance Committee at the third-to-last (October) AB meeting of each calendar year. Membership in the Nominating Committee is to be limited to 3 or 5 people (to avoid deadlocked voting). The Nominating Committee members and chair will be announced to the full AB immediately following on the same day.
5. The Chair may establish and appoint members to Ad-Hoc Committees, as the need arises.
6. Committee appointments to the North Sound BHO Board of Directors Standing Committees shall be made by the Chair each January at the regular meeting of the North Sound BHO AB. The two standing committees the North Sound BHO Board of Directors are (a) the Planning Committee and (b) the Quality Management Oversight Committee. Membership appointments for each standing committee Charter.

ARTICLE VII: MEETINGS

1. The North Sound BHO AB shall meet at least ten (10) times each year at a date and time mutually agreeable to the members of that Board. Any regularly scheduled meeting may be canceled at the discretion of the Chair.
2. Special meetings may be called by the Chair, as needed, and/or as requested by a minimum of one (1) member from each of three (3) of the five (5) counties which are party to the North Sound BHO, by contacting the Chair. Special meetings shall be called within five (5) working days of the request, following notice of at least forty-eight (48) hours to all members of the AB.
3. Use of Technology for Attendance
 - a) Although the level of “engagement” – via social interaction, hearing and comprehension – can be limited when using the *Go To Meeting* technology (or a North Sound BHO-identified substitute) in lieu of *physically* attending the North Sound BHO AB meetings, any or all AB members representing San Juan County are allowed to use the *Go To Meeting* technology (or a North Sound BHO-identified substitute) for any and all meetings of the AB, due to the difficulty of, and time required for, travel. AB members from all other counties (Whatcom, Skagit, Snohomish and Island) will be allowed to use the “Go To Meeting” technology (or a [NSMHA North Sound BHO](#) identified substitute) for a maximum of two (2) meetings during one (1) calendar year, and only with authorization for the AB Chair and/or the North Sound BHO liaison to the AB.
 - b) Physical absences from AB meeting will be considered “excused” if the AB Chair and/or the North Sound BHO liaison to the AB deem(s) the absence to be so. The AB member who intends to be absent must contact the AB Chair, and/or the North Sound BHO staff liaison to the AB, prior to the meeting at which the AB member will not be in attendance.
 - c) The AB Chair may invoke the use of the *Go To Meeting* technology, (or a North Sound BHO identified substitute), at any time in lieu of physical attendance by any or all AB members, only when a Special Meeting of the AB is called by the Chair as stipulated in Article VII (2) above.
4. Committee meetings shall be held at the discretion of the Committee Chair.

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5. Robert's Rules of Order shall be used as an informal guideline for formal meetings of the North Sound BHO AB and committees, insofar as the *Rules* do not conflict with, or are not inconsistent with, the provisions of these By-Laws.
6. The Board shall comply with the *State of Washington Open Meetings Act (RCW 42.30)*.

ARTICLE VIII: QUORUM

1. The presence of at least fifty percent (50%) of the appointed representatives to the AB, and at least three (3) of the five (5) counties which are party to North Sound BHO, shall constitute a quorum of the North Sound BHO AB.
2. A quorum of the Executive Committee shall exist when a simple majority of the Executive Committee members are present.
3. Members of the AB who attend via digital conferencing (by phone or any other allowable technological means), shall be counted as *present* in determining the constitution of a quorum.

ARTICLE IX: RESIGNATION/TERMINATION

1. Following two unexcused absences of a North Sound BHO Advisory Board (AB) member, from AB meetings, the Chair of the AB will *informally* contact *both* the absentee member and the County Coordinator to ascertain whether the member is willing and able to continue serving on the AB.
2. Following (3) *unexcused* absences from the North Sound BHO Advisory Board (AB) meetings in a single calendar year, whether consecutive or non-consecutive, the AB Chair will formally recommend (in writing) to both the absent member and to the County Coordinator that the absent member resign from the AB, and that another representative from the same county be appointed by the County Coordinator to represent that county as a replacement member of the AB.
3. Members of the North Sound BHO AB, by virtue of their appointment to the AB, agree to adhere to the *Advisory Board Guiding Principles*. AB members will adhere to the *Advisory Board Guiding Principles* in their interactions with all other AB members, with the community, and with North Sound BHO staff. The AB Chair will work to ensure that all AB members will be given an opportunity to participate in discussions during AB meetings.

4. Failure to adhere to the *Advisory Board Guiding Principles* may result in a recommendation for that member's dismissal from the AB.

ARTICLE X: DISMISSAL FROM THE ADVISORY BOARD

Dismissal from the AB will be undertaken in the following manner:

1. Any member of the AB in attendance at a Board meeting at which an alleged violation of the *Guiding Principles* occurs may bring a 'complaint' regarding another member's behavior to the AB Chair, and/or to the North Sound BHO staff liaison to the AB, who, upon discussion with the complaining member of the AB, and upon assessment of the validity of the complaint, will *then* bring the complaint to the Executive Committee of the AB, and, upon decision by the members of the Executive Committee, will *then* bring the complaint to the entire AB as a written motion.
2. A simple majority vote of the AB will be required to formally reprimand ("censure"), and/or recommended dismissal of the violating member from the AB.
3. The formal reprimand ("censure") and/or dismissal will be presented by the AB Chair, following the meeting at which the AB voted for such, to the Executive Director of the North Sound BHO (or his/her designated representative) for action.

Advisory Board Conference Cost Estimate Sheet 2015

Name of Conference	Date(s) of Conf.	Location	Reg . Fee	Mileage (approx) and cost of driving your own car. Reimbursement Rate: 57.5 cents per mile	Bus or Train Cost or Shuttle	Taxi Cost (approx) from Everett	Conference Hours (in regard to additional meal expenses)	Add'l Meals *B=Breakfast *L=Lunch *D=Dinner	Hotel Cost	Number of Advisory Board attendees interested in attending	Number of Outside Scholarships to be approved	Total approx. Cost per Person Driving Own Car	Total approx. Cost Per Person Taking Bus, Train and/or Taxi costs approximately \$2.50 per mile
System of Care Institute (SOCI)	May 5th and 6th 2015	Everett Holiday Inn, 3105 Pine St. 98201	N/A Scholarships from SOCI	33.5 miles one way; 67 Miles round trip from NSMHA \$38.53 x 2 days = \$77.06	N/A Conference is local	\$2.50 per mile + \$2.50 to ride + wait time	N/A Conference is local	Folks staying the night: one dinner reimbursement @ \$31.00 pp	\$214.00 for 2 nights	Fred, Candy, Greg, Carolann, Jeannette-hotel, Mark-hotel, Peg-hotel	N/A no scholarships for SOCI	Candy: \$77.06 CarolAnn: \$77.06 Jeannette: \$283.53 Mark: \$283.53 Peg: \$283.53 Total: \$1,004.71	Greg: approx. \$27.50 round trip: \$27.50 Fred: \$27.50 Total: \$55.00 Grand Total: (Approx): \$1,159.71
Tribal Conference	May 12th and 13th	Bow 5984 Darrk Ln, Bow, WA 98232 @ the Skagit Casino	\$125.00	10.5 miles one way; 21 Miles round trip from NSMHA \$12.08 x 2 days = \$24.16	N/A Conference is local	\$2.50 per mile + \$2.50 to ride + wait time 43 miles one way; 86 round trip \$215.00 round trip	N/A Conference is local	Folks staying the night: one dinner reimbursement @ \$31.00 pp	\$79.00 for one night	Candy, Jeannette, Carolann, Joan, Lubbe, Greg, Jennifer, Mark, Marie, B: hotel	N/A no scholarships for Tribal Conference	Candy: \$149.16 Jeannette: \$149.16 Carolann: \$149.16 Joan Lubbe \$149.16 Jennifer: \$262.20 Mark: \$262.20 Total: \$1,112.04	Greg: \$419.00 Fred: \$419.00 Marie: \$419.00 Joan: \$419.00 Total: \$1,676.00 Grand Total (Approx): \$2,797.04 before dinner reimbursement
Behavioral Health Conference www.wcmhcnet.org	June 17, 18 & 19	Vancouver 301 West 6th Street 98660 @ the Hilton	N/A Scholarships given	254 miles one way; 508 miles round trip \$292.10	AMTRAK \$112.00 round trip (No shuttle available due to US Golf Open June 15-21)	TBD	Thurs: 8:30-5:15pm Friday: 9-3pm	Lunch 6/17 \$15 Dinner 6/17 \$31 Dinner 6/19 \$31 Total Cost: \$77.00	\$226.00 for 2 nights	*Candy -cancelled *Joan Bethel *Marie *Mark *Fred *Jeannette-cancelled *Greg-cancelled *Carolyn HG-cancelled	Scholarships: Wanda Waters, Bobbie Pereira, Nancy Storm, Marilyn Plappert, Beverley Smisaaert cancelled	Approx Cost per person driving: \$595.10	Approx Cost per person taking train: \$415.00 (before Taxi charges)
NAMI www.namiwa.org	August 21st-23rd	Tri-Cities Shilo Inn 50 Comstock St., Richland 99352	\$185.00 (approx. cost)	256 miles one way; 512 Miles Round Trip \$294.40	GREYHOUND bus drops 22 miles from conference location \$177.00 round trip	TBD	TBD: Last year's hours were Fri: 11:30-8:30pm; Sat: 8:00am-8:30pm; Sunday: 8am-12:00	Dinner: 8/20 \$31 8/23 Lunch: \$15 8/23 Dinner: \$31 Total: \$77.00	Approx \$300.00 for 3 nights	Mark, Jeannette, Greg, W.	No outside scholarships awarded	Approx Cost per person driving: \$856.40	Approx Cost per person taking bus: \$739.00 (before Taxi charges)

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]

**North Sound Behavioral Health Organization
Advisory Board**

Behavioral Health Conference Scholarship Application

The Advisory Board of the North Sound Behavioral Health Organization (North Sound BHO) 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 North Sound BHO 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 North Sound BHO's Fiscal Policy*, determined on a case-by-case basis. (We recommend that you budget for incidentals since North Sound BHO may not be able to pay for them.)

Please email or mail all materials to the address below, BEFORE April 29th, 2016:

Maria_arreola@northsoundbho.org

Or mail to:

**NORTH SOUND BEHAVIORAL HEALTH ORGANIZATION
ADVISORY BOARD CONFERENCE SCHOLARSHIP APPLICATION
301 Valley Mall Way
Suite 110
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:		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 29th, 2016.
- 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 Behavioral Health Organization 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 _____

2016

Washington Behavioral Healthcare Conference

June 22-24 | Yakima, Washington
Yakima Convention Center



STRENGTHENING LIVES, BUILDING COMMUNITY



WASHINGTON COUNCIL
FOR BEHAVIORAL HEALTH

WHO WE ARE

The Washington Council for Behavioral Health (WA Council) is the sponsor and organizer of the annual Behavioral Healthcare Conference. Over the past 36 years, the WA Council and its provider members have offered services that promote the creation of healthy and secure communities through partnerships. The WA Council is a non-profit, professional association of licensed community behavioral health centers across the state of Washington who have joined together to create a unified, representative voice that speaks on behalf of community behavioral health. Advocating in support of community behavioral health centers and behavioral health consumers, the WA Council develops public policy initiatives, promotes partnerships and provides high quality behavioral health care education.

WELCOME

Welcome to the 27th annual Washington Behavioral Healthcare Conference (WBHC), ***Strengthening Lives, Building Community!*** Our state is proceeding rapidly with delivery system reform; system level entities heretofore known mostly as acronyms are coming on-line in regions across the state. BHOs (Behavioral Health Organizations), ACHs (Accountable Communities of Health) and RSAs (Regional Service Areas) as well as an EA (Early Adopter) region with a new BH-ASO (Behavioral Health Administrative Service Organization) are coming to life. But all of this system design is only as meaningful as its ability to support individuals with behavioral health needs to live and recover in the community.

To that end, we are pleased to bring you a conference that will focus on honing skills in community-based treatment and recovery supports, and strengthening community voice. We've prepared an exciting and diverse lineup of inspiring speakers, national and regional experts, consumer leaders, and providers of local model programs and evidence-based and promising practices who will offer knowledge, tools and resources to put into action in your community.

The 2016 WBHC keynote speaker lineup includes:

- **Daniel James Brown** is the author of the New York Times best seller, *The Boys in the Boat*. He will share a compelling story, beginning in the depths of the Depression, about beating the odds and finding hope in the most desperate of times.
- **Kevin Hines** is a suicide attempt survivor, national mental health advocate, best-selling author of *Cracked Not Broken*, and documentary filmmaker who will share his story of hope and celebration of life
- **Joel Dvoskin, PhD** is a national leader on mental health and criminal justice policy who will share the key role crisis intervention services can play in reducing the criminalization of mental illness and in providing appropriate management and care for people with serious mental illness in correctional settings.

Other highlights of the three days in Yakima are the 35 workshops, with tracks focusing on co-occurring disorder treatment, corrections and mental health, recovery and resiliency, integration, and management, leadership & operations.

We gratefully acknowledge support for the WBHC from the DSHS Behavioral Health Administration/Division of Behavioral Health & Recovery and the Department of Corrections.

We invite you to join us in Yakima for this outstanding educational event.

Sincerely,

Ann Christian, CEO
Washington Council for
Behavioral Health

Tom Sebastian, Chair
Washington Council for
Behavioral Health and
CEO, Compass Health

Darcell Slovek-Walker, Chair
Washington Council for
Behavioral Health Education
Committee and CEO, Transitional Resources

Wednesday, June 22

Pre-Conference Activities

Subject to Change

Location: Yakima Convention Center

8:00 am – 5:00 pm • Pre-Conference Programs

9:00 am – 4:30 pm • Pre-conference Seminar: **Law & Ethics Training: What Goes Around...** (6.0 CE clock hours) (additional registration fee required)

A. Steven Frankel, PhD, Esq., Adjunct Professor of Law, Golden Gate University School of Law and Clinical Professor of Psychology, University of Southern California

This six-hour workshop in law, ethics and regulation is focused on recent and emerging developments in law and ethics that will impact clinicians of all disciplines, starting with changes to child abuse reporting obligations, then moving to cover changes for custody evaluators, record-keeping and maintenance, emerging issues and risks regarding telehealth practice, updates on duties to inform and warn when violent behavior may occur, modifications of laws concerning “retirement” of professionals, receiving subpoenas, testifying in court, risk management for supervisors, suicide risk management, and “selected slippery slopes.” At the end of this session, attendees will be able to identify at least three areas of practice for which legal/ethical changes have developed in the past 5-10 years, state the most effective strategy for maintaining clinical records of patient care, identify two significant problems for clinicians who wish to provide telehealth services, state two major cautions for clinicians who receive subpoenas for patient records, elaborate the differences between three classes of witnesses in courts, and identify two “slippery slopes” of concern to clinician risk management.

This educational program fulfills continuing education requirements required by Washington State for Licensed Social Workers, Mental Health Counselors and Marriage and Family Therapists for the mandatory biennial “Law and Ethics” training requirements. Certificates for 6.0 CEUs will be issued to attendees who attend the program in its entirety.

8:30 am – 4:00 pm

Pre-conference Seminar: **Assessing & Managing Suicide Risk** (6.25 CE clock hours) (additional registration fee required)
Sue Eastgard, MSW, Director of Training, Forefront, University of Washington School of Social Work

Assessing & Managing Suicide Risk (AMSR) is a one-day workshop for health professionals that will help them better assess suicide risk, plan treatment, and manage the ongoing care of clients at-risk for suicide. Behavioral health providers play a crucial role in preventing suicides and yet, many providers report that they feel inadequately trained to assess, treat and manage suicidal clients. AMSR meets providers’ needs for research-informed, skills-based training, and is appropriate for all mental health professionals including social workers, marriage & family therapists, psychologists and licensed mental health counselors. By the end of the workshop, attendees will be able to recognize the 12 core competencies that enable social workers and mental health professionals to assess and work effectively with individuals at risk of suicide; increase their knowledge and skills in eliciting suicide ideation, behavior, plans and intent; increase their knowledge and skills in making a clinical judgment of the short and long term risks for suicide; and increase their

knowledge and skills in developing a treatment and services plan that addresses the client’s immediate, acute and continuing risk for suicidal behaviors. AMSR meets the legislative mandate for training under ESHB 2366.

Pre-Conference Membership Activities for WA Council for Behavioral Health

MEMBERSHIP MEETINGS

WA Council Board and Membership Meetings

8:00 am – 1:00 pm

(Details will be sent to member Agency Directors)

Wednesday Conference Activities

8:00 am – 8:00 pm • Registration Open

Location: Yakima Convention Center

4:30 pm – 6:30 pm

Welcome Reception (CE clock hours not available)

Come mingle and network with fellow conference attendees and beat the Thursday morning registration rush! Light appetizers and refreshments will be provided.

5:30 pm – 7:00 pm

Recovery & Resiliency Roundtable (CE clock hours not available)

Consumers, youth, and families in Washington State – come share your thoughts about recovery and resiliency efforts with the Division of Behavioral Health & Recovery! Let the Division and the Office of Consumer Partnerships know what you think is working and what needs to change concerning behavioral health programs and services. Join us for an interactive and informative meeting. Refreshments will be provided.

Thursday, June 23

7:30 am – 5:00 pm • Registration Open

Location: Yakima Convention Center

7:30 am – 8:30 am • Breakfast & Vendor Tables Open

8:30 am – 10:00 am • Welcome

Tom Sebastian, Chair, Washington Council for Behavioral Health and CEO, Compass Health

Chris Imhoff, Director of the Division of Behavioral Health & Recovery, DSHS, or a designee



KEYNOTE ADDRESS by **Daniel James Brown**, *New York Times* best-selling author

The Boys in the Boat (1 CE clock hour)

Daniel James Brown will share a compelling story, beginning in the depths of the Depression, about beating the odds and finding hope in the most desperate of times—the improbable, intimate account of how nine working-class boys from the American West showed the world at the 1936 Olympics in Berlin what true grit really meant. The University of Washington’s eight-oar crew team, made up of the sons of loggers, shipyard workers, and farmers, was never expected to defeat the elite teams of the East Coast and Great Britain. And yet

Continued on next page

they did, going on to shock the world by defeating the German team rowing for Adolf Hitler. The emotional heart of the tale lies with Joe Rantz, a teenager abandoned by his family during the Depression and with no prospects, who rows not only to regain his shattered self image but also to find a real place for himself in the world. Drawing on the boys' own journals and vivid memories of a once-in-a-lifetime shared dream, Brown has created an unforgettable portrait of an era, a celebration of a remarkable achievement, and a chronicle of one extraordinary young man's personal quest.

10:15 am – 11:45 am • Workshops

T101 The Mental Health Sentencing Alternative: A Rural Approach to a National Problem (1.5 CE clock hours)

J.P. Anderson, MSW, Cascade Mental Health; Jonathan Meyer, JD, Lewis County Prosecutors Office; Kevin Hanson, Lewis County Sheriff's Office; Sarah Hockett, LMHC, Cascade Mental Health

This presentation will discuss the tools used in one rural county to better serve a jail population in desperate need of sentencing options that support mental health recovery. We will examine what contributed to dysfunctional communication between mental health and law and justice personnel in our area, as well as the what led to the solution our community needed: the Mental Health Sentencing Alternative Program. By providing additional training and enlisting the help of non-traditional partners, Cascade Mental Health Care staff have dramatically increased their ability to serve area residents who have negative police interactions, are incarcerated in the county jail, and face criminal charges connected to their untreated mental health need. This post-conviction program provides additional case management services to program participants as well as ongoing court follow-ups that allow them to build a better, less punitive relationship with the court system. Join us to learn more about lessons learned, suggestions for better communication with law and justice partners, and tips for building connections with other like-minded rural communities.

T102 I'm the CEO...Uh, Oh! Lessons Learned from the School of Hard Knocks (1.5 CE clock hours)

Joe Roszak, MA, Kitsap Mental Health Services

The Big Shot. The Head Honcho. The Top Dog. Becoming a CEO is more of an opportunity these days as more and more folks retire. In the past 2 years, more than 5 WA Council for Behavioral Healthcare agencies have had their Executive Director/CEO retire or resign. Nationally, this churn of an agency's top position has resulted in nearly a third of current executives (31%) being on the job for fewer than three years. Mr. Roszak shares some insights and reflections gleaned from nearly 30 years of being a CEO. He will lead an interactive discussion about barriers and challenges to today's leadership that will include reviewing the shifting sands of a competent CEO/Executive Director, strategic planning, the rule of karma in everyday interactions, CEO vs. MBA/nonprofit vs. profit, community engagement, vision, and more.

T103 Leadership Development for Youth Peer Partners (1.5 CE clock hours)

Lorri Gehring, Certified Peer Counselor, Division of Behavioral Health & Recovery; Andrea Parrish, MA, LMHC, MHP, CMHS, Division of Behavioral Health & Recovery

Are you interested in improving the health and well-being of young people? If so, you share that goal with many youth, families, and committed professionals in your community. Youth are critical to achieving that goal, not as consumers, but as experts in the experiences, needs, and desires of today's youth. One of the most important ways organizations can foster youth voice and engagement is to prepare youth and peer partners for success

through training. We will showcase a new training curriculum that has been developed in partnership with international leadership expert Ellen Kagen and has been tailored specifically for the role of Youth Peer Partners. An overview of materials from the training will be shared, and we'll identify the benefits of skill development in peer partners, and how supervisors and mental health agencies can support youth partners in broadening their skill sets and gaining transferable skills.

T104 Hands On Integration: Things We Learned Along the Way (1.5 CE clock hours)

Erica Hunt, PsyD, Columbia River Mental Health Services; Anna Dindinger, Columbia River Mental Health Services

Columbia River Mental Health Services (CRMHS) is the largest behavioral health agency in SW Washington and is fully committed to the mission of Early Adopter in our region. As the state moves towards integration of whole health care, we are seizing the opportunity to build partnerships and alliances in our community. The three models of integrated care that have been explored by CRMHS include embedding behavioral health clinicians at primary care sites, co-location of behavioral health services with primary care, and introduction of primary care into a behavioral health setting. This presentation will address these three models, practical steps that can be taken along a continuum toward full integration, lessons learned from the field, how staying focused on the long-range goal of better care for those we serve has led to a number of successes and new partnerships, and more.

T105 Harm Reduction in Outpatient Mental Health Practice (1.5 CE clock hours)

JanRose Ottaway-Martin, MSW, DESC; Brandon Paz, MSW, DESC; Lindsay Lopes, DESC

This presentation will focus on how mental health case managers can practice harm reduction and partner with chemical dependency in a community setting, as well as housing staff in a Housing First setting. The presentation will include case studies on specific mental health interventions that follow a harm reduction approach and help the most vulnerable members of our population maintain their housing, as well as discussions on how to apply this to one's own work. We will also discuss working with strengths-based approaches, clinician transference and potential ethical dilemmas.

T106 How to Document Domestic Violence in Mental Health Records (1.5 CE clock hours)

Alison L. Iser, MA, Coalition Ending Gender-Based Violence; Susie Winston, LICSW, Sound Mental Health

As a mental health service provider, you are able to make a real difference in the lives of domestic violence survivors with mental health concerns. You can help survivors transform their lives by screening for domestic violence, compassionately supporting them as they work to regain their autonomy and self-determination, and connecting them to domestic violence advocacy services. Documentation practices can also significantly impact their safety and well-being. During this interactive workshop, we will share promising practices and a helpful tool for documenting domestic violence in a manner that is mindful of survivor safety and consistent with trauma-informed care practices. Other topics will include how mental health records can benefit or harm survivors of domestic violence who are involved in civil legal matters, legal and ethical considerations, questions to consider when documenting domestic violence, and more.

T107 How to Talk to Children about Suicide (1.5 CE clock hours)

Randi J. Jensen, MA, LMHC, CDP, Jensen Suicide Prevention/JSP3; Terry Markmann, RN, MHC

Trauma-informed care has never been more important than in the treatment of youthful suicidality. This presentation provides insight into how adults have inadvertently and unwittingly incentivized suicide by influencing children's thought processes. Underpinned by the presenter's childhood experience with suicidality, attendees understand how suicidal ideation starts as a way to save your life, then incrementally and unwittingly develops over time into a subliminal default coping mechanism. Participants will learn ways to de-stigmatize suicidality, and how we can face our fears and denial in order to provide the listening and advocacy that children and adolescents desperately need. We will also share elements from successful peer support programs that can be easily implemented by friends, parents and counselors.



11:45 – 1:15 pm • LUNCHEON AND KEYNOTE ADDRESS by Joel Dvoskin, PhD

CIT & Corrections: Crisis Intervention Services for De-escalation, Diversion and Treatment (1 CE clock hour)

Crisis intervention services can play a key role in reducing the criminalization of mental illness and in providing

appropriate management and care for people with serious mental illness in correctional settings. Community crisis services, including Crisis Intervention Team (CIT) officers, mobile crisis outreach teams, and crisis triage settings can provide an effective way to de-escalate a crisis situation, keep people with serious mental illness out of jail or prison, and help them obtain the treatment they need. Likewise, corrections-based crisis intervention, in conjunction with ongoing mental health screening and treatment as well as other supports, can help prevent decompensation, escalation of violence, seclusion, suicide attempts and other negative impacts of incarceration on people with serious mental illness. Dr. Dvoskin will discuss the use of crisis intervention as a pre-booking diversion tool. He will also describe how readily-available crisis services in a correctional setting, including medication when appropriate, special watch procedures, counseling services and information about when an inmate will be able to consult an attorney or receive visitors, can be combined with case management services and training in identifying signs of emotional distress and in suicide prevention for all correctional personnel, to have a significant positive impact on the well-being of all inmates, and especially those with serious mental illness.

1:30 pm – 3:00 pm • Workshops

T201 Offender Re-Entry Community Safety Program (1.5 CE clock hours)

Angela Clark, MS, WA State Department of Corrections; Dan Weiss, WA State Department of Corrections; Jaquelyn Harmon, MA, Sound Mental Health

This presentation will provide an updated look at 15 years of the Offender Re-Entry Community Safety (ORCS) program. The ORCS program (formerly known as the Dangerously Mentally Ill Offender program) is a legislatively mandated program that identifies and provides transition for offenders who are dangerous and have mental illness. The program is a collaboration between the Department of Corrections and the Division of Behavioral Health & Recovery. We will cover statistics regarding the number of offenders designated into the program, recidivism and successes. Since the multisystem care planning team is an integral part of the transition process for the offender, we will

identify how this is set up and who is included. We will also discuss the collaboration between community mental health provider and the Community Custody Officer that provides additional structure for offenders with supervision in the community from the perspective of the Community Custody Officer.

T202 Update on Medicaid Integration in SW Washington (1.5 CE clock hours)

Julie Lindberg, LICSW, VP Health Care Services, Molina Healthcare of Washington; Erin Hafer, MPH, Community Health Plan of Washington

This presentation will provide a summary of the experience and activities to date on the integration of Medicaid medical and behavioral health benefits into a single managed care contract in the Southwest Washington region starting April 1, 2016. The information will be presented by representatives of the two health plans awarded the Fully Integrated Medicaid Contract (FIMC), Molina Healthcare and Community Health Plan of WA, as well as a representative from an integrated care model developed or expanded as part of the FIMC Systems of Care Strategic Plan. The presentation will cover successes and challenges of implementation including contracting, billing/payment, care coordination and utilization management, early lessons learned, early wins, models of integration, and the integration of the BH-ASO (which administers the crisis system) and MCOs.

T203 Strengthening Transitions – Proven Strategies from the King County Peer Bridger Program (1.5 CE clock hours)

Topher Jerome, Harborview Medical Center; Lisa Lovejoy, Harborview Medical Center; Cindy Spanton, MSW, Navos; Dennis Villas, MA, Navos

This presentation is an update on the King County Peer Bridger Program, which began in 2013 when King County contracted with Navos and Harborview Psychiatric Services. Too often, people hospitalized for inpatient psychiatric care experience difficulty post discharge, feel alone and overwhelmed due to a lack of support, and wind up returning to the hospital, in trauma and without hope. Peer Bridgers are certified Peer Support Specialists who develop relationships with people while they are hospitalized for psychiatric care and provide support for up to 90 days post discharge to assist them in connecting with outpatient services and reestablishing themselves in their community. This presentation will provide an overview of the program, and will focus on outcome data, proven interventions and lessons learned that have led to a significant reduction in re-hospitalizations, lower costs for the public health system, and improved quality of life for people who live with psychiatric disabilities.

T204 The Role of Certified Medical Assistants Providing Integrated Care in a Behavioral Health Setting (1.5 CE clock hours)

Kathryn Felix, MSW, Kitsap Mental Health Services; Connie Lieske, BS, CMA (AAMA), PBT, MLT (ASCP), RHIA, Kitsap Mental Health Services

Integrated whole-person health services are essential to the welfare of our clients and communities. Creation of multi-disciplinary outpatient treatment teams at Kitsap Mental Health Services to address both the physical and behavioral health needs of clients has been a challenging and rewarding process. As an essential part of these teams, certified medical assistants are cross trained to perform administrative and clinical tasks, anticipate the needs of providers and patients, and work effectively with other members of the organization to achieve excellence in patient care. This presentation will describe how certified medical assistants have been integrated into the outpatient care teams at Kitsap Mental Health Services and how they have benefited the organization and clients we serve. We will cover certification requirements, scope of practice, tasks they currently perform in our organization, challenges, and more.

T205 Practical Implementation of an Agency Opioid Overdose Response Policy (1.5 CE clock hours)

Monica Fisk, MA, Downtown Emergency Service Center; Daniel Malone, MPH, Downtown Emergency Service Center; Lisa Grillo, CDP, Downtown Emergency Service Center

This workshop will explore how DESC has responded to the crisis of opioid overdoses among our clients by implementing an agency-wide Opioid Overdose and Naloxone Administration policy, in addition to existing harm reduction approaches already employed by DESC. We will review the legal and social context that led to the creation of this policy, agency considerations around the policy (including agency size and structure), service provision in a Housing First context, and the particular needs of our client population which is highly vulnerable, chronically homeless, mentally ill, and substance-dependent. The workshop will also cover the management processes and training mechanisms for implementing this policy, DESC's internal Naloxone Training Team, and more. Finally, we will reflect on the success of the policy after one year, remaining questions and adaptations, and engage the audience in conversation about how other agencies could also empower staff and clients to respond to opioid overdose in this way.

T206 Generating Compassion Satisfaction at the Individual, Team & Organizational Levels (1.5 CE clock hours)

Lauren Glickman, MA Foray Consulting; Maria Coghill, MA The Everett Clinic

This presentation explores the many ways that we can increase our compassion satisfaction on an individual, small group, and organizational level. Compassion satisfaction is what we get from doing our jobs well and working with others who do their job well. Continual exposure to the hardship and trauma of others affects us deeply, in unique and lasting ways. However, we all have the power to positively influence our experience and the experience of those around us. In addition to a brief introduction to trauma exposure response (also known as compassion fatigue/secondary or vicarious trauma), this presentation provides tools and strategies to build resilience, create new habits, and empower a reorientation to self-care in our workplaces. Come participate in a conversation about tangible and realistic things you can do immediately as an individual, a small group member, and as an organization to begin increasing compassion satisfaction across the board.

T207 Grand Rounds: An Update on Antipsychotics with a Focus on Bipolar Depression (1.5 CE clock hours)

Ryan Kimmel, MD, University of Washington School of Medicine

While manic episodes may be louder, more colorful, and more memorable, patients with bipolar disorder spend far more time depressed than manic. Moreover, there is significant morbidity and mortality associated with the depressed phase. The pharmacologic recommendations for treatment of bipolar depression have evolved significantly over the past decade. When considering antipsychotics for acute bipolar depression, schizophrenia, or as adjuncts in refractory major depressive disorder, understanding the range of metabolic side effects, including APA metabolic monitoring guidelines, is an essential part of the modern standard of care. Similarly, the atypical antipsychotic class is actually rather broad in terms of the relative rates of dopamine blockade-mediated side effect rates. This presentation will provide a framework for prescribers and patients to balance efficacy, metabolic side effects, and dopamine blockade-mediated side effects in order to make rational treatment decisions when considering an atypical antipsychotic for acute bipolar depression.

3:15 pm – 4:45 pm • Workshops

T301 Exploring the Need for Independent Oversight of Washington's Jails & Prisons (1.5 CE clock hours)

Anna Guy, JD, Disability Rights Washington; Kayley Bebbler, JD, Disability Rights Washington; Tina Pinedo, Disability Rights Washington

Over the past two years Disability Rights Washington (DRW), the designated protection and advocacy agency for people with disabilities in Washington State, has conducted monitoring and investigations in our state's jails and prisons under the Amplifying Voices of Inmates with Disabilities (AVID) initiative. As part of that project, this past spring DRW conducted monitoring in every jail in the state. During this presentation, AVID staff will present their findings from that state-wide jail review and show a video of AVID's monitoring activities in both prisons and jails from across Washington. AVID staff will also outline the need for independent oversight of our state's jails and prisons in the form of a corrections ombuds office and look at recently proposed legislation for such an office as a potential roadmap to independent oversight of Washington's corrections system.

T302 Creating a Culture of Health for Clients & Staff (1.5 CE clock hours)

Janet Lambert, MSW, Kitsap Mental Health Services; Beki Lischalk, SPHR, Kitsap Mental Health Services

This presentation details how a community behavioral health organization laid the foundation to integrate health and wellness programs into its everyday culture for both clients and staff. Learn how a focus on policies, practices, programs, communications, and training help support such a shift, both in client and staff behaviors, as well as how cultural norms play a role. In addition to sharing policies and practices that create a culture of wellness, this presentation will address seven different programs and practices for clients as well as how to create a tobacco and smoke free campus. Examples of effective staff wellness programming will also be provided, with attention to the role that Peers in particular can play as examples of wellness and program leaders.

T303 Living with Inner Voices: Are They Real or Just Hallucinations? (1.5 CE clock hours)

Lew Middleton, Peer Specialist, DESC; David Scott, CDP, DESC

This presentation will provide information and coping techniques from the Hearing Voices Network that have proven successful with voice hearers around the world, as well as experiences and information from DESC's Inner Voices group in Seattle. We will help those interested in learning or helping voice hearers/visionaries grasp how to ease the impact of the experience. Is it helpful, or harmful, to suggest voices/visions are just hallucinations? At what point do we stop calling the experience hallucinations or when do they stop becoming hallucinations? Is medication the overall answer, or is it part of the answer? The Inner Voices group answers many of these questions by helping the person learn to develop coping techniques, establish familiarity with their own pattern of thinking, and acknowledge that their voices are real and that they can manage their experience through individualized coping techniques and proper health care.

T304 Primary & Behavioral Healthcare Integration: Promising & Measurable Outcomes (1.5 CE clock hours)

Sherry Harrison, Certified Peer Specialist, Navos; Danie Eagleton, MEd, Navos; Anneleen Severynen, RN, MN, Public Health – Seattle & King County

The Integrated Health Care for Adults with Serious Mental Illness (SMI) Project at Navos addresses the physical health disparities of individuals suffering from serious mental illness through a comprehensive, integrated approach to health. At the Navos

Mental Health & Wellness Center, clients have access to mental health services, primary care, a pharmacy, chemical dependency treatment, domestic violence services, housing, supported employment, and wellness programming in one location. Primary care is provided through a partnership with Public Health – Seattle/King County (PHSKC), and is provided in a collaborative manner with systematic interaction between staff of both agencies. This presentation will provide information on this model, how data can be used to positively impact health outcomes and ED utilization patterns, and describe the evidence-based wellness curriculum and a data tool that can support staff and clients in achieving positive outcomes.

T305 Treatment of Anxiety as a Co-Occurring Disorder (1.5 CE clock hours)

John J. Arnold, PhD, Lake Chelan Community Hospital

Anxiety disorders are common and highly comorbid with substance use problems, whether they develop before the onset of substance use or after, and can contribute to relapse vulnerability for those in recovery from addiction. There are many treatments within the cognitive-behavioral tradition that can ameliorate the disability associated with anxiety disorders, and they can be highly effective. This workshop is intended to help attendees better understand the nature of anxiety and anxiety disorders, as well as common co-occurring patterns. The conception of anxiety as an emotional “alarm” mechanism will be clarified, as well as the manner in which this is manifested in the context of various anxiety disorders. Following this, a rationale and general principles of treatment from the cognitive-behavioral tradition will be presented. Specific treatment techniques will be presented with a focus on substance use treatment settings, and will include relaxation/mindfulness strategies, “distancing” from anxiety and restructuring anxiety-associated thinking.

T306 Integrated Pain & Mental Health Care in Primary Care (1.5 CE clock hours)

Catherine Howe, MD, University of Washington School of Medicine

Chronic pain is extremely common in primary care settings and is highly comorbid with mental health and substance use disorders. However, access to multidisciplinary pain care is often limited, and attention to the psychosocial aspects of pain treatment is frequently lacking. Dr. Howe will describe evidence-based pharmacological and psychosocial interventions for chronic pain, with an emphasis on comprehensive and integrated assessment and treatment of pain conditions and psychiatric comorbidities. She will also discuss the implementation of an integrated pain and mental health program in a primary care clinic, including the key components of such a program.

T307 Supported Housing & Employment Projects, and WA 1115 Waiver Update (1.5 CE clock hours)

Melodie Pazolt, Division of Behavioral Health & Recovery; Lisa Bennett-Perry, Division of Behavioral Health & Recovery; Wanda Johns, Division of Behavioral Health & Recovery

Medicaid expansion has increased the number of eligible recipients in Washington, and the State is applying to the Centers for Medicare & Medicaid Services for a five year 1115 Demonstration Waiver. This is an opportunity for the State to fund and provide services not typically covered by Medicaid to demonstrate to a federal funding source that by investing money in supportive housing and supported employment services, there will be a substantial increase in savings on other social and healthcare services. We will provide an update on this process, as well as updates on other current demonstration projects in Washington: Permanent Options for Recovery Center Housing (PORCH), Bridging Recovery into Diverse Groups through Engagement & Support (BRIDGES), Housing & Recovery through Peer Services (HARPS), Becoming Employed Starts Today (BEST), and Projects for Assistance in Transition from Homelessness (PATH).

4:45 pm – 5:15 pm • Cracker Barrel Session(s)

(These session(s) will be announced on-site)

5:30 pm – 7:00 pm • Peer Support Reception (CE clock hours not available)

The Division of Behavioral Health and Recovery’s Peer Support Program invites certified peer counselors and those interested in becoming certified peer counselors to a reception. This is an opportunity to meet and network with other certified peer counselors, provide input to the Division regarding your experiences with peer support, and to celebrate the life-changing service certified peer counselors provide across the state. Refreshments will be provided.

Friday, June 24

7:30 am – 9:00 am • Continental Breakfast & Vendor Tables Open



9:00 am – 10:00 am • KEYNOTE ADDRESS by **Kevin Hines**, *best-selling author, documentary filmmaker and mental health advocate*

Cracked Not Broken (1 CE clock hour)

Join Kevin Hines as he shares his story of hope and celebration of life. Mr. Hines is a mental health advocate, global speaker, best-selling author,

documentary filmmaker and entrepreneur who reaches audiences all over the world 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 own life by jumping from the Golden Gate Bridge. He is one of only thirty-four (less than 1%) to survive the fall, and he now works as a suicide prevention expert, mental health advocate and peer counselor traveling the world to share his story in the hopes of preventing more suicides and educating people about wellness. Come listen to Kevin’s remarkable testament to the strength of the human spirit.

10:15 am – 11:45 am • Workshops

F401 Human Trafficking Screening in the Clark County Jail (1.5 CE clock hours)

Anna Lookingbill, MSW, LICSW, Clark County Sheriff’s Office; Kendra Harding, MA, Lifeworks NW; Laurie Schacht, YWCA Clark County

This workshop will highlight the development of a screening and referral process in an adult correctional facility. In collaboration with community partners, individuals identified as victims of human trafficking are voluntarily connected with services. Preliminary findings include a large number of males, many of whom have never disclosed. Screening alone does not stop human trafficking, but identifying trafficking as a problem, referring victims to services, and continued collaboration between agencies is critical to keeping people safe. We will explain the screening and referral process in the Clark County Jail, review community responses to trafficking, and discuss steps to starting a screening process in your area.

F402 DBHR Reviews: The Art of Collaboration (1.5 CE clock hours)

Gina L. Dick, MA, LMHC, CDP, Division of Behavioral Health & Recovery; Jessica Blase, LMHC, CDP, NCC, CCMHC, Division of Behavioral Health & Recovery

We do not know what we do not know: the art of collaboration is the foundation for DBHR to work with agencies to improve review outcomes. The collaboration process is to assist agencies in the upcoming reviews and beyond, and to provide technical assistance. This presentation will help agency administration and staff gain an understanding of the review process. Come learn about the elements of a review, including policy & procedure, quality management plans, individual service plans, writing measurable goals and corrective action plans. Agencies will understand how collaboration can help increase scores, decrease stress, and make the process more beneficial to all involved.

F403 The Art of Living Mentally Well (1.5 CE clock hours)

Kevin Hines

Kevin discusses his process for wellness, resilience and recovery. In order to be self-aware and cognizant of his mental wellness, Kevin has developed a 10 step regimen to stay on track and monitor the signs of falling off track. Clinical studies are discussed that prove why these are important to maintain wellness for everyone, not just those with a diagnosed mental illness. Audiences come away with a knowledge of how to build their own toolkit for maintaining their mental wellness, as well as the wellness of their loved ones.

F404 Collaboration Between a Managed Care Organization & Community Based Providers: Moving Toward Full Health Systems Integration (1.5 CE clock hours)

Keith Brown, MD, Amerigroup Washington; Tanya Dansky, MD, Amerigroup Washington

This presentation will highlight how Amerigroup embraces a whole person approach to health care. Co-location of behavioral health services with primary care is only the first step in building a truly integrated delivery system. We will emphasize the need for multidisciplinary partnerships across the entire system of care, including a shared commitment toward recovery and innovations in the delivery of services. Our presentation will include an overview of relevant models for integrated care that we have implemented across 16 states. In addition, we will review national programs and best practices used by Amerigroup, and discuss our experience in navigating the landscape of an integrated delivery system. Finally, we will present case examples, demonstrating how the integrated approach resulted in better outcomes for clients experiencing both complex behavioral health and chronic physical health conditions.

F405 Integrated Co-Occurring Disorders Treatment in Practice (1.5 CE clock hours)

Andrea Ray, MS, LMHC, CDP, Comprehensive Mental Health; William Waters, PsyD, LMHC, Comprehensive Mental Health

Comprehensive has been providing community behavioral services for over 40 years. In 2012, we opened a site in Pasco to meet a community need to serve individuals with co-occurring mental health and substance use disorders in an outpatient setting by providing services at one location with one integrated treatment team. This presentation will describe the components of this successful program, and address program development, service monitoring, fidelity to evidence-based principles, and program outcomes. We will cover the treatment model used, which is based on the SAMHSA Integrated Treatment of Co-Occurring Disorders program, as well as the IDDT Fidelity Model,

and the process of integrating mental health and chemical dependency professionals with a shared treatment plan for the client. We will also discuss elements of the integrated treatment program, including therapy, case management, medication management and group counseling.

F406 Evidence-Based, Best & Promising Practice Treatment Guidelines for Trauma at Valley Cities (1.5 CE clock hours)

Brian Allender, MD, Valley Cities Behavioral Health Care; Nancy Haft, MA, Valley Cities Behavioral Health Care

The experience of severe trauma, tragically, is quite common in our communities, and is the root cause of many of the problems for which consumers of behavioral health treatment are seeking help. There are many challenges to be faced when engaging in treatment for trauma related problems. Trying to engage in trauma memory processing treatments often leads initially to a worsening of symptoms, which can lead to dropping out of treatment or to an escalation of dangerous behaviors such as drug relapse or suicide attempts. In this presentation, we will share how we assembled a broad-based coalition of staff in various roles in the agency, reviewed the evidence base for the most effective/best practice treatment strategies for trauma, crafted our Treatment Guidelines for Trauma, and where we are in terms of implementing our Guidelines.

F407 Casting a Wide Net: Combining PESG and Supported Employment to Help Move People from Ambivalent to Employed (1.5 CE clock hours)

Amabel Narvaez, Certified Peer Specialist, Harborview Mental Health & Addiction Services; Kristi Dore, BS, Harborview Mental Health & Addiction Services; Mindy Shoemaker, Certified Peer Specialist, Harborview Mental Health & Addiction Services

Research shows that people with a mental illness who go to work experience improved self esteem, an improved ability to manage symptoms, higher income, and an increased quality of life. The Peer Employment Support Group (PESG) is a peer facilitated group intervention designed for people who are thinking of going back to work, but still experiencing feelings of ambivalence. It leads individuals through a manualized curriculum that covers topics like beliefs about work, interview skills, and employers' expectations. Harborview Mental Health & Addiction Services has been offering PESG and evidence-based Individual Placement & Support (IPS) as a package service since 2011. Attendees will learn ways to implement these two models in an outpatient setting, as well as how Harborview paired the two models to ensure that the agency is connecting with the largest number of participants possible and helping them move along the continuum from ambivalent to employed.

Noon – 1:15 pm • **Afternoon Activities**

LUNCH & AWARD PRESENTATIONS (CE clock hours not available)

1:30 pm – 3:00pm • Workshops

F501 If, When & How the Concept of Malingering is a Useful Clinical Consideration (1.5 CE clock hours)

Jude Bergkamp, PsyD, Antioch University Seattle; Ray Hendrickson, PhD, JD, Western State Hospital

Assessing the possible presence of malingering can present a significant challenge for clinicians. Most clinicians perform their work from the assumption that their client genuinely needs treatment. However, we know that clinicians may in fact encounter malingering, especially in the context of disability evaluations, forensic and correctional settings, and in personal

injury and medical cases. Drs. Bergkamp and Hendrickson will present an interactive seminar regarding the historical perspective of malingering, its estimated social and economic costs, and the detection and assessment of malingering in a forensic, correctional and clinical context. They will present an overview of assessment protocols, strategies, and suggested approaches to evaluations of patients suspected of feigning or exaggerating mental health symptoms.

F502 Behavioral Health Across Primary Care & Specialty Settings: Shifting the Conversation from “Either/Or” to “Both/And” (1.5 CE clock hours)

Brian Sandoval, PsyD, Yakima Valley Farm Workers Clinic; Janis Luvaas, MHA, CPC, Yakima Valley Farm Workers Clinic; Phillip Hawley, PsyD, Yakima Valley Farm Workers Clinic

Yakima Valley Farm Workers Clinic (YVFWC) provides both specialty mental health and primary care-based integrated behavioral health services. We have found that the concept of behavioral health integration does not need to be limited to a specific setting or a single model of care. All service delivery systems can be redesigned to match the vast array of needs in the general population. This workshop will demonstrate how one organization is evolving to embrace behavioral health in several areas of the health care continuum, so that all levels of patient complexity are addressed. This process will include unique challenges faced, lessons learned, and planned next steps. We will focus specifically on how YVFWC has used data to shape programmatic development as well as maximize our total impact in primary care and specialty settings. Clinical outcome and population penetration data will also be shared to illustrate the effectiveness and reach of the primary care behavioral health program. We anticipate that our findings will demonstrate practical, real-world strategies for breaking down arbitrary silos and promoting integration efforts that result in better patient care and healthier communities.

F503 Ending the Silence: A Young Adult, Consumer-Driven NAMI National Program (1.5 CE clock hours)

Trez Buckland, PhD, MEd, University of Washington School of Nursing; Selena Aston, MSW, NAMI Greater Seattle; Samantha Moore, NAMI Greater Seattle; Amina Mohamud, BA, NAMI Greater Seattle

The NAMI Ending the Silence program is a free 50 minute classroom presentation for high school students. It addresses the reality of living with a mental health condition through the real voices of young adults living with them and their family members. Key messages of the program include early warning signs, facts and statistics about youth and mental conditions, when, where, and how to get help for themselves or friends, and when it is not ok to keep a secret. The message conveyed is one of empathy for others, hope, and caring. The program is on track with NAMI National to become evidence-based, and NAMI Seattle is piloting the program in the Seattle School District. This session provides an opportunity to experience the presentation, participate in activities to use after a training session to further educate youth, and find out how to schedule a training for this program.

F504 Community Collaboration: Promoting Mental & Physical Health for Older Adults (1.5 CE clock hours)

Lynn Allar, LICSW, Valley Cities; Deborah Mulein, LMFT, GMHS, Valley Cities; Lea Bishop, Kent Senior Activity Center

This presentation will highlight the Kent Senior Counseling Program, a successful collaboration between the City of Kent Senior Activity Center and Valley Cities that focuses on mental and physical wellness through a combination of groups, education, resource and referral, and brief counseling. We will cover the importance of older adult mental and physical health as the population demographic changes, the value in using a variety of service modalities, the benefit of collaborating with a

community resource familiar to older adults, and the importance of measuring and evaluating outcomes. We will also provide materials for replicating some or all of the program and discuss financing and program evaluation.

F505 Outreach 101: Tools for Client Engagement

Christina Clayton, MSW, LICSW, CDP, DESC; C. Truth Griffeth, MSW, LICSW, CDP, DESC; Melissa Broderick, DESC

Join us in a lively discussion about the basics of doing effective clinical outreach and engagement work in our communities. We will outline basic training concepts and skills, support staff learning new tools or deepening and sustaining their outreach work. We will describe and talk about clinical skills, logistics, self-care, cultural factors, trauma-informed perspectives, and safety. Outreach and engagement are key skills for most types of providers. There is also the unique role of engaging people who may not be accessing services or assistance on their own. These people are often the most vulnerable in our community, as well as those who may be hesitant, ambivalent or struggle with trusting professionals in general. Persons served in outreach and engagement often need assistance in multiple domains across multiple service delivery systems. As an approach, there is high value of outreaching and engaging as a beginning step in assessment, care coordination, stabilization and accessing housing. Our session will specifically address single adults experiencing homelessness in our communities—typically those with severe and/or untreated behavioral health conditions, long periods of homelessness, those who are not engaging in traditional service connections, as well as other challenges. We will also be discussing the importance of cultural factors in direct service delivery and access to care issues that are faced by persons who are not only experiencing homelessness, but also being marginalized, facing poverty and dealing with complex behavioral health conditions.

F506 There’s an App for That! (1.5 CE clock hours)

Jennifer Bliss, MEd, CPC, Division of Behavioral Health & Recovery

Phones are everywhere – why not use them to improve our health and wellness? Enter the digital era of healthcare and learn about helpful phone apps for behavioral health and other health issues! Many peers, and most certified peer counselors and clinicians, have phones that can download free or inexpensive apps to help them reach wellness goals. Available tools for Android and Apple phones include sleep aids, meditation, cognitive behavioral therapy, sobriety, mood tracking, stress reduction and WRAP. There are also apps to help you track wellness, both behavioral and physical. During the workshop, we will take a tour of a number of popular apps and try out some of their features. You will come away with a descriptive list of popular apps and ideas of your own!

F507 Working with Trauma in Special Populations (1.5 CE clock hours)

Christen Kishel, PhD, Developmental Disabilities Administration

This presentation is designed to help mental health providers, case managers, peer support providers, direct care staff, and others who work with persons with and without developmental disabilities who have experienced trauma to understand the impact of trauma on the brain, on relationships, and on behaviors. Participants will learn about the symptoms and dynamics of trauma and PTSD, become familiar with the basic neuroscience of trauma, understand how trauma impacts the brain, body, relationships, and behaviors, practical strategies for assessing trauma symptoms in persons with developmental disabilities and other unique challenges, and more. Participants will leave with practical strategies they can begin to implement immediately when supporting individuals who have experienced trauma.

ACTIVITIES AT A GLANCE

Wednesday, June 22

Pre-Conference Programs

8:00 am – 8:00 pm	Conference Registration
8:00 am – 1:00 pm	WA Council Board & Membership Meetings
9:00 am – 4:30 pm	Law & Ethics Training: What Goes Around... (Separate Registration Fee)
8:30 am – 4:00 pm	Assessing & Managing Suicide Risk (Separate Registration Fee)
4:00 pm – 8:00 pm	Vendor Set Up
4:30 pm – 6:30 pm	Welcome Reception
5:30 pm – 7:00 pm	Recovery & Resiliency Roundtable

Thursday, June 23

Conference Programs

7:30 am-8:30 am	Breakfast
7:30 am-5:00 pm	Conference Registration
8:30 am-10:00 am	Welcome
	Tom Sebastian , Chair, Washington Community Mental Health Council and CEO, Compass Health
	Chris Imhoff , Director of the Division of Behavioral Health & Recovery, DSHS or a designee
	KEYNOTE ADDRESS by Daniel James Brown , <i>The Boys in the Boat</i>

TRACKS	CORRECTIONS & MENTAL HEALTH	MANAGEMENT, LEADERSHIP & OPERATIONS	RECOVERY & RESILIENCY
10:15 am-11:45 am	T101 Mental Health Sentencing Alternative: A Rural Approach to a National Problem	T102 I'm the CEO...Uh, Oh! Lessons Learned from the School of Hard Knocks	T103 Leadership Development for Youth Peer Partners
11:45 am-1:15 pm	LUNCH & KEYNOTE ADDRESS by Joel Dvoskin, PhD , <i>CIT & Corrections: Crisis Intervention Services for De-escalation, Diversion & Treatment</i>		
1:30 pm-3:00 pm	T201 Offender Re-Entry Community Safety Program	T202 Update on Medicaid Integration in SW Washington	T203 Strengthening Transitions – Proven Strategies from the King County Peer Bridger Program
3:15 pm-4:45 pm	T301 Exploring the Need for Independent Oversight in WA's Jails & Prisons	T302 Creating a Culture of Health for Clients & Staff	T303 Living with Inner Voices: Are They Real or Just Hallucinations?
4:45 pm – 5:15 pm 5:30 pm – 7:00 pm	Cracker Barrel Session(s) (announced on site) Peer Support Reception		

Friday, June 24, Conference Programs

7:30 am-9:00 am 9:00 am – 10:00 am	BREAKFAST, VENDOR TABLES OPEN KEYNOTE ADDRESS by Kevin Hines , <i>Cracked Not Broken</i>		
10:15 am – 11:45 am	F401 Human Trafficking Screening in the Clark County Jail	F402 DBHR Reviews: The Art of Collaboration	F403 The Art of Living Mentally Well
Noon-1:15 pm	Lunch and Awards Presentation		
1:30 pm -3:00 pm	F501 If, When & How the Concept of Malingering is a Useful Clinical Consideration	F502 Behavioral Health Across Primary Care & Specialty Settings	F503 Ending the Silence: A Young Adult Consumer-Driven NAMI National Program

When making hotel reservations you must mention that you are with the Washington Behavioral Healthcare Conference to obtain these rates. Reservations received after May 15, 2016 will be on a space-available basis and you will need to ask for the Government rate to receive the conference discount.

Hotels: The following hotels in Yakima are offering special rates for conference participants:

Red Lion Yakima Center Hotel
607 East Yakima Avenue
Yakima, WA 98901
Phone: (509) 248-5900
\$99 + tax
Adjacent to the convention center

Holiday Inn Express
1001 East A Street
Yakima, WA 98901
(509) 249-1000
\$89 single + tax, \$109 double + tax
Walking distance to the convention center



INTEGRATION

T104

Hands On Integration: Things We Learned Along the Way

T204

The Role of Certified Medical Assistants Providing Integrated Care in a Behavioral Health Setting

T304

Primary & Behavioral Healthcare Integration: Promising & Measurable Outcomes

F404

Collaboration Between a Managed Care Organization & Community Based Providers

F504

Community Collaboration: Promoting Mental & Physical Health for Older Adults

CO-OCCURRING DISORDER TREATMENT

T105

Harm Reduction in Outpatient Mental Health Practice

T205

Practical Implementation of an Agency Opioid Overdose Response Policy

T305

Treatment of Anxiety as a Co-Occurring Disorder

F405

Integrated Co-Occurring Disorders Treatment in Practice

F505

Outreach 101: Tools for Client Engagement

SERVICES & PARTNERSHIPS

T106

How to Document Domestic Violence in Mental Health Records

T206

Generating Compassion Satisfaction at the Individual, Team & Organization Levels

T306

Integrated Pain & Mental Health Care in Primary Care

F406

Evidence-Based, Best & Promising Practice Treatment Guidelines for Trauma at Valley Cities

F506

There's an App for That!

SERVICES & PARTNERSHIPS

T107

How to Talk to Children about Suicide

T207

Grand Rounds: An Update on Antipsychotics with a Focus on Bipolar Depression

T307

Supported Housing & Employment Projects & WA 1115 Waiver Update

F407

Casting a Wide Net: Combining PESG and Supported Employment to Help People Move from Ambivalent to Employed

F507

Working with Trauma in Special Populations

Howard Johnson Plaza Hotel

9 North 9th Street
Yakima, WA 98901
Phone: (509) 452-6511
\$70.00 + tax

Walking distance to the convention center

Hilton Garden Inn

401 E Yakima Avenue
Yakima, WA 98901
Phone: (509) 4554-1111
\$139.00+ tax

Several blocks walking distance to the convention center

Fairfield Inn & Suites

137 N Fair Avenue
Yakima, WA 98901
Phone: (509) 452-3100
\$89.00+ tax single, \$109.00 + tax double

INFORMATION

Continuing Education (CE)

Up to 10.5 clock hours of Continuing Education (for Licensed Social Workers, Licensed Mental Health Counselors and Licensed Marriage & Family Therapists) are available to participants attending the entire conference. Certificates will be issued to participants based on the number of hours they have attended at the conference. Additional hours are also available through the Law & Ethics course and the Assessing & Managing Suicide Risk courses (separate registration fees required). Tracking forms to record and submit continuing education clock hours will be available on-site at the conference.

The Washington Council for Behavioral Health (600 Stewart St., Suite 202, Seattle WA 98101, 206-628-4608) has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 5849. Programs that do not qualify for NBCC credit are clearly identified. The Washington Council for Behavioral Health is solely responsible for all aspects of the programs.

Consumer, Advocate & Family Advocate Scholarships

Full and partial Consumer, Advocate & Family Advocate Scholarships are available from various sponsors. We recommend contacting your local Behavioral Health Organization (formerly Regional Support Networks), your local state advocacy nonprofit organizations (e.g. NAMI) or your area clubhouse. *Please note that scholarships cover the conference registration fee, but do not cover hotel costs or extra fees associated with pre-conference activities such as the Law & Ethics or Assessing & Managing Suicide Risk courses.*

The Washington Council for Behavioral Health is the sponsor of the 2016 Washington Behavioral Healthcare Conference. Our system partners are the Department of Social and Health Services' Behavioral Health Administration/Division of Behavioral Health & Recovery and with the Department of Corrections. We are grateful for conference funding support from the DSHS Behavioral Health Administration/Division of Behavioral Health & Recovery, and from the Department of Corrections. The Council also thanks the Behavioral Health Advisory Committee for its support of the conference.

ACKNOWLEDGEMENTS

The Washington Council for Behavioral Health would like to acknowledge and thank the 2015-2016 Education Committee, who played an invaluable role in the conference planning and decision-making. The Committee Members are:

- Darcell Slovek-Walker**, Chair, Transitional Resources
- Peter Casey**, Peninsula Behavioral Health
- Doug Crandall**, Catholic Community Services
- Brigitte Folz**, Harborview Mental Health Services
- Sonia Handforth-Kome**, Valley Cities Counseling & Consultation
- Shirley Havenga**, Community Psychiatric Clinic
- Faith Richie**, Telecare
- Skip Rosenthal**, Okanagon Behavioral Health
- David Stone**, Sound Mental Health

We would also like to thank:

- Ronald San Nicolas**, Division of Behavioral Health & Recovery
- Karie Rainer**, Department of Corrections

READY TO REGISTER?

**On-line at www.wbhc.org
Or...Open this page, complete the registration form
and fax or mail it in!**

REGISTRATION

REGISTRATION OPTIONS:

Online at: www.wbhc.org

Fax the WBHC Registration Desk: 206-623-2540

Mail to the Registration Desk:

WBHC c/o SH Worldwide
16 W Harrison Street
Seattle, WA 98119

For Registration Information contact:

Katherine Buchanan at 206-219-1368 or e-mail
wbhc@shworldwide.com

Registration cannot be taken via phone.
Sorry, no one-day or split registration available.

NAME _____

AGENCY _____

MAILING ADDRESS _____

CITY _____

STATE _____ ZIP _____

PHONE _____

FAX _____

EMAIL: _____

SPECIAL ACCOMMODATIONS

Individuals requiring reasonable accommodations may request written material in alternate format, sign language interpreters, physical accessibility accommodations or other reasonable accommodations by contacting 206-219-1368, or TTY users may call 800-833-6388 (WA Relay Service) **by May 2, 2016.**

- Vegetarian meals requested
 Dietary Restrictions: _____

AFFILIATIONS

- Adm/Mgmt Staff Consumer
 Advocate Peer Counselor
 Clinical Staff Other: _____

ORGANIZATION

- Advocacy Organization DOC
 BHO/RSN DSHS: _____
 Community MH Agency Other: _____
 Consumer Organization

WORKSHOP SELECTION

Select one workshop for each time slot by checking the appropriate boxes. Registrants will receive confirmation of their selection upon arrival in Vancouver. Room assignments are based upon the number of persons preregistered for each session. Registrations cannot be processed without workshop selections.

- I plan to attend the Recovery & Resiliency Roundtable on Wednesday, June 22
 I plan to attend the Peer Support Reception on Thursday, June 23

THURSDAY, JUNE 23 *(Check one for each time slot)*

- | | | | | | | | |
|------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 10:15 – 11:45 am | <input type="checkbox"/> T101 | <input type="checkbox"/> T102 | <input type="checkbox"/> T103 | <input type="checkbox"/> T104 | <input type="checkbox"/> T105 | <input type="checkbox"/> T106 | <input type="checkbox"/> T107 |
| 1:30 – 3:00 pm | <input type="checkbox"/> T201 | <input type="checkbox"/> T202 | <input type="checkbox"/> T203 | <input type="checkbox"/> T204 | <input type="checkbox"/> T205 | <input type="checkbox"/> T206 | <input type="checkbox"/> T207 |
| 3:15 – 4:45 pm | <input type="checkbox"/> T301 | <input type="checkbox"/> T302 | <input type="checkbox"/> T303 | <input type="checkbox"/> T304 | <input type="checkbox"/> T305 | <input type="checkbox"/> T306 | <input type="checkbox"/> T307 |

FRIDAY, JUNE 24 *(Check one for each time slot)*

- | | | | | | | | |
|------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 10:15 – 11:45 am | <input type="checkbox"/> F401 | <input type="checkbox"/> F402 | <input type="checkbox"/> F403 | <input type="checkbox"/> F404 | <input type="checkbox"/> F405 | <input type="checkbox"/> F406 | <input type="checkbox"/> F407 |
| 1:30 – 3:00 pm | <input type="checkbox"/> F501 | <input type="checkbox"/> F502 | <input type="checkbox"/> F503 | <input type="checkbox"/> F504 | <input type="checkbox"/> F505 | <input type="checkbox"/> F506 | <input type="checkbox"/> F507 |

FEES

PRECONFERENCE PROGRAMS | Wed, June 22, 2016

Law and Ethics: What Goes Around... (9 am – 4:30 pm) –
Lunch on your own

- \$125 if paid/postmarked by May 20, 2016
 \$150 if paid/postmarked on May 21, 2016 or later

Assessing & Managing Suicide Risk (8:30 am – 4:00 pm) –
Lunch on your own

- \$125 if paid/postmarked by May 20, 2016
 \$150 if paid/postmarked on May 21, 2016 or later

CONFERENCE PROGRAMS | Wed-Fri, June 22-24, 2016

- \$275 per person* if paid/postmarked by May 20, 2016
 Group Discount: \$240 per person* for groups of 3 or more if paid/postmarked by May 20, 2016. **No group discount on or after May 21, 2016**

- \$295 per person* if paid/postmarked on May 21, 2016 or later
 \$30 to purchase luncheon for a guest: Name: _____

* Fee includes two continental breakfasts, two lunches, reception, beverage breaks, and conference materials.

\$ _____ **total amount** enclosed or authorized by your agency's purchase order (P.O.) number or credit card

CANCELLATION/REFUND POLICY

- Cancellations must be sent to WBHC c/o SH Worldwide in writing by mail or fax. You may also transfer your registration to a substitute by notifying the WBHC c/o SH Worldwide in writing by mail or by fax.
- Cancellations received before June 1, 2016 will be refunded, minus a \$50 non-refundable fee.
- Cancellations received June 2-14, 2016 will be refunded, minus a \$75 non-refundable fee.
- No refunds will be processed for cancellations received on or after June 15, 2016.

PAYMENT METHOD

- Check Money Order Purchase Order*

* Attach a copy and write PO number here _____

Please make checks payable to: WBHC c/o SH Worldwide

Mailing address: 16 West Harrison, Suite 200, Seattle, WA 98119

- Visa MasterCard

CARDHOLDER NAME _____ CCV CODE _____

CARD NUMBER _____ EXP. DATE _____

AUTHORIZED SIGNATURE _____

Registration will not be considered complete unless payment, credit card authorization or written purchase order is provided.



WASHINGTON COUNCIL
FOR BEHAVIORAL HEALTH

2016 Washington Behavioral Healthcare Conference
c/o Washington Council for Behavioral Health
600 Stewart Street, Suite 202
Seattle, WA 98101-1217

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Seattle, WA
Permit No. 513

2016

Washington Behavioral Healthcare Conference

June 22-24 | Yakima Convention Center | 10 North 8th Street, Yakima, Washington

CONFERENCE HIGHLIGHTS

- Tracks this year on integration, corrections and mental health, recovery and resiliency, co-occurring disorders, management, leadership & operations, and more!
- National and local experts
- Over 35 workshops
- Up to 10.5 Continuing Education Clock Hours available
- Online registration at www.wbhc.org

WHO SHOULD ATTEND?

Mental Health Professionals

Corrections Professionals

Older Adult Services Professionals

Vocational Rehabilitation Professionals

Consumers and Family Members

Advocates

Chemical Dependency Professionals

Executive Directors

Administrators/Managers

Those interested in behavioral healthcare

Human Services and Education Professionals

thewashingtoncouncil.org