NORTH SOUND MENTAL HEALTH ADMINISTRATION

ADVISORY BOARD MEETING AGENDA
May 4, 2015 1:00pm-3:00pm

1. Call to Order - Introductions, Chair
2. Revisions to the Agenda, Chair
3. Comments from the Public/Introduction of new Staff, Betsy Kruse and Irene Richards
4. Ombuds Semi-Annual Report TAB 1
5. Approval of the April Meeting Minutes TAB 2
6. Review upcoming Pre-Meeting and identify questions (Rainbow and Bailey) TAB 3
7. Executive/Finance Committee Report TAB 4
    a. Approval of the April Expenditures
    b. AB Retreat July 7, Identify Topics
8. Standing Board of Directors Committee Reports TAB 5
    a. Planning Committee (no April meeting)
    b. Quality Management Oversight Committee
9. Old Business TAB 6
   Advisory Board Advocacy Priorities
    a. Child/Youth Advocacy
    b. BHC Conference Applications
    c. Picnic at Lake Whatcom Center, July 2nd, 1:00pm
10. Executive Director Report TAB 7
    a. BHO Clinical Model
    b. Legislative Update
    c. NSACH Nomination
11. Action Items Being Brought To The Board of Directors TAB 8
    a. Action Items/ Memorandum (Available at Meeting)
12. New Business:
13. Report from Advisory Board Members
    a. Western State Hospital Tour
    b. Carolyn Hetherwick-Goza
14. Comments from County Advisory Board Representatives
    a. Island
    b. San Juan
    c. Skagit
    d. Snohomish
    e. Whatcom
15. Other Business:
16. Adjournment:

NOTE: The next Advisory Board meeting will be **June 2nd,** in the NSMHA Conference Room.

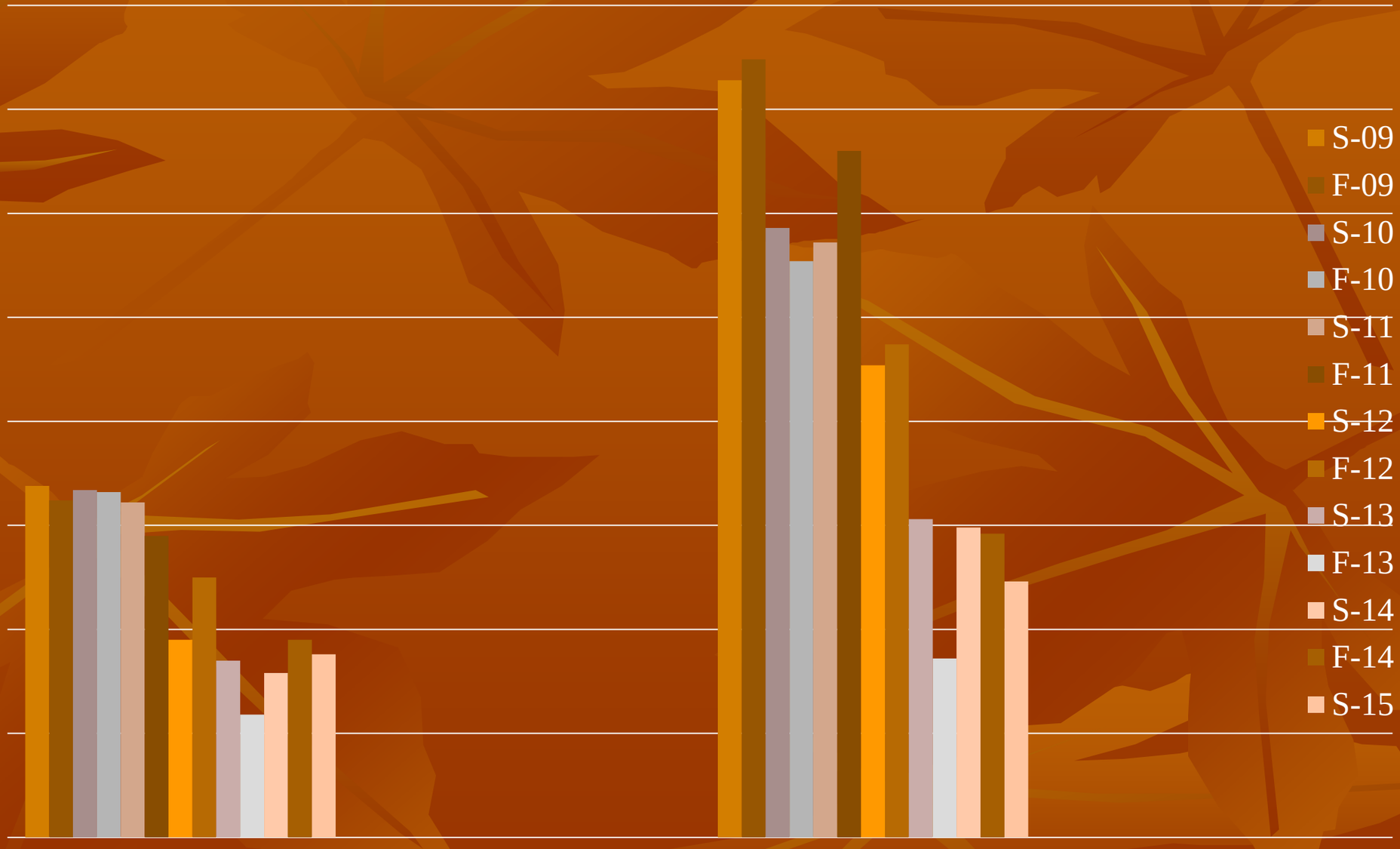
NORTH SOUND REGIONAL OMBUDS & QUALITY REVIEW TEAM REPORT

SPRING 2015

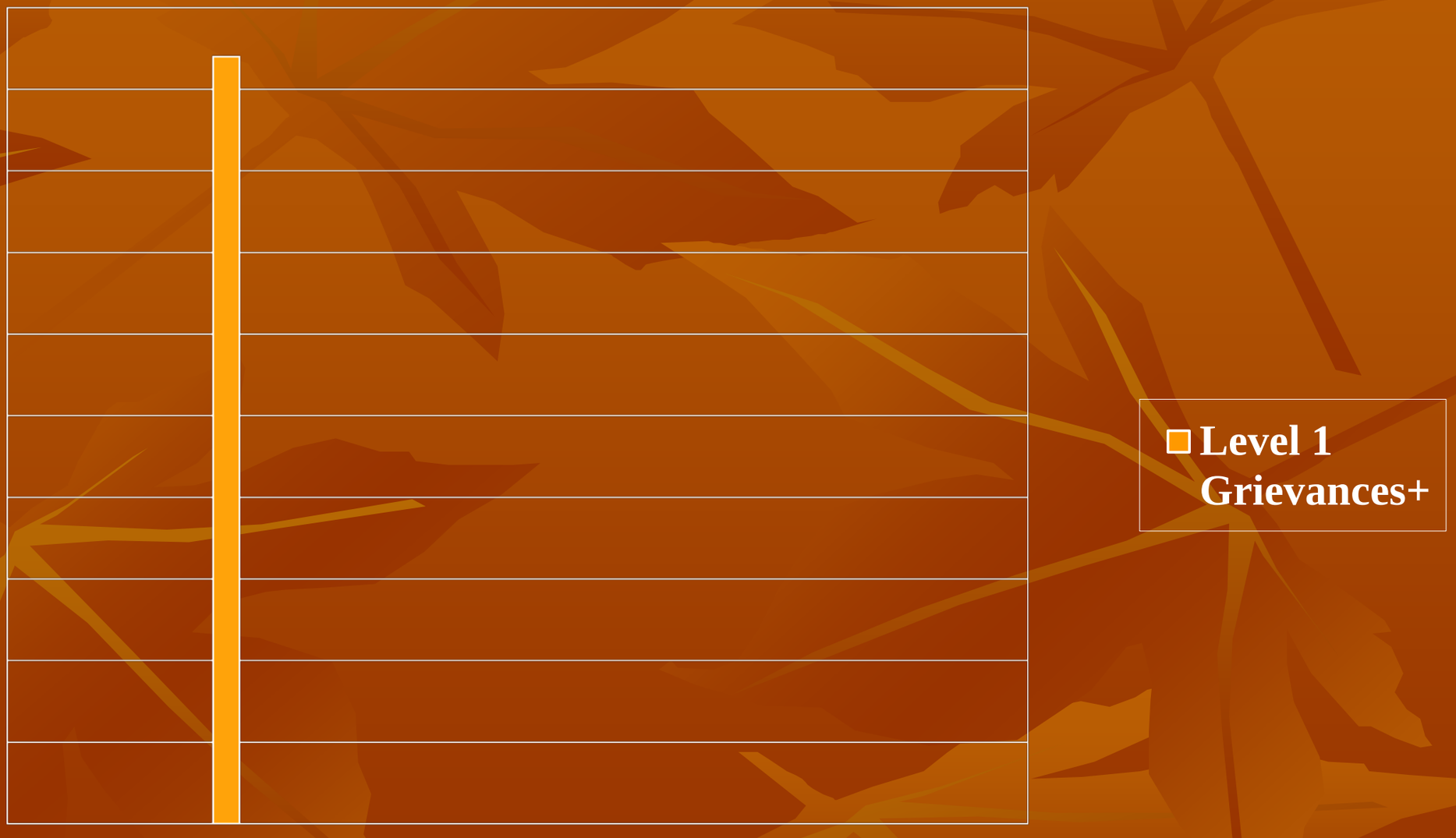
October 1, 2014 through March 31, 2015

Semiannual Overview

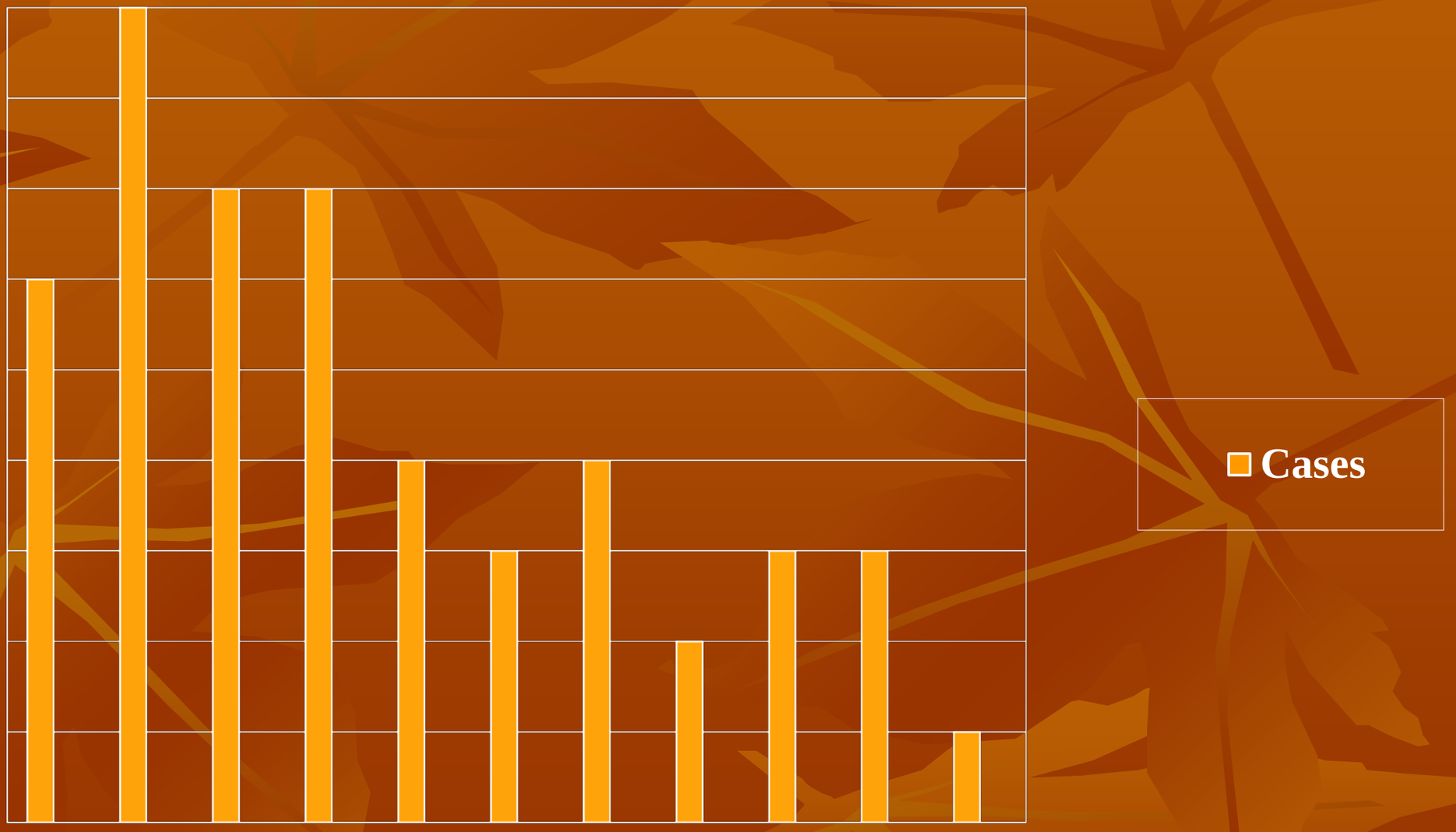
People: Issues of Concern:



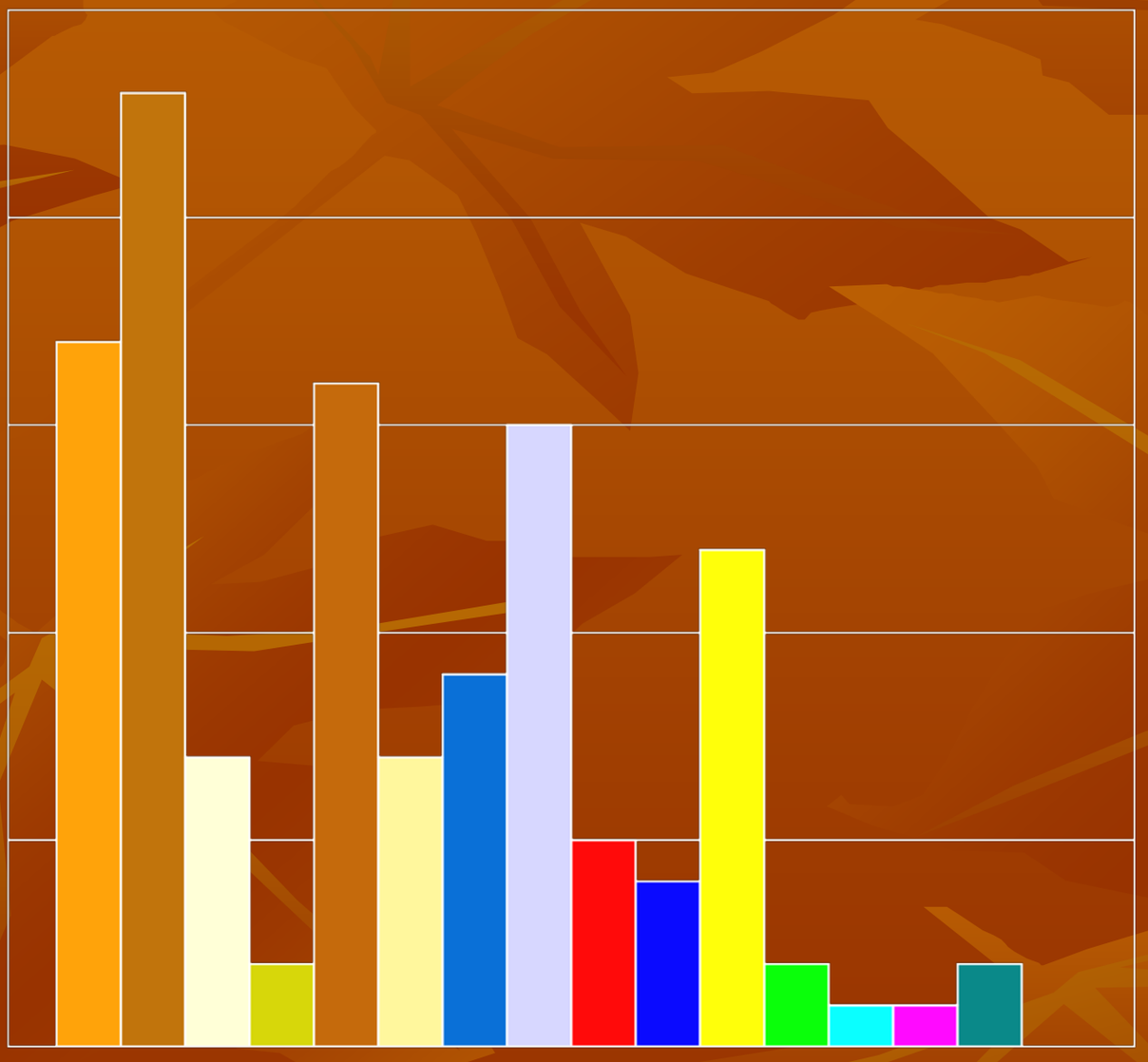
47 Level-1 Grievances in Spring 2015



Level-2 Grievances



Issues of Concern

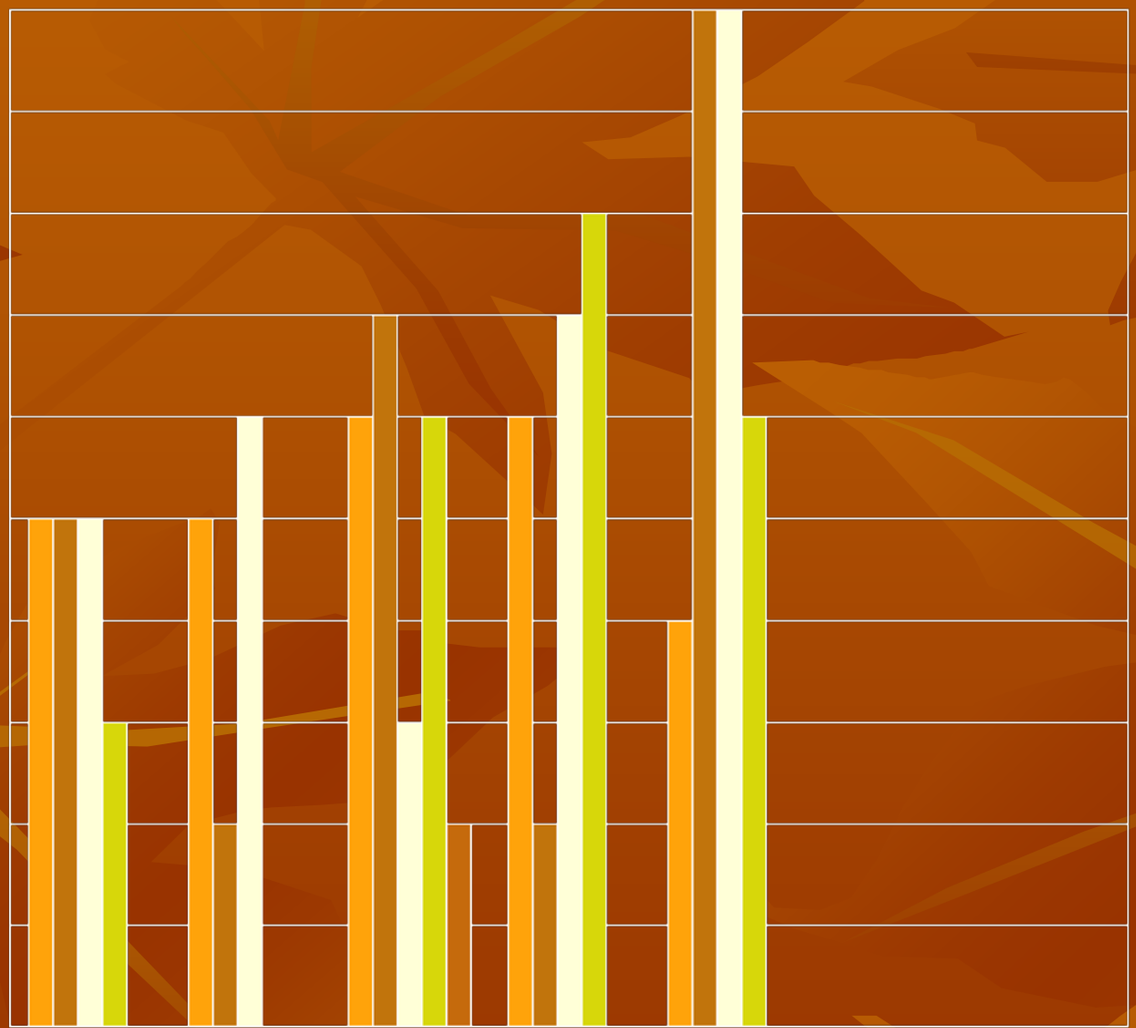


- Consumer Rights
- Physicians & Meds
- Dignity & Respect
- Other
- Access
- Emergency Services
- Financial
- Service Intensity
- Housing
- Unreturned Calls
- Quality Approp.
- Participation in Tx
- Residential
- Transportation
- Confidentially
- Access to Inpatient

Appeals & Administrative Hearings

- One Appeal : Physicians & Medications
- No Administrative Hearings

Ethnicity of Non-Caucasian Client



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

Breakouts

- Quality Appropriateness issues
- New definition: *“Poor Quality Treatment or Treatment Errors.”*

Resolution Outcomes

- Open cases: 12
- Information and Referral: 21
- Conciliation & Mediation: 50
- Not Pursued: 5

QRT Outreach

- Community Resource Coalition
- Community Action Board of Directors Presentation

Notes

- Crisis Call
- Awareness - Vulnerable Client Issues
- Center for Human Services
- Care Transitions
- Vignettes

Spring 2015 Ombuds & QRT Report

QUESTIONS or COMMENTS?

SPRING 2015 OMBUDS AND QUALITY REVIEW TEAM REPORT

SLIDE 1: We are Chuck Davis and Kim Olander-Mayer from North Sound Regional Ombuds and Quality Review Team (QRT). This report covers October 1st 2014 through March 31st, 2015. Three items in your packet accompany it: (1) definitions of issues; (2) a report breaking out issues by agency; and (3) our main issues of concern over the past 6 years.

SLIDE 2: This slide shows our work historically since 2009. *S-09* on the far top right, begins with Spring of 2009 and *S-15* at the bottom right ends with Spring of 2015. F's are fall reports. On the left group of indicators, the right-most pink indicator shows we assisted **88** people; and on the right group of indicators, the right-most pink indicator shows we had **123** issues of concern. Notice how these numbers have come down over the years except for a blip in the past year and a half during the Medicaid expansion. **13** family members submitted complaints (without the client's participation). **47** people had level-1 grievances, **1** person had a Level-2 grievance, and **1** person had an appeal. We helped **21** people resolve their issues with information & referral or other types of assistance so that a grievance didn't become necessary. **5** people failed to pursue their issue. We helped an additional **8** NSMHA clients deal with hospitals, Medicaid Transportation and other agencies that are outside the community mental health program. These **8** are not included in this report, nor are the estimated **300** people to whom we provided information and referral services. There were **36** male and **52** female clients. We assisted **8** children and **2** seniors.

SLIDE 3: Level-1 grievances are grievances resolved at the provider agency level. This is a new statistic since it's the first period we have had level-1 grievances; so we are starting a new slide with brand new statistics. We'll see how it goes from here. We assisted **47** people with level-1 grievances.

SLIDE 4: Level-2 grievances start with Spring 2010 on the left and end with Spring 2015 on the right. Level-2 grievances are grievances resolved at NSMHA--what we formerly termed "RSN-Level Grievances." Since this isn't really a new statistic, we show some history here going back to Spring 2010. We assisted with **1** level-2 grievance this period. So far it appears that the region's robust new Level 1 grievance process may reduce the numbers of level 2 grievances.

SLIDE 5: We opened **123** issues of concern on **88** people: **23** in Physicians & Meds; **17** in Other (Consumer) Right Violations; **16** in Access; **15** in Services Coordination/Intensity; **12** in Quality Appropriateness; **9** in Financial & Administrative Services; **7** in Dignity & Respect; **7** in Emergency Services; **5** in Housing; **4** in Unreturned Phone Calls; **2** in Other Type; **2** in Violation of Confidentiality; **2** in Participation-in-Treatment; **1** in Residential; and **1** in Transportation. There were no new trends to speak of. Our clients were pleased with NSMHA's new definitions of the issues of concern (you have a handout) and its new grievance procedures as well. Family member clients also very much like the process of letting family members and others raise issues about clients in their own right. As noted previously, we helped 13 family members in this way.

SLIDE 6: We had **1** Appeal case dealing with a prescriber issue. There were no Administrative Hearings.

SLIDE 7: Here are our ethnicity demographics. Starting on the left with Spring 2013 statistics and ending on the right with Spring 2015 statistics, you can see the numbers rising over the past 2 years. That's because we have focused on raising percentages of our non-Caucasian clients to match that of the general Medicaid population. This period we met our goal. **30** people of our **88** clients (**34**%) are non-Caucasian. **10** are Latino, **4** are African American, **10** are Native American/Alaskan Native and **6** are Asian/Pacific Islander. We worked fairly intently this period with one tribal member—a person from a

Pierce County tribe who refused to apply for Medicaid and was having problems using his tribe's insurance in the North Sound region.

SLIDE 8: We broke out this period's **12** "Quality Appropriateness" issues for you in your handouts. This issue of concern has a new definition that includes "*poor quality treatment or treatment errors.*"
1. Family member stated a clinician gave inappropriate and potentially harmful advice to a child client.
2. Family member reported poor management of son's food; potentially dangerous drinking water; inappropriate visiting hour policy and improper meds management.
3. Family member stated poor care caused her son's intense symptomology requiring long hospitalization.
4. Later, same client stated her son wasn't taking medication and needed an injection. Additionally, he lived in an unsafe environment.
5. Client noted lack of heat in residence; unhelpful payee; residential prices; poor phone service and issues with past clinician.
6. Family member stated her daughter has repeatedly been in and out of emergency care but nothing is being done for long-term stabilization because she is usually released too soon.
7. Family member reported her son's clinician did something inappropriate and is also forcing him to deal with a painful issue he wishes to avoid.
8. Child client's clinician was replaced without a closing session or proper introduction of new clinician.
9. Client reported inappropriate therapy from clinician and insensitivity about her personal challenges.
10. Client complained that PACT staff were doing inappropriate things and invading her privacy.
11. Client was still feeling quite suicidal when discharged from a hospital for suicidal ideation, yet her treatment professionals didn't readily offer the option of Triage.
12. Family member's son had long been in crisis and clinician didn't check on him sufficiently.

SLIDE 9 We had pretty good outcomes this period: Of our **88** clients there are **12** open cases; **21** cases were resolved without a grievance by helping the client work the issue out or by providing information & referral; **50** were closed through conciliation & mediation; and **5** (6% of our cases) were not pursued for lack of a signed medical release form. We made numerous follow-up attempts to contact the non-pursuing clients. Two people dropped out of sight without forwarding address. One, suffering dementia, didn't recall having called us. Two called while angry and later didn't wish to pursue their issues.

SLIDE 10 Per DBHR's wishes, here are two of this period's QRT outreach events. First, in late 2014 we worked with a community resource coalition consisting of 21 local agencies. We presented on and discussed problem events currently transpiring in the community mental health program and discussed upcoming Behavioral Health changes. We focused on impact to our clients. Second, In March, 2015 we presented to the Community Action of Skagit County Board of Directors, including Skagit County Commissioners, and other attendees, on the Washington Health Care Innovation Program, the North Sound Accountable Community of Health, and the future of Behavioral Healthcare. We co-presented with a member from the North Sound Accountable Community of Health.

SLIDE 11: Here are our Quality Review Team notes. We discussed these with the NSMHA Leadership Team and at NSMHA-Ombuds monthly meetings. NSMHA was already aware and working those that needed to be worked.

- A consumer had a psychotic break over a weekend and the family made a crisis call to the on-call provider representative. The representative, a fairly new employee, spoke to the consumer and family then said he must confer with his supervisor. He did and the supervisor decided no evaluation was necessary—but didn't speak to the parents. The parents recommend that in such a case, supervisors making the final decision should attempt to speak with the reporting parties to ensure they have all the information to make a correct decision.

We present several issues simply to create awareness:

- Vulnerable people are sometimes preyed upon. A fragile senior with mental illness became involved with an organization that abhors the concept of taking medications. This client owned a house and had limited finances. The organization convinced the client to stop taking meds and move into its sponsored residence. When the client soon became psychotic the organization called the police and evicted them. Fortunately the client wasn't with the organization long enough for them to obtain control of the client's house or income. The community mental health program was saddled with crisis treatment, arranging a housing move, and re-prescribing meds.

- We heard from clinicians that sometimes adult family home clients aren't allowed to shower on a daily basis—in fact sometimes it's only once or twice a week. This seems to be a problem especially in Somali and Philippine homes. We worked with the long-term care Ombuds on the cases we were aware of and they were fairly quick to respond to the situation. We recommend that anyone seeing such a pattern call the long-term care hotline at 1.800.562.6078 and make a report.

- We had several issues with hospitals this period. On one occasion, for example, a client was given a blanket, discharged from a hospital and sent to their Compass Health treatment facility by cab at approximately 4 a.m. The client sat outside the facility for over 4 hours. We suggest that at minimum, the client should have been allowed to sit in the hospital lobby until normal business hours. We spoke with both the hospital representative and Compass Health. The Compass Health representative we worked with suggests that all agencies watch out for this type of action by hospitals.

- We had a child client who wasn't successful with our children providers and we were about out of options. Then we considered recommending the child to The Center for Human Services, a school-based, NSMHA contracted provider in Snohomish County. We found that this agency is open to seeing child clients in its Mountlake Terrace clinic. We suggest that this option be better publicized.

- We had several conversations early this period with hospital patient advocates in which we were informed that hospitals don't routinely establish follow-up outpatient appointments because they don't want to be responsible for patients missing them. We therefore heartily applaud the North Sound's Care Transitions Program. NSMHA has contracted with Compass Health for a program entitled Care Transitions, to facilitate engagement of individuals discharging from inpatient psychiatric care to ensure follow up with a NSMHA outpatient provider. The primary goal of the program is to ensure that we are doing the best we can to promptly engage individuals and ensure outpatient follow up care in order to prevent re-hospitalization.

- We have several vignettes:

  - A previous client called with a loud cry of desperation. The client had lost his behavioral health services because he wasn't able to get to appointments and also because he hadn't applied for Medicaid. Due to the lack of services he was in dire danger of losing the housing we had helped him procure last year. We helped him get back into services within several days. (Because he wasn't on Medicaid, access was through grant funding). We contacted his doctor, obtained a recommendation, and convinced the treatment agency that it needed to send a clinician out to the client's house for appointments. His housing has been saved and he no longer faces homelessness. The treatment agency is helping him apply for Medicaid which will allow him to stay in services.

  - We worked with an adult client who was having all sorts of trouble. We suspected a significant

case of undiagnosed attention deficit hyperactivity disorder. We helped her research past records and obtain an appointment with a community mental health program psychiatrist who diagnosed the disorder, started the appropriate medication, and said, “Yes, you obviously have ADHD; I’m sorry it wasn’t caught sooner. Your life hasn’t been pleasant. But we can make the rest of your life better!”

- We were instrumental in potentially saving a client’s life recently. During a phone conversation the client’s presentation suddenly changed and he said he was about to pass out. Kim called the client’s treatment agency who promptly conducted a welfare check and soon an aid car, police, and 2 clinicians were at the client’s house dealing with a substantial medical problem..

SLIDE 12: Are there questions or comments?

Complaint Levels Since 2010

Type of complaint:	Apr 2010	Oct 2010	Apr 2011	Oct 2011	Apr 2012	Oct 2012	Apr 2013	Oct 2013	Apr 2014	Oct 2014	Apr 2015
Access:	24	32	29	33	13	18	3	5	4	11	16*
Other (consumer) Rights Violations:	37	39	64	47	29	47	35	22	31	27	17*
Dignity & Respect:	23	29	28	25	18	24	11	7	14	14	7
Emergency Services:	18	30	15	16	11	5	12	5	5	8	7
Financial/Administrative Services:	23	20	8	9	15	15	6	1	6	8	9*
Housing:	21	23	20	17	12	11	6	4	11	4	5
Other Type:	31	25	18	10	3	3	1	1	2	3	2
Physicians/ARNPs/Meds:	42	40	40	32	31	23	29	18	21	15	23
Participation in Treatment/ Access to inpatient:	3	4	2	17	12	9	10	2	1	2	2
Quality Appropriateness:	3	2	2	3	15	6	5	2	4	8	12*
Residential:	6	3	2	1	4	2	0	0	0	0	1
Services Intensity/not Available/coordination:	24	24	26	37	21	19	18	8	14	24	15
Transportation:	2	0	4	2	0	4	1	0	2	1	1
Unreturned Phone Calls:	0	4	3	6	9	3	1	0	1	0	4
Confidentiality Violation:	1	2	2	4	3	1	1	0	2	2	2
Total:	258	277	263	259	196	190	139	75	118	127	123

Ombuds comments: * We attribute some of the drop in *Other (consumer) Rights Violations* and corresponding rise in several other categories to new and broader definitions of the issues of concern. For example, *Access* now includes "intake appointment problems, timeliness of appointments, denials, terminations and suspension or reductions in services;" *Financial Services* now includes administrative services such as "incorrect paperwork;" and *Quality Appropriateness* now includes "quality issues and issues regarding poor quality treatment or treatment errors."

Overall the numbers are about the same as last period and still reflect a very small rise, we feel, due to the on-going stress put on the system by Medicaid expansion.

As we noted in our last report, issues of concern in general have dropped over the past several years. That is surely due to the providers doing a good job of resolving complaints at the lowest level and communicating with and paying attention to their clients. Response letters to client complaints and grievances are well written and meaningful. Solid programs of service are also showing their benefit, as are innovative programs. Certainly most effective of all is the high quality, evidenced-based treatment programs implemented in recent years, such as Children's Intensive Wrap-around programs, Fidelity Supported Employment, enhanced Crisis, Triage and Emergency Services, Motivational Interviewing, Integrated Dual Disorder Treatment (IDDT), Trauma focused CBT for children, the Children's Assessment Tool (CANS) and Illness Management & Recovery (IMR).

North Sound Mental Health Administration (NSMHA)
MENTAL HEALTH ADVISORY BOARD
April 7, 2015
1:00 – 3:00pm

Present:	**Island**: Candy Trautman **San Juan**: **Skagit**: Joan Lubbe **Snohomish**: Joan Bethel, Marie Jubie, Jennifer Yuen, Fred Plappert, Carolyn Hetherwick-Goza, Greg Wennerberg **Whatcom**: Michael Massanari
Excused Absence:	**Island**: **San Juan**: : Peg LeBlanc *(Peg was able to attend via phone for the Pre-Meeting, but not the Full Board Meeting)* **Skagit**: Jeannette Anderson, **Snohomish**: Carolann Sullivan, **Whatcom**: Larry Richardson, David Kincheloe
Absent:	**Island**: **San Juan** **Skagit**: **Snohomish**: Jeff Ross **Whatcom**:
Staff:	Joe Valentine, Margaret Rojas, Joanie Williams recording
Guests:	None present

MINUTES

TOPIC	DISCUSSION	ACTION
CALL TO ORDER AND INTRODUCTIONS		
Chair	Mark initiated introductions	Informational
REVISIONS TO THE AGENDA		
Chair	Mark asked if there were additions to the agenda. The additions noted were Planning Committee Appointments and the visit to Western State Hospital, as well as an update on David Kincheloe' s Leave of Absence and Mike Sebastian coming to the next meeting regarding the Bus Shelter.	Informational
COMMENTS FROM THE PUBLIC		
Chair	none	
APPROVAL OF MINUTES		
Chair	The March Minutes were reviewed: Mark spoke about the conversation regarding the past minutes and the NAMI San Francisco conversation. Discussion took place as to the March motions. Joe proposed *the March Minutes* be amended to reflect the inability to determine (from the recording) whether the specific motion was approved or not regarding taking the NAMI San Francisco conversation to the Board of Directors and request additional funds. A motion was made to approve the notation in the *April Minutes*. It was determined to amend the *March Minutes* to reflect the ambiguity of the original motion. A motion was made to amend the	March Minutes will be amended April minutes approved with notation of discussion

	March Minutes as discussed above. Motion was seconded and approved. **Review Upcoming Pre-Meeting and Identify Questions (Rainbow and Bailey Centers)** Discussion took place regarding Rainbow and Bailey Centers programs being discussed at a future Pre-Meeting. It was noted the Board Members would determine specific questions they would like addressed regarding the programs, services provided and outcomes. Board Members asked the following questions regarding the Rainbow Center: Mark requested Linda Ford from Compass to come to the next Pre-Meeting and speak, or have someone come who can make changes to the program. Bailey Center: It was recommended Tom Sebastian be invited to speak to the Advisory Board, or someone who can make changes to the program. Additional questions for Bailey: Who is funding the security guards? What is the structure? What is the homeless client responsibility for participation, accountability & recovery? What is the criteria for participation? How are Peer Counselors utilized? When VOA is called, and appointment is not kept, are participants allowed to come back? Would the Program's Leadership consider looking at the REACH Program and possibly use them as a model? (E.g. accountability towards recovery). Would focus on the "Club House Model" be considered verses a "Drop In Center"? Joe noted that Compass has taken over the Rainbow Center as well. Mark asked if the programs could be integrated with the other Providers. Margaret and Joe gave a funding overview. The final request was made for an overview of funding on the programs. Joanie was asked to send out an invitation to the executive level staff .	

EXECUTIVE/FINANCE COMMITTEE

The March Expenditures were reviewed. A motion was made to move the expenditures to the Board of Directors for approval, motion was seconded and approved.

Planning Committee; Mark stated Greg, Joan Lubbe and Marie will be appointed on the Planning Committee and David and Fred can re-apply if they are interested, as well as other members.

The Western State Hospital Site Tour will take place on April 22nd. Members were asked who was interested in participating. Candy, Joan Bethel, Marie Jubie, Mark McDonald, Jennifer Yuen, Greg Wennerberg said they were interested. Joanie will contact members who were unable to attend today and see if they would like to attend as well. Joanie will confirm the shuttle and make the lunch reservations. It was noted that QMOC would not have a quorum if the AB members attend the tour. Joe said he would advise QMOC of the Advisory Board's absence from the meeting.

		Informational
STANDING BOARD OF DIRECTORS COMMITTEE REPORTS		
	Planning Committee (No meeting in March)	
	Quality Management Oversight Committee (QMOC) Report	
	The QMOC report was included in each member's binder for review.	Informational
OLD BUSINESS		
Chair	**Advisory Board Advocacy Topics:** Joe led the group in discussion regarding the Legislative session and bill activity. It was noted that Advocacy was listed as a top priority with the Advisory Board	Informational

	Members. Post cards were passed out to address the various bills for members who chose to write a note to the Legislators in Olympia. Joe noted the Advisory Board can stay ahead of the legislative issues if they begin looking at them in September. Joanie marked the calendar. **Conferences; AB Member Attendees:** Mark addressed the group regarding Member attendance at the Behavioral Health Conference (BHC), NAMI, and the Co-Occurring Conference. Joan Lubbe would like to attend the Tribal Conference; Candy would like to attend Tribal, SOCI and BHC; Joan Bethel would like to attend Tribal, BHC and Co-Occurring; Marie would like to attend Tribal and BHC, Mark would like to attend Tribal, SOCI, BHC, NAMI and Co-Occurring; Michael is not attending any conferences at this time; Jennifer would like to attend Tribal and Co-Occurring; Fred would like to attend BHC, Tribal and SOCI. Carolyn will not attend any conferences at this time; Greg would like attend to SOCI and Tribal, BHC and Co-Occurring. **Scholarships:** The number of scholarships the Advisory Board would like to approve was discussed. Candy made a motion to fund up to 5 scholarships for the Behavioral Health Conference, in addition to Advisory Board Members. Motion was seconded and approved. After the Retreat in July, the Advisory Board noted they may consider scholarships for the Co-Occurring Conference, depending on how much money is left for conferences. It was noted the Behavioral Health Conference offers 9 scholarships for consumers and 4 for advocates. They will give more if needed should other Regional Support Networks (RSN) s not use all of their scholarships. **Scholarship Application Deadlines:** The dead line for the applications is May 1st. Joanie will submit the applications to the Behavioral Health Conference on May 11th.	
EXECUTIVE DIRECTOR'S REPORT		
	Joe spoke about David Kincheloe's medical leave of absence and noted he anticipates being back in a couple of months. David is the vice Chair. Fred suggested a succession plan be determined at the next retreat. Joanie will mark the calendar. Joe talked about the details of opening the Sedro Woolley Evaluation and Treatment Center. He discussed the Whatcom County Jail issue and plans to work with the County to develop a plan for a new Mental Health and Detox Crisis Center, which will replace the current Triage Center. He spoke about the Behavioral Health Organization (BHO) development; NSMHA's future location, and the new Deputy Director who will start this month, as well as the new Children's Quality Specialist. Joe will speak about the BHO Clinical Model during the May meeting.	Informational
ACTION ITEMS BEING BROUGHT TO THE BOARD OF DIRECTORS		
	Action Items: Joe discussed the Action Items with the group. Conversation followed. A motion was made to forward them to the Board of Directors, motion seconded and approved.	**Motion to forward the Action Items to the Board of Directors**

	Mental Health Block Grant (MHBG) Plan: The Mental Health Block Grant was discussed, as well as the action needed from the Advisory Board. Margaret talked about the details of the plan. Discussion followed. Candy made a motion for the MHBG Plan to be approved, motion was seconded and approved.	**Motion approved for the Mental Health Block Grant Plan to move forward.**
NEW BUSINESS **Scholarship Committee Formation:** Mark announced to the group that he formed the Committee. **Scholarship Committee Meeting Date:** The deadline for the Behavioral Health Conference Applications is May 11th. It was decided the Committee needs to meet prior to May 11th. All applications must be turned in to Joanie by May 1st.		
REPORT FROM ADVISORY BOARD MEMBERS: **NAMI QMOC Applicant/NAMI National-Greg:** Greg spoke about his thoughts on the NAMI San Francisco Conference. He thinks it would be beneficial to see what other states are doing. Potential NAMI participant on QMOC: Greg spoke about members who need to take taxis and would like others to consider the contribution of participation, verses just looking at cost of taxi rides. **Screening, Brief Intervention, Referral and Treatment (SBIRT) Report-Mark:** Mark spoke about the training course he attended on SBIRT. The group engaged in conversation. **NAMI Professional Basics:** Carolyn spoke about graduating a class and future classes.		
COMMENTS FROM COUNTY ADVISORY BOARD REPRESENTATIVES None due to time contraints		
Island		
San Juan		
Skagit		
Snohomish		
Whatcom		
OTHER BUSINESS:		
ADJOURNMENT: The meeting adjourned at 3:01pm.		

Advisory Board Questions for June Pre-Meeting with Tom Sebastian Bailey & Rainbow Center

1) What is the structure?
2) May we have a funding overview?
3) Who is funding the security guards?
4) What is the homeless individual's responsibility for participation, accountability & recovery?
5) What are the criteria for participation?
6) How are Peer Counselors utilized?
7) When VOA is called, and appointment is not kept, are participants allowed to come back?
8) Would the Program's Leadership consider looking at the REACH Program and possibly use them as a model? (E.g. accountability towards recovery).
9) Would focus on the "Club House Model" be considered verses a "Drop In Center"?
10) Could the programs could be integrated with the other Providers?

2015 Pre-Meetings, Site Visits and Conferences

Date	Pre-Meeting Topics	Note
January 6th	North Sound Warm Line	Brad Berry Rebecca Clark
February 3rd	Dr. Brown/ NSMHA Role/MH Consumer/ Generate Questions	Charissa, Joe & Margaret
March 3rd	Questions and Answers: Dr. Brown	Dr. Brown
April 7th	Compass and Lake Whatcom PACT Team Presentation	Mary Shockley
May 4th	VOA Services, 211, Crisis Line, Access Line	Pat Morris
June 2nd	Presentation on Rainbow and Bailey Centers	Tom Sebastian
July 7th	Annual Retreat	Advisory Board
	Tribal Centric Behavioral Health System	
	Qualifying Factors of a Co-Occurring Disorder	
	Geriatric Mobile Outreach Team	Ruth Fielding
	NWESD (Northwest Educational Service District) & Center for Human Services	
	Housing	
	Peer Support Model Presentation	
	Crisis Redesign	
	Seamar Co-Occurring in Everett	
	Mukilteo E&T	
	North Sound Sedro Woolley E&T	
December 1st	Annual Potluck	

Note from Joanie: AB Members : please determine Pre-meeting selections for August, September, October and November

Date	Site Visits	Note
Feb 3rd, 2015	REACH Center	Contact: Jeff Reynolds
April 22, 2015	Western State	Contact: Mark Kipling
July 2nd, 2015	Lake Whatcom Treatment Center/Picnic	Contacts: Kay Burbidge Mike Watson
	Triage Centers/Site Tour	Rob Sullivan
	Skagit Triage Center/Pioneer Human Services	

Date	Conferences	Location
May 5 & 6	System of Care Conference (Children and Youth)	Holiday Inn, Everett
May 12 & 13	Tribal Conference	Skagit Casino, Bow
June 17, 18 &19	Behavioral Health Conference	Vancouver
August 15-17th	NAMI Conference	Tri-Cities/Richland
Fall (Date TBD)	Dignity and Respect Conference	TBD
October 12-13	Co-Occurring Disorders Conference	Yakima

Advisory Board Budget
January through April 2015

	Total	All Conferences	Board Development	Advisory Board Expenses	Stakeholder Transportation
		Project # 1	Project # 2	Project # 3	Project # 4
Budget	$ 34,000.00	$ 14,896.00	$ 1,700.00	$ 17,204.00	$ 200.00
Expense	(5,969.61)			(5,969.61)	
Under / (Over) Budget	$ 28,030.39	$ 14,896.00	$ 1,700.00	$ 11,234.39	$ 200.00

BHC , NAMI, COD, OTHER	BOARDS SUMMIT (RETREAT)	Costs for Board Members (food, mileage, misc.)	Non- Advisory Board Members, to attend meetings and special events

North Sound Regional North Sound Mental Health Administration
Warrants Paid
April 2015

	Type	Date	Num	Name	Memo	Amount
Advisory Board						
Supplies						
	Bill	04/07/2015	7809	Copy & Print Store	Batch # 109518	20.62
	Bill	04/07/2015	March2015	Haggen Inc	Batch # 109518	282.10
Total Supplies						302.72
Travel						
	Bill	04/07/2015	Feb/Mar2015	AA Dispatch	Batch # 109518	979.25
	Bill	04/14/2015	March/April2015	Hetherwick-Goza, Carolyn	Batch # 109611	90.39
	Bill	04/14/2015	May/June2014	LeBlanc Peg	Batch # 109611	269.96
	Bill	04/14/2015	April2015	McDonald, Mark	Batch # 109611	46.18
	Bill	04/14/2015	March2015	McDonald, Mark	Batch # 109611	219.29
	Bill	04/14/2015	April2015	Yuen, Jennifer	Batch # 109611	49.45
	Bill	04/28/2015	4390	Airport Shuttle	Batch # 109772	850.00
	Bill	04/28/2015	April2015	NSRSN (Advanced Travel)	Batch # 109772	120.00
Total Travel						2,624.52
Total Advisory Board						2,927.24
						2,927.24
						2,927.24

1. BHO Advisory Committee
2. Role of BHO Advisory Board
3. By-Laws Review Succession Planning
4. Relationship of Advisory Board Members Role with Providers
5.
6.
7.
8.
9.
10.

North Sound Mental Health Administration
Regional Support Network for Island, San Juan, Skagit, Snohomish, and Whatcom Counties
Improving the mental health and well being of individuals and families in our communities
117 North First Street, Suite 8 • Mount Vernon, WA 98273
360.416.7013 • 800.684.3555 • Fax 360.416.7017 • Email nsmha@nsmha.org • Web Site http://nsmha.org

QMOC Meeting Brief
April 22, 2015

Temporary Assistance for Needy Families (TANF) Supported Employment Grant
DBHR has developed this grant with some funding from the State that is not Medicaid to help with job placement. The grant is a partnership with DBHR, TANF, Building Changes and the Gates Foundation, geared to TANF clients with a mental illness. It is a customized individual employment plan for each client and is to fidelity. Available in Snohomish and Skagit Counties at this time, with a plan to expand; it is administered by Sunrise Services.

House Bill - HB 1879
This bill is to carve out Medicaid funding for foster kids into another system with a target to start October 2018. RSNs gave feedback on concerns about this including managed care taking this on. There is an amendment to this bill now that all kids on psychotropic medications must have a second opinion and be tracked in a data system.

Recovery Resiliency Plan (RRP) Review Timelines
RRP review at 180 days and the newer requirement for the 45-day review. NSMHA will keep the 45 day and not require the 180 unless it is the mid-point review of a yearlong authorization. Therefore, it would be 3 months, 6 months or as clinically indicated.

2014 Second Opinion Report

NSMHA receive nineteen requests for second opinions; of those 11 were completed and 8 rescinded. All were completed within the 30-day timeline as required. Half of the requests are about diagnosis or medications and the other about medical necessity after a denial. The agreement rate between the two opinions is around 50%; after the second opinion, the individual will sometimes request a change to the second opinion provider.

2014 Critical Incident Annual Report
Forty seven Critical Incidents came in for screening; of those nine were screened out as not meeting criteria. Eighteen or 48% of those reported fell under the Media I & II categories. Two involved breach or loss of consumer data; this is a HIPAA breach and resulted in a quality improvement process.

Residential Program Review

NSMHA annually reviews the four residential programs in our region; Aurora House, Green House, Haven House and Lake Whatcom Residential. The results were briefly reviewed and corrective action will go out to the agencies that fell below the 90% benchmark.

Advocacy Priorities 2015

Priority #1:

- **Children, youth & adolescents**
  - **E&T (Evaluation and Treatment) for children & youth**
  - **RCW changes in ITA (Involuntary Treatment Act)**
  - **Provide awareness of services to children/youth**
  - **Treatment available in schools**

Priority #2:

- **Legislators, schools & colleges stigma reduction**

Priority #3:

- **Homeless of all ages, to include Vets**
  - **Attainment of housing**
  - **Attainment of community meals**
  - **Opportunities for engagement in services**

Fulfilling the Promise of Integrated Care

2015 WASHINGTON BEHAVIORAL HEALTHCARE CONFERENCE

June 17-19, 2015
Hilton Vancouver Washington

Who We Are

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

Welcome

Welcome to the 26th annual Washington Behavioral Healthcare Conference (WBHC), *Fulfilling the Promise of Integrated Care.* As we continue down the pathway to integration, there is great potential to achieve the triple aim of "better health, better care and lower costs" and there are many unanswered questions. We have the opportunity to implement bidirectional integration that improves overall health for people living with the challenges of mental illness and/or addictions. Communities, payers, providers are busy developing and implementing innovative, effective and cost-conscious approaches to fulfill this vision.

In support of these efforts, we're pleased to bring you 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 take back to your community.

The 2015 WBHC keynote speaker lineup includes:

David Sheff is the author of the New York Times #1 best seller, *Beautiful Boy: A Father's Journey Through His Son's Addiction.* He will share his family's story, and also discuss his latest findings, described in *Clean: Overcoming Addiction and Ending America's Greatest Tragedy.*

David Shern, PhD founded the National Center for the Study of Issues in Public Mental Health, and recently stepped down from leading Mental Health America. Dr. Shern will present his conviction that behavioral health will be the next major area tackled by public health, and that prevention and treatment should work hand in hand.

Judge Steven Leifman will speak about his experiences as a judge in an area of the country with a large percentage of people with serious mental illness, and describe how the Eleventh Judicial Circuit Criminal Mental Health Project (CMHP) was established to divert nonviolent misdemeanant defendants with serious mental illnesses (SMI) or co-occurring SMI and substance use disorders, from the criminal justice system into community-based treatment and support services.

Other highlights of the three days in Vancouver are the 35 workshops, with tracks focusing on integrated services, corrections and mental health, recovery and resiliency, advancing clinical skills, and children, youth & families. New this year is a track addressing management, leadership & operations.

We gratefully acknowledge support for the WBHC from the DSHS Behavioral Health & Service Integration Administration and the Department of Corrections.

We invite you to join us in Vancouver for this outstanding learning event.

Sincerely,

Ann Christian, CEO
Washington Community
Mental Health Council

Tom Sebastian, Chair
Washington Community
Mental Health Council and
CEO, Compass Health

Faith Richie, Chair
Washington Community
Mental Health Council Education
Committee and Vice President, Telecare

Wednesday, June 17

PRE-CONFERENCE ACTIVITIES • *Subject to Change*

Location: Hilton Vancouver Washington

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

9:00 am – 4:30 pm • *Pre-conference Seminar: Law & Ethics Training: WTF: What's the Future of Mental Healthcare, and Where to Fit in the Healthcare System*

(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 addresses the profound changes that are taking place in the health system in the United States, the implications for mental health care, and, in turn the implications for mental health care providers. We begin with a discussion of the role of the insurance industry in health care and how that role has expanded over the past 50 to 60 years, affecting the licensure and practices of mental health professionals. From there, we move to the current changes themselves, including the Affordable Health Care Act, Accountable Care Organizations, Current Procedural Terminology, DSM vs. ICD, Electronic Health Care Records, HIPAA changes, insurance panels for independent practitioners, the Parity Law, "Professional Wills," alternatives to licensed mental health practice, and licensing board action summaries.

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 WCMHC MEMBERSHIP MEETINGS

8:00 am - 1:00 pm | WCMHC Board and Membership Meetings

(Details will be sent to WCMHC Agency Directors)

WEDNESDAY CONFERENCE ACTIVITIES

8:00 am – 8:00 pm • *Registration Open*

Location: Hilton Vancouver Washington

4:30 pm – 6:30 pm • *Welcome Reception*

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*

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 18

7:30 am - 5:00 pm • *Registration Open*

Location: Hilton Vancouver Washington

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

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 **David Sheff,** *New York Times* best-selling author

When Addiction Strikes a Family

Most parents are like David Sheff was when his son became addicted to drugs. We're blindsided; we think our children are immune—that our families are protected. Sheff learned the hard way that no one is immune to an illness that afflicts 23 million Americans. In his book *Beautiful Boy,* David tells the story of his son, Nic, a star student, athlete, and writer, who first tried marijuana when he was 12. Throughout high school, Nic's drug use escalated. By the time he began college, he was addicted. Nic wound up homeless, wanted by the police, and in hospital emergency rooms. Addiction is the number-three killer after heart disease and cancer in America; it's the number-one killer of children. Addiction destroys families and costs the nation more than $550 billion in healthcare, criminal justice, and lost productivity. Sheff will speak about the decade he spent trying to save his son's life, a decade during which he became addicted to his son's addiction. He will describe what he learned about drug use in America and the disease of addiction – and what all of us must know if we will protect our families and nation.

10:15 am – 11:45 am • *Workshops*

T101 Jail Investigation & Advocacy: A Disability Perspective

Kayley Bebber, JD, Disability Rights WA; Kimberly Mosolf, JD, Disability Rights WA; Kelly Robbins, BA, Disability Rights WA

Disability Rights Washington (DRW) has long used its authority as Washington State's protection and advocacy agency to monitor and investigate conditions of confinement and allegations of abuse and neglect of people with disabilities in our local jails. In December 2014, DRW launched a new initiative, the Amplifying Voices of Inmates with Disabilities (AVID) Jail Project. In this presentation, AVID staff will discuss efforts to advocate on behalf of inmates with mental illness in local jails, presenting information on DRW's statewide monitoring of the conditions in local jails and AVID Jail Project's recent focus in King County; DRW's advocacy and litigation surrounding the prolonged incarceration of people in local jails as they await pre-trial competency evaluations; and recent advocacy to create a corrections ombuds office in Washington.

T102 Overcoming Addiction and Ending America's Greatest Tragedy

David Sheff

An award-winning journalist for the *New York Times, Rolling Stone,* and other publications, David Sheff spent a decade learning about addiction—what it is, how it manifests, the scope of the problem, and why society so often fails when it comes to preventing drug use and treating addiction. He determined that when it comes to drug use and addiction, we're doing almost everything wrong – stigmatizing children and blaming people who are ill rather than offering them sound treatment. But he also discovered that there is reason to be hopeful that we can turn the tide on this disease. It will happen when we leave behind wishful thinking and traditional approaches and instead rely on evidence-based prevention and treatment strategies. In this workshop, Sheff will take part in a conversation about the challenges and opportunities healthcare workers and parents face.

T103 Faith-Based Response Within a Recovery-Oriented System of Care

Ronald J. San Nicolas, MSW, PhD, Division of Behavioral Health & Recovery; Patrick Howell, SJ, Seattle University; Erica Cohen Moore, MA, Archdiocese of Seattle

It has long been acknowledged that faith and spirituality can play a beneficial role in the prevention of drug and alcohol use disorders, and in programs designed to treat and promote recovery from mental health and substance use disorders. This presentation will feature recent efforts by the Archdiocese of Seattle to develop a pastoral response to address the problem of stigma and promote recovery for individuals and families living with serious mental illnesses. The presentation will provide an overview of the partnerships created among secular and faith-based organizations in Washington State, as well as a discussion of federal and local opportunities, barriers, and challenges for faith-based organizations in helping to be part of an integrated, recovery-oriented, culturally competent system of care.

T104 Measurement Matters: Cross-System Performance Measure Implementation in WA State

David Mancuso, PhD, Research & Data Analysis Division, DSHS; Katie Weaver-Randall, MA, Division of Behavioral Health & Recovery, DSHS; Kara Panek, MA, Service Integration Office, DSHS

The 2013 Legislature passed two bills requiring the Department of Social & Health Services and the Health Care Authority to implement cross-system performance measurement into their contracts with managed care health plans, Regional Support Networks, county chemical dependency coordinators and the Area Agencies on Aging. In the near future, these contracts must address key outcome areas such as improved health status, increases in stable housing and employment, decreased involvement in the criminal justice system, reductions in avoidable hospital and emergency room costs, improvements in client satisfaction with quality of life, and reductions in population health disparities. This presentation will provide an overview of the intent of this legislation, an update regarding activities completed to address this mandate, and the road ahead as these performance measures are further developed and included in contracts.

T105 Innovation & Change: Integrating Developmentally Appropriate Care for Young Adults in Transition into Community Mental Health Systems

Anthony Orias, MEd, LMHCA, Navos; Nancy Kessler, BA, Navos

This workshop will address the unique situation of 18-26 year old adults entering adult mental health services. At high risk after a first break, often in crisis, and at an age when they are at the highest risk for suicide, they are often unprepared for adulthood. Simultaneously, they navigate a new developmental phase of changing roles, responsibilities, new relationships, and a brain still under construction. Many adult mental health and addictions services treat people of this age with the same model used for adults over thirty. Yet, current research models favor a focus on the specific needs and voices of people in the 18-26 age range, to inform their own treatment. Navos has implemented a highly cost-effective mechanism to draw in and engage these at-risk clients, meeting them where they are before they fall through the cracks. Come learn and engage in discussions about how we teach clients to identify and understand their age-appropriate needs, and how we partner with them, helping clients advocate for appropriate services early in adulthood.

T106 Looking at Challenging Behavior through a Trauma-Informed Lens: An Introduction to Collaborative Problem Solving

Margaret Johnson, MSW, Maple Star Oregon; Anna Stein, BS, Maple Star Oregon

This workshop provides an overview of this evidence-based, trauma-informed approach. Collaborative Problem Solving (CPS) continues to be increasingly popular in the Pacific Northwest across systems of behavioral healthcare due to its effectiveness in addressing serious and persistent challenging behavioral patterns among children and families. The model involves shifting from using conventional wisdom to explain challenging behaviors to using a more neurological, trauma-informed lens to explain, explore and approach those behaviors. Attendees will learn about several aspects of CPS, including how to identify and understand the basic tenets of assessment using the CPS approach, definitions of thinking skills, unmet expectations, and triggers, and effective planning under CPS.

T107 The Basics of How Working Affects SSI and SSDI & SSA Work Incentives

Melodie Pazolt, WA State Department of Social & Health Services

A critical barrier to meaningful employment for individuals with disabilities is the fear of losing state or federal benefits. Work incentive planning and assistance services (or benefits planning) enable and encourage individuals to work toward self-sufficiency, while maintaining access to needed supports, including comprehensive health care coverage. Participants will learn how benefits planning services can remove barriers for those seeking independence, self-sufficiency, and a better quality of life through working, while maintaining access to services. This workshop will provide an overview of the Ticket to Work program, and review Supplemental Security Income (SSI) work incentives, Medicaid and other special protections for SSI beneficiaries, Social Security Disability Insurance (SSDI) work incentives, and other relevant topics.

11:45 – 1:15 pm • *Luncheon*

KEYNOTE ADDRESS

by **David Shern,** PhD, Senior Science Advisor, Mental Health America; Senior Public Health Advisor, National Association of State Mental Health Program Directors; Senior Associate, Department of Mental Health, Bloomberg School of Public Health, Johns Hopkins University

Preventing Our Contemporary Epidemics: Behavioral Health & the Next Major Era of Public Health

Nothing has improved the public's health more than the germ theory of infectious illnesses. Anomalies like the recent measles contagion prove the point. Illnesses that once were an expected part of life now are so rare that they earn front page news when they occur. Deteriorating human capital is the contemporary analogue to infectious epidemics. The US has the highest rates of mental illness and incarceration in the world. Our life expectancy is falling relative to other nations. Our academic achievement scores are near the bottom of our competitors and falling. Chronic illnesses consume the vast majority of our medical care expenditures. We desperately need a new, guiding public health theory to address these urgent problems. Fortunately, such a theory is emerging. An increasing body of science informs us about the multi-generational effects of toxic stress, adversity and trauma on behavioral and general health. Acting on the neural, endocrine and immunological systems, exposure to these "toxins" first results in cognitive and emotional problems that impair social and academic functioning resulting in diminished occupational status, compromised socio-economic status and, ultimately, increased rates of diabetes, heart disease and other chronic illnesses. Well-implemented preventive interventions can both reduce risk factors and increase resilience and other protective factors – serving as behavioral vaccines against our urgent public health problems. We should be entering the era of community health envisioned in the Community Mental Health Centers Act of 1963 – but now with an empirical foundation and unifying theory to guide our action. Behavioral health will be the lynchpin of the next major era in public health. CMHCs should and can lead this movement.

1:30 pm – 3:00 pm • *Workshops*

T201 A Community Response to Individuals with Behavioral Health Needs Involved with the Criminal Justice System

Deanna Carron, LICSW, Greater Lakes Mental Healthcare; Terri L. Card, MA, MHA, Greater Lakes Mental Healthcare

Across the nation, jails and prisons have witnessed an overwhelming increase in the number of inmates who struggle with behavioral health problems. Many of these individuals are charged with low level crimes and experience numerous arrests over short periods of time. Because local jails are often not equipped to provide mental health treatment, individuals are often released back to the community without a strong connection to behavioral health resources. These individuals frequently cycle back through the criminal justice system over and over again at great personal costs as well as cost to the community. The solution to this problem lies in a response from the entire community and across all systems. Over the past two years, Greater Lakes Mental Healthcare has worked in conjunction with Optum Healthcare, local jails, courts, DOC, the City of Tacoma, Pierce County and the Lakewood Police Department to develop programs that address this problem at various intersection points. This workshop will help attendees begin developing partnerships in their own communities to create a system of care that specifically addresses the behavioral health needs of those involved in the criminal justice system. Attendees will learn about various program models that include both short and long term interventions; creative solutions to complex problems; how to build partnerships with criminal justice entities, and more.

T202 What Primary Care Can Learn from Behavioral Health & Vice Versa

Dennis Morrison, PhD, Chief Clinical Officer, Netsmart; Ian Chuang, MD, MS, FCFP, Chief Medical Officer & Senior Vice President – Healthcare Informatics, Netsmart

According to reports by the World Health Organization, mental illnesses are among the leading causes of disability worldwide. The National Comorbidity Survey Replication report states that 29% of adults with medical conditions also have mental health conditions and 68% of adults with mental health conditions also have medical conditions. Integrated care can improve mental and physical health outcomes and, if done well, can be delivered at the same cost as traditional care. In this session, a primary care physician and a behavioral healthcare provider/administrator will discuss the challenges of integration from the perspective of each clinical discipline. While most integration models propose a dyadic relationship between primary care and behavioral health care providers, this presentation will posit that integration, especially virtual integration, is a three-way partnership that adds the consumer-directed health model to the mix. This tripartite model will be discussed as the future of integration.

T203 Helping African American Women Overcome Trauma from Domestic Violence & Sexual Assault

Donna Nickelberry, LICSW, MSW, Navos

Sisters Building Sisters, a Navos support group, was created in 2001 as a way for African American women to heal and work toward recovery from the trauma of domestic violence and sexual abuse in a safe, supportive group environment. The concept for the group comes from an African tradition of talking or healing circles, where members of the group help each other by sharing their stories and experiences. Staff and two members of the group will lead an interactive discussion on topics including how cultural barriers and challenges create mistrust between African American female clients and their care provider, why members feel they are able to get support and feel safe revealing their personal information in the group, the rules and expectations for the group, and the personal stories and perspectives of the two group members.

T204 Little Big Data & Integrated Care: So What If You're Not Amazon or Zappos!

Elena Argomaniz, MS, Kitsap Mental Health Services; Siri Kushner, MPH, CPH, Kitsap Public Health District; Ileea Nehus, BA, Kitsap Mental Health Services

This presentation will describe Kitsap Mental Health Services' successes, challenges, and lessons learned in developing and implementing multiple methods to access client physical health data, integrate it into its behavioral health EHR, and leverage it to create patient registries, reports, and outcome indicators in formats that are useful to clinicians and inform and improve physical healthcare coordination, health promotion activities, and client self-management of comorbidities. The presentation and interactive discussion will cover how key health metrics were determined and captured, available health data systems, efficiencies and inefficiencies of the interfaces employed, the promise of enhanced clinical work through improved interoperability among health data systems, the range of health related and functional outcome measures informed by health metrics, and challenges to ensuring that health information is used effectively in clinical practice.

T205 Childhood & Adolescent Suicidality: What Every Parent & Counselor Needs to Know

Randi J. Jensen, MA, LMHC, CDP, The Jensen Suicide Prevention Peer Protocol; Terry Markmann, RN, MHC

Trauma-informed care has never been more important than in the treatment of youthful suicidality. This presentation targets the building of resiliency skills that are essential in recovery from suicidality. The discussion will also encompass the paradigm derived from well researched peer support that underpins evidence-based best practices in suicide prevention. With the foundation of trauma-informed care and knowledge of the enlightening statistics provided in the Adverse Childhood Experiences Study (ACES), we can provide the necessary understanding of the birth of self-destructive thought processes. Attendees will recognize the enormity of childhood suicide, and learn about the psychobiology of suicide and how to apply a new paradigm of listening and talking to children about suicide.

T206 Combat to Community: Defining a New Age in Veteran Care

Geoff Millard, BA, Swords to Plowshares; Megan Zottarelli, MPA, Swords to Plowshares; Amy Fairweather, JD, Swords to Plowshares

With an overburdened VA system due to the wars in Iraq and Afghanistan and the unprecedented numbers of veterans with military service-related trauma, health and social services providers are in a unique position to provide much needed services and support to veterans and families. There are also many treatment considerations when working with veterans, such as understanding the culture and nexus between military service and trauma. This presentation will provide attendees with practical knowledge of military and veteran culture, including common mental, physical and behavioral health issues. It will also address the impact of service and deployment on veteran and family well-being, common obstacles to care, and veteran-specific resources including VA healthcare and compensation eligibility. In addition, the presenters will review outreach, intake and screening protocols to improve community-based behavioral health services for veterans and families.

T207 The Partnership to Reduce Psychiatric Rehospitalization (PR²) Learning Collaborative: Our Take on Quality Improvement Approaches to Reducing Psychiatric Rehospitalization

Patricia Lichiello, MA, Director, Health Policy Center, University of Washington

Hospital readmission rates among adults with serious mental illnesses are a critical challenge in Washington State. But well-tested, evidence-based practices to reduce the number, frequency, and costs of psychiatric readmissions are limited. In summer 2013 the Washington Community Mental Health Council launched a pilot project with three community mental health agencies – Comprehensive, Cowlitz County Guidance Association, and Frontier Behavioral Health – to create, test, and adopt promising evidence-based quality improvement interventions to reduce rehospitalization. The Partnership to Reduce Psychiatric Rehospitalization (PR²) also included expert clinical and curriculum support from the University of Washington. The three agencies received new state Medicaid data reports, participated in educational webinars and all-team learning congresses, and conducted repeated, rapid-cycle tests of potential quality improvement approaches that each designed for its own operations. In this workshop, the agencies will offer useful, translatable information on what they learned about their own processes, clients, and partners; their newly minted, freshly tweaked, or solidly confirmed quality improvement best practices; helpful lessons learned; and planned next steps. PR2 was funded by the WA State Department of Social and Health Services through an Adult Medicaid Quality Grant from the federal Centers for Medicare & Medicaid Services.

3:15 pm – 4:45 pm • *Workshops*

T301 Evidence-Based Psychological Services in a Corrections Setting

Eric Rainey-Gibson, PhD, Washington State Penitentiary; Jamie Davis, MA, Washington State Penitentiary; Walt End, MSW, Washington State Penitentiary

The correctional setting is a challenging and unique environment where mental health needs are great. This presentation will discuss the broad challenges of delivering psychological services in this environment and the scope of the needs for mental health services, and will describe some innovative approaches currently underway in the Washington State Penitentiary to deliver efficient and effective mental health services to inmates. Issues covered will include working in the environment itself and some of the unique needs encountered, based on inmates' current psychological functioning and custody designation. Specific evidence-based mental health interventions covered will include cognitive-behavioral approaches to treatment such as Dialectical Behavioral Therapy and Acceptance & Commitment Therapy. We will discuss the implementation of these interventions, and how they are used within and between the varying custody levels to which inmates are assigned.

T302 Practical Harm Reduction Strategies

Daniel Malone, MPH, DESC

Harm reduction is a person-centered approach to help people who use licit or illicit drugs live more safely. We will explore various harm reduction strategies that individuals can adopt in their daily lives and that service providers can implement based on the level of participation an individual is prepared to make. Participants will also learn about examples of harm reduction strategies used in broader society, typical harm reduction strategies employed with homeless individuals, and additional harm reduction strategies used with formerly homeless individuals in housing (including case examples). Participants will also consider examples of difficult situations proposed by the audience.

T303 Building Leadership & Reducing Stigma Among Young Adults With & Without Mental Illness

Helen "Trez" Buckland, PhD, MEd, University of Washington School of Nursing; Christine Allen, BA, NAMI Greater Seattle; Jonathan Buckland, NAMI Greater Seattle

This workshop will encourage participants to think of ways they can partner with others in the community to break down stigma regarding mental illness, through building relationships between individuals with and without mental illness as well as with agencies and educational institutions. Appreciative Living Learning Circles (ALLCs) for young adults with mental illness, which provide a model of leadership across disciplines and mental health status, will be described. The first ALLC recruited participants through agencies, universities and word of mouth, and included young adults from 19-35 who had been diagnosed with schizophrenia, schizoaffective disorder or psychosis, as well as young adult college students who were interested in learning more about effectively engaging with people diagnosed with mental illness. Participants in this workshop will learn more about this collaborative model, the roles played by universities, agencies and young adults, and ways in which these activities can be used in their community to reduce stigma and build leadership opportunities.

T304 How to Survive & Thrive through a DBHR Review

Amie Roberts, LMHC, CPM, Division of Behavioral Health & Recovery, DSHS; Gina Dick, LMHC, CDP, Division of Behavioral Health & Recovery, DSHS

What's the first thing you should do when a reviewer from the Department of Behavioral Health & Recovery (DBHR) contacts you to schedule a licensing survey? No, don't hang up. No, don't hide

under your desk. No, don't say that...out loud, anyway. The review process can be a source of stress and anxiety unless you feel prepared and know what to expect. This presentation will teach you exactly what to expect, and you will leave knowing how to prepare for a successful (and relatively painless) review. A few tips and tricks will be shared, as well as examples and/or templates for policies and procedures, quality management plans, measurable service goals, and corrective action plans. You will also learn about some of the most common pitfalls and how to get the most out of the survey process. You may even look forward to the next survey!

T305 Everything I Wish My Therapist Knew about Foster Care: A Child Welfare Training for Mental Health Therapists

Barbara Putnam, MSW, LICSW, Children's Administration, DSHS; Suzanne Kerns, PhD, University of WA, Dept. of Psychiatry & Behavioral Sciences, Div. of Public Behavioral Health & Justice Policy; Brenda Lopez, BA, Washington State Office of Public Defense

Mental health providers are integral to ensuring that the emotional and behavioral needs of children and youth in out-of-home care are met. However, mental health providers do not typically receive training on working with foster children. A 2013 survey highlighted a need for stronger communication and coordination between the child welfare and public mental health systems, as well as for more training for mental health providers on the child welfare system and how to meet the unique needs of children and youth in foster care. This workshop will provide specialized training on the child welfare system, the mental health complexities of children and youth in foster care, methods to increase collaboration with child welfare workers, and best practices for increasing caregiver and bio-parent involvement in treatment.

T306 Trauma Exposure & Resiliency Building

Lauren Glickman, MA, Foray Consulting; Maria Coghill, MA, Seattle Children's Hospital

This presentation is an invitation to explore what brings us to do the work we do, how continual exposure to the hardship and trauma of others affects us, and how we can best cope with those effects. In addition to providing a thorough understanding of trauma exposure response (also known as secondary or vicarious trauma), this interactive presentation will provide perspectives, tools and strategies to build resilience, create new habits, and empower a reorientation to the hardest parts of our work. Participants will be guided through a process of self-reflection and invited to challenge assumptions about what is possible while working in an emotionally charged, mission-driven environment.

T307 Implementing the Next Major Era in Public Health: The Central Role of Behavioral Health

David L. Shern, PhD, Senior Science Advisor, Mental Health America, Senior Public Health Advisor, National Association of State Mental Health Program Directors, & Senior Associate, Department of Mental Health, Bloomberg School of Public Health, Johns Hopkins University

In this workshop, we will explore in greater detail the concrete steps that community mental health centers and behavioral health practitioners can play in addressing the public health crises of our time. This effort will require forming new partnerships and strengthening long time relationships to develop the public health infrastructure needed to realize our vision. Delivering universal preventive programming to increase resilience, and promulgating social policies that reduce exposure to toxic stress, as well as effectively treating individuals with behavioral health disorders, will be challenging. But, armed with strong theory and practical knowledge, behavioral health leadership will be key to realizing the promise of healthy, productive communities.

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

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

5:30 pm – 6:30 pm • *Peer Support Reception*

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 19

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

9:00 am – 10:00 am

KEYNOTE ADDRESS

by **Judge Steven Leifman,** Chair, Florida Supreme Court Task Force on Substance Abuse and Mental Health Issues in the Court and the Mental Health Committee for the Eleventh Judicial Circuit of Florida

Ending the Criminalization of Mental Illness & Transforming Mental Health Systems: A Judicial Perspective

It is estimated that more than two million arrests in the United States each year involve people with serious mental illnesses (SMI). As a result, untrained and unprepared stakeholders in the criminal justice system have been forced to navigate an increasingly scarce system of care for people with mental illnesses. Jails have become places where a disproportionate number of people with SMI spend significant amounts of time; their ties to the community severed, their treatment needs unmet, and their illnesses made worse. Judge Leifman will discuss his journey into the mental health system, the legal and medical history that led to America's mental health crisis and the essential elements necessary to create an effective system of care that ultimately will transform the mental health and criminal justice systems and make jail the last option for people with serious mental illnesses, not the first.

10:15 am – 11:45 am • *Workshops*

F401 Creating Effective Partnerships Between Behavioral Health & DOC

Deanna Carron, LICSW, Greater Lakes Mental Healthcare; Timo M. West, CCO3, WA State Dept. of Corrections, Pierce County Special Needs Unit

One of the goals of any behavioral health program that serves individuals with criminal justice involvement is to create a partnership with the Department of Corrections (DOC) officers who are also involved with these individuals. Historically, the relationship between DOC and behavioral health entities has been conflicted, partly due to the reluctance of behavioral health clinicians to release information about clients to DOC. More recently, legislation has been passed that requires mental health providers to do just that. Beyond this legal requirement, community-based forensic programs and DOC strive to develop strong partnerships that result in effective treatment and interventions across both continuums, but there is still need for an open dialogue between the two entities regarding some-

Continued on next page

times differing perspectives (e.g., process of recovery vs. compliance and sanctions). This workshop will provide attendees with perspectives from both DOC and a behavioral health agency, and discuss how both systems are incorporating evidence-based practices that complement each other and ultimately result in better outcomes for individuals involved in both systems.

F402 Beyond Collaborative Care: Creating a Single System of Care Across Primary & Behavioral Health

Donna Poole, MSN, ARNP, PMHCNS-BC, Kitsap Mental Health Services; Maria Klemesrud, MEd, Kitsap Mental Health Services; Rochelle Doan, MS, Kitsap Mental Health Services

This presentation will demonstrate how a seamless flow of care for persons with behavioral health needs from mild to severe is accomplished through the co-location of community behavioral health-employed practitioners (a Behavioral Health Professional) at primary care clinics, and through the provision of community behavioral health agency-based psychiatric consultancy services (which are available to the entire community of primary care providers). This approach implements processes that bring the two systems together – patients receive the right care, in the right place, while primary care providers receive the supports (including behavioral health expertise, records and tools) needed to provide behavioral healthcare for patients with mild to moderate mental illness, and improved primary care for patients with complex mental illness. Attendees will hear case examples and learn about the many benefits of this model, the tools available to behavioral health agencies that can inform and support primary care, and more.

F403 Recovery from Domestic Violence

Seiko Yamashita, MS, Therapeutic Health Services

Domestic violence can wreak havoc in an individual's life and emotions. People of any age, gender, sexual orientation, culture, nationality, religion, income level or profession can suffer domestic violence. This workshop will examine the impact of domestic violence on individuals and on their friends and family. It will also explore how professionals and the community at large can better support survivors' emotional and life recovery by considering what kinds of trauma-focused treatment works best for the survivor, how to build a multidisciplinary team, how to integrate support and care from other professionals and the community, and many more topics.

F404 Going in Circles: Integrated Behavioral Health

Stacey Devenney, MA, CMHS, LMHC, CDP; Kitsap Mental Health Services; Kathryn Felix, MSW, Kitsap Mental Health Services

This presentation will describe core features of Kitsap Mental Health Services' agency redesign to become an Integrated Community Behavioral Health Center of Excellence providing person-centered, comprehensive care. It will cover the formation of multi-disciplinary outpatient treatment teams, integration of substance use disorder treatment across the agency and the lifespan, chronic disease self-management and health promotion, and the integration of medical assistants into the care teams. Attendees will experience how a multidisciplinary team supports person-centered patient care, participate in a "daily huddle," draft an Emergency Department Information Exchange "EDIE Alert," leave with a training bootcamp plan for new staff, and discuss the elements of a Community Care Collaboration Team.

F405 Strengthening Cultural Identity Development through Film in Adolescent Mental Health & Recovery Services

Joseph Mills, MSW, Asian Counseling & Referral Service; Leslie Christen, BA, CDP, Asian Counseling & Referral Service; Duc Vo, Asian Counseling & Referral Service

This presentation will define and explore cultural identity development as a necessary part of prevention programs, mental health treatment, and recovery services. It will also provide innovative ideas to assist youth in developing a positive sense of their cultural self by connecting with their communities and families through the medium of film. We will detail the prevention efforts of the Southeast Asian Young Men's Program (SEA-YM) of Asian Counseling & Referral Service in Seattle, which provides in-school and after-school programs to strengthen cultural identity and to bridge cultural and generational gaps between Asian American adolescents and their first generation parents. We will also present and discuss a youth-produced documentary film as an example of prevention programming that engages youth in positive activities and also provides a voice to under-represented cultural experiences, stories and narratives.

F406 Serving Transgender Clients

Ryan Yanke, MS, DESC; Levi Dineson, DESC

Transgender individuals are frequently discriminated against, leading to high rates of homelessness. This session will provide information outlining the host of complex challenges many transgender people experience as a result of discrimination. It will also discuss the growing need to serve transgender youth in an effort to help them avoid homelessness as an adult, and explore how support and wrap-around services can change to effectively meet the complex needs of transgender individuals. We will also provide tangible strategies on how to provide advocacy and create safer spaces for all.

F407 Making the Move: Transitional Challenges for Older Adults & Caregivers

Judy Canter, LICSW, GMHS, ASW

Our elders have several challenges aging in today's society. Statistics show that people are living longer and on average will need at least five years of care before their life ends. Where this care will take place depends on financial wealth and family support. This presentation will outline the different transitions for our elders and the emotional stress associated with them. It will look at the losses of physical mobility, friends, spouse, home and personal belongings, and the elder's grief associated with these losses. It will also discuss the difficulties and benefits associated with aging in place, both for the individual and their family, as well as other issues related to different levels of care. Finally, it will suggest ways to provide support for the elder while also addressing other issues that arise for caregivers and/or family members.

Noon – 1:15 pm • *Afternoon Activities*

Lunch & Award Presentations

1:30 pm – 3:00pm • *Workshops*

F501 Protection & Advocacy for People with Disabilities in Prison

Anna Guy, JD, Disability Rights WA; Heather McKimmie, JD, Disability Rights WA; Jordan Melograna, BFA, Disability Rights WA

As the designated protection and advocacy agency for Washington State, Disability Rights Washington (DRW) has federal authority to monitor and investigate conditions of confinement and allegations of abuse and neglect of people with disabilities. At the 2014 WBHC, DRW presented its newly launched initiative, Amplifying Voices of Inmates with Disabilities (AVID), which focuses on advocacy on

behalf of inmates with disabilities. In this year's presentation, AVID staff will be offering information on the initiative's progress over the last year, including the AVID Prison Project's recent monitoring efforts in state prisons, the ongoing collaboration between DOC and the AVID Prison Project to reduce the punishment and segregation of inmates with personality disorders, and the AVID Prison Project's video advocacy relating to barriers to re-entry for inmates with disabilities.

F502 Integrating the Language & Strategies of Substance Abuse & Co-Occurring Disorder Treatment

Michael Galloway, MEd, MA, LMFT

Current neurological research demonstrates that behavioral change comes through sustained forms of self-regulation. This workshop will update your knowledge and understanding of addiction as a brain disease and co-morbidity with various mental disorders; identify neurobiological processes specific to addiction recovery including reward, motivation, affect regulation, executive function, mindfulness and distress tolerance skills; and identify and compare concepts of 12-Step, cognitive-behavioral, mindful-existential, and narrative models of change as applied to a personal program of recovery. Attendees will identify and practice strategies for applying CD treatment materials to co-occurring issues, and will practice tools and strategies that empower the recovering person to focus on what must be done to achieve sobriety, offer techniques for dealing with stormy and confusing emotions, and safeguard integrity even in setbacks.

F503 Meeting One of the Most Basic Human Needs: The Healing that Occurs through Creating Intentional, Authentic Relationships

Nancy Dow, BS, Peer Support Specialist, Harborview Medical Center Peer Bridger Program; Annie Roberts, RN, BSN, Harborview Medical Center; Robie Flannagan, AAS, Peer Support Specialist, Harborview Medical Center Peer Bridger Program

Two peer support specialists and a psychiatric intensive care nurse invite you to join them for an informative, interactive dialogue about relationships that help us heal from all kinds of trauma. Over the past two years, peer support and Harborview Inpatient Psychiatry staff have come together through the Peer Bridger program, a two year King County grant-funded pilot developed with the goal of minimizing rehospitalizations, reducing lengths of stay and improving the quality of life of the people we serve. At the heart of this successful enterprise are myriad relationships that have been built with great care and have evolved from cautious optimism to enthusiastic mutual respect. This workshop will explore the characteristics of authentic, healing relationships and the value of these interactions, specifically with regard to the impact of trauma on physical and mental health. Participants will leave with a clearer picture of what a truly therapeutic relationship is and how to develop and foster it, and with a new fire in their belly for having happy, healthy, authentic relationships in every part of their lives.

F504 Integrating Primary Care into a Behavioral Health Rural Community Clinic

Christine Burnell, MN, ARNP, Jefferson Mental Health Services; Carol (Ru) Kirk, MA, DMHP, Jefferson Mental Health Services

This presentation will highlight an implementation plan for integrating primary care into a rural behavioral health setting. We will cover both our strengths and the barriers encountered in the process. We believe that bringing primary care into a behavioral health setting (rather than the more common model that does the opposite) is one way to both reduce well-documented health disparities among people with serious mental illness, and provide the comprehensive, high-quality care that will allow our clients and their families to flourish. We will review other topics that support an integrated model, including organizational structure and stakeholders (e.g., Board of Directors, agency administration, clinical and medical staff, community partners). We will also examine barriers to an integrated model, including implementation costs, billing, licensing approvals, physical plant changes, organizational resistance to change, attitudes and beliefs about integrated care, and data sharing challenges.

F505 WISe and System of Care: What Do I Need to Know?

Dan Embree, MEd, NCC, Portland State University; Lorrin Gehring, Certified Peer Counselor, Division of Behavioral Health & Recovery; Patty King, Certified Peer Counselor, Division of Behavioral Health & Recovery

Wraparound with Intensive Services (WISe) is part of a settlement agreement (T.R. v. Quigley and Teeter) that will create consistency across the Washington State service delivery system by providing intensive services in home and community settings to eligible youth who meet a set of screening criteria. The implementation plan includes several phases and activities for the statewide rollout by 2018. This presentation will focus on informing participants about how WISe will impact delivery of care across the state and in local communities. It will also highlight how WISe will reduce the impact of mental health symptoms on youth and families, increase resiliency, promote recovery, keep youth safe at home and making progress in school, and help youth to avoid delinquency. Finally, we will also cover the link between WISe and Systems of Care, and teach practitioners, community members and system partners about their role in the WISe model.

F506 Integrating Trauma-Informed Care for Best Practice

Joelle Blair, MSW, Community Psychiatric Clinic; Pamela Tomczak, MC, CDP, MHP, Community Psychiatric Clinic

This workshop will provide a foundation for understanding the philosophy and principles of trauma-informed care, and for implementing trauma-informed practices within a behavioral health care setting to promote client safety, build client choice and control, increase client strengths and skills, instill hope and ultimately promote recovery. The presenters will cover the etiology and types of trauma, pervasiveness of trauma within our society, demographics and current research surrounding trauma, the interconnectedness of traumatic experiences with brain biology and physiology, developmental issues related to early trauma, and the impact of trauma on one's world view and the resulting cognitions, emotions and behaviors. Participants will come away with practical interventions for infusing trauma-informed care into clinical practice in behavioral health treatment, settings and agency culture.

F507 Housing 3000: High Impact Interventions for Chronically Homeless Individuals

Melodie Pazolt, WA State Department of Social & Health Services; Jay Lee, JD, HomeBase

Best and promising practices for responding to chronic homelessness through multi-disciplinary, interagency collaboration will be addressed in this presentation. Attendees will gain practical knowledge on how to foster effective relationships between governmental and non-profit agencies serving homeless people, best practices for developing an interagency, multidisciplinary response to chronic homelessness, and new initiatives for ending chronic homelessness in WA State. Topics to be covered include leveraging Medicaid expansion and the Affordable Care Act to provide services for chronically homeless people, converting transitional housing projects into permanent supportive housing, using consolidated data from mainstream systems of care to match people who are chronically homeless with appropriate interventions, and using mainstream resources to help high-need populations retain housing.

Activities at a Glance

Wednesday, June 17 · PRE-CONFERENCE PROGRAMS

8:00 am – 8:00 pm Conference Registration
8:00 am – 1:00 pm WCMHC Board & Membership Meetings
9:00 am – 4:30 pm Law & Ethics Training: WTF (Separate Registration Fee)
9:00 am – 5:00 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 18 · CONFERENCE PROGRAMS

7:30 am – 8:30 am Continental 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 **David Sheff,** ***When Addiction Strikes a Family***

TRACKS	CORRECTIONS & MENTAL HEALTH	INTEGRATED SERVICES	RECOVERY & RESILIENCY
10:15 am – 11:45 am	**T101** Jail Investigation & Advocacy: A Disability Perspective	**T102** Overcoming Addiction & Ending America's Greatest Tragedy	**T103** Faith-Based Response Within a Recovery-Oriented System of Care
11:45 am – 1:15 pm	**LUNCH & KEYNOTE ADDRESS by David Shern, PhD,** ***Preventing Our Contemporary Epidemics: Behavioral Health & the Next Major Era of Public Health***		
1:30 pm – 3:00 pm	**T201** A Community Response to Individuals w/Behavioral Health Needs Involved w/Criminal Justice System	**T202** What Primary Care Can Learn from Behavioral Health & Vice Versa	**T203** Helping African American Women Overcome Trauma from Domestic Violence & Sexual Assault
3:15 pm – 4:45 pm	**T301** Evidence-Based Psychological Services in a Corrections Setting	**T302** Practical Harm Reduction Strategies	**T303** Building Leadership & Reducing Stigma among Young Adults w/ and w/o Mental Illness
4:45 pm – 5:15 pm	**Cracker Barrel Session(s) (announced on-site)**		
5:30 pm – 6:30 pm	**Peer Support Reception**		

FRIDAY, JUNE 19 CONFERENCE PROGRAMS

7:30 am – 9:00 am	**CONTINENTAL BREAKFAST, VENDOR TABLES OPEN**		
9:00 am – 10:00 am	**KEYNOTE ADDRESS by Judge Steve Leifman,** ***Ending the Criminalization of Mental Illness & Transforming Mental Health Systems: A Judicial Perspective***		
10:15 am – 11:45 am	**F401** Creating Effective Partnerships between Behavioral Health & DOC	**F402** Beyond Collaborative Care: Creating a Single System of Care Across Primary & Behavioral Health	**F403** Recovery from Domestic Violence
Noon – 1:15 pm	**LUNCHEON AND AWARDS PRESENTATION**		
1:30 pm – 3:00 pm	**F501** Protection & Advocacy for People with Disabilities in Prison	**F502** Integrating the Language & Strategies of Substance Abuse & Co-Occurring Disorder Treatment	**F503** Meeting One of the Most Basic Human Needs

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, 2015 will be on a space-available basis.

Hotels
The following hotels in Vancouver, WA and Portland, OR are offering special rates for conference participants:

Hilton Vancouver Washington
301 West 6th Street
Vancouver, WA 98660
Phone: (360) 993-4500
$113 + tax

Red Lion at the Quay
100 Columbia Street
Vancouver, WA 98660
Phone: (360) 694-8341
$99 + tax

MANAGEMENT, LEADERSHIP & OPERATIONS	CHILDREN, YOUTH & FAMILIES	ADVANCING CLINICAL SKILLS	SERVICES & PARTNERSHIPS
T104 Measurement Matters: Cross-System Performance Measure Implementation in WA State	**T105** Innovation & Change: Integrating Developmentally Appropriate Care for Young Adults in Transition into Community MH Systems	**T106** Looking at Challenging Behavior through a Trauma-Informed Lens: An Introduction to Collaborative Problem Solving	**T107** The Basics of How Working Affects SSI and SSDI & SSA Work Incentives
T204 Little Big Data & Integrated Care: So What If You're Not Amazon or Zappos!	**T205** Childhood & Adolescent Suicidality: What Every Parent & Counselor Needs to Know	**T206** Combat to Community: Defining a New Age in Veteran Care	**T207** The Partnership to Reduce Psychiatric Rehospitalization Learning Collaborative
T304 How to Survive & Thrive through a DBHR Review	**T305** Everything I Wish My Therapist Knew about Foster Care	**T306** Trauma Exposure & Resiliency Building	**T307** Implementing the Next Major Era in Public Health: The Central Role of Behavioral Health
F404 Going in Circles: Integrated Behavioral Health	**F405** Strengthening Cultural Identity through Film in Adolescent Mental Health & Recovery Services	**F406** Serving Transgender Clients	**F407** Making the Move: Transitional Challenges for Older Adults & Caregivers
F504 Integrating Primary Care into a Behavioral Health Rural Community Clinic	**F505** WISe and System of Care: What Do I Need to Know?	**F506** Integrating Trauma – Informed Care for Best Practice	**F507** Housing 3000: High Impact Interventions for Chronically Homeless Individuals

Holiday Inn Express & Suites Vancouver Mall
7205 NE 41st Street
Vancouver, WA 98662
(360) 253-0500
$118 + tax

Red Lion Hotel On the River
909 N Hayden Island Drive
North
Portland, OR 97217
Phone: (503) 283-4466
$137 + tax

Holiday Inn Express
2300 N Hayden Island Drive
Portland, OR 97217
Phone: (503) 283-8000
$144.99 + tax

Registration Fees

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:
Andrew Davison at 206-219-1357 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 206-219-1357, or TTY users may call 800-833-6388 (WA Relay Service) **by May 1, 2015.**

☐ Vegetarian meals requested
☐ Dietary Restrictions: _____

AFFILIATIONS

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

ORGANIZATION

☐ Advocacy Organization
☐ Community MH Agency
☐ Consumer Organization
☐ DOC
☐ DSHS: _____
☐ RSN
☐ Other: _____

PRECONFERENCE PROGRAMS | Wed, June 17, 2015

Law and Ethics: What's the Future/Where to Fit (9 am – 4:30 pm) –
Lunch on your own

☐ **$115** *if paid/postmarked by May 22, 2015*
☐ **$130** *if paid/postmarked on May 23, 2015 or later*

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

☐ **$115** *if paid/postmarked by May 22, 2015*
☐ **$130** *if paid/postmarked on May 23, 2015 or later*

CONFERENCE PROGRAMS | Wed-Fri, June 17-19, 2015

☐ **$275** *per person* if paid/postmarked by May 22, 2015*
☐ **Group Discount: $240** *per person* for groups of 3 or more if paid/postmarked by May 22, 2015.* **No group discount on or after May 23, 2015**
☐ **$295** *per person* if paid/postmarked on May 23, 2015 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, 2015 will be refunded, minus a $50 non-refundable fee.*
- *Cancellations received June 2-14, 2015 will be refunded, minus a $75 non-refundable fee.*
- *No refunds will be processed for cancellations received on or after June 15, 2015.*

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, Seattle, WA 98119

☐ Visa ☐ MasterCard

CARDHOLDER NAME CCV CODE

CARD NUMBER EXP. DATE

AUTHORIZED SIGNATURE

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 17**
☐ **I plan to attend the Peer Support Reception on Thursday, June 18**

THURSDAY, JUNE 18 *(Check one for each time slot)*

10:15 – 11:45 am	☐ T101	☐ T102	☐ T103	☐ T104	☐ T105	☐ T106	☐ T107
1:30 – 3:00 pm	☐ T201	☐ T202	☐ T203	☐ T204	☐ T205	☐ T206	☐ T207
3:15 – 4:45 pm	☐ T301	☐ T302	☐ T303	☐ T304	☐ T305	☐ T306	☐ T307

FRIDAY, JUNE 19 *(Check one for each time slot)*

10:15 – 11:45 am	☐ F401	☐ F402	☐ F403	☐ F404	☐ F405	☐ F406	☐ F407
1:30 – 3:00 pm	☐ F501	☐ F502	☐ F503	☐ F504	☐ F505	☐ F506	☐ F507

Information

CONTINUING EDUCATION (CE)

Up to **12 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 course (separate registration fees required). Tracking forms to record and submit continuing education clock hours will be available on-site at the conference.

The Washington Community Mental Health Council is an NBCC-Approved Continuing Education Provider (ACEP) and may offer NBCC-approved clock hours for events that meet NBCC requirements. The ACEP is solely responsible for all aspects of the program. The Washington Community Mental Health Council's NBCC approval number is **5849**.

CONSUMER, ADVOCATE & FAMILY ADVOCATE SCHOLARSHIPS

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

ACKNOWLEDGEMENTS

The Washington Community Mental Health Council (WCMHC) is the sponsor of the 2015 Washington Behavioral Healthcare Conference in partnership with the Department of Social and Health Services' Behavioral Health & Service Integration Administration and with the Department of Corrections. **WCMHC is grateful for conference funding support from the DSHS Behavioral Health & Service Integration Administration, the 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.

WCMHC would like to acknowledge and thank the 2014-2015 Education Committee, who played an invaluable role in the conference planning and decision-making. The Committee Members are:

- **Faith Richie,** Chair, Telecare
- **Peter Casey,** Peninsula Community Mental Health Center
- **Brigitte Folz,** Harborview Mental Health Services
- **Sonia Handforth-Kome,** Valley Cities Counseling & Consultation
- **Shirley Havenga,** Community Psychiatric Clinic
- **Gena Palm,** Navos
- **Skip Rosenthal,** Okanagon Behavioral Health
- **Darcell Slovek-Walker,** Transitional Resources
- **David Stone,** Sound Mental Health
- **Ronald San Nicolas,** Division of Behavioral Health & Recovery Liaison
- **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!

2015 Washington Behavioral Healthcare Conference
c/o Washington Community Mental Health Council
600 Stewart Street, Suite 202
Seattle, WA 98101-1217

2015 WASHINGTON BEHAVIORAL HEALTHCARE CONFERENCE | JUNE 17-19, 2015
Hilton Vancouver Washington

2015 WASHINGTON BEHAVIORAL HEALTHCARE CONFERENCE | JUNE 17-19, 2015
Hilton Vancouver Washington
301 W 6th Street, Vancouver, WA 98660

Fulfilling the Promise of Integrated Care

CONFERENCE HIGHLIGHTS

- Tracks this year on integrated services, corrections and mental health, recovery and resiliency, children, youth and families, management, leadership & operations, advancing clinical skills, and more!
- National and Local Experts
- Over 35 Workshops
- Up to 12 Continuing Education Clock Hours Available
- On-line Registration at www.wbhc.org

Read more about these and other exciting conference details inside!
Don't miss this opportunity.

WHO SHOULD ATTEND?

Mental Health Professionals
Corrections Professionals
Older Adult Services Professionals
Vocational Rehabilitation Professionals
Consumers and Family Members
Advocates
Chemical Dependency Professionals
Human Service and Education Professionals
Executive Directors
Administrators/Managers
Those interested in behavioral healthcare

Welcome

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

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

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

Need Help Now?

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

If you are in crisis and need someone to talk to, call
Care Crisis Line 1-800-584-3578
TTY 1-425-339-3301

LOCATION

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

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

BHO SUD Service Array Client Flow

Front End Engagement and Outreach

- Prevention Programs
- Public Education Programs
- Crisis Intervention Training, etc.

Many Front Doors

Crisis Entry to the System

- 1-800 Crisis Line
- Mobile Outreach Teams
- Emergency Room Diversion Programs
- EMS
- Law Enforcement
- Crisis Triage Centers

Non-Crisis Entry to the System

- Primary Care Clinics
- Community Engagement/ Mobile Case Mgmt
- Outpatient Provider Organizations
- Criminal Justice (Courts & Jails)
- Shelters, Community Centers, etc.
- Care Coordinators/ Navigators
- School-Based Services
- Child Welfare, and Other Allied Agencies

Disposition of Case Post-Crisis Encounter to Inpatient/Residential/Step Down

- Addiction Stabilization Unit (Detox)
- Medically Monitored Inpatient
- Residential Treatment with Multiple Levels
- Recuperative Care
- Sobering Program
- Respite Care

Admission to Community Based Services

- Outpatient
- Intensive Outpatient
- Intensive OP with Wraparound
- Recovery Centers
- "On Track" Treatment Housing
- Co-Occurring Services
- Care Coordination
- Primary Care SUD Tx (Health Education)
- Recovery Mentors

Recovery Supports

- Opioid Maintenance Program
- Supportive Housing
- Child Care
- Primary Care Medication Assisted Tx
- Transportation
- Flex Funds, etc.
- Community Engagement Programs
- Employment Services

Back Porch Services

- Youth Aftercare Services
- Adult Aftercare Services

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Mental Health Related Legislation – Updated April 29, 2015

Bill Number	Description	Status
SSB 5269	Also known as "Joel's Law" - would allow a family member or guardian to petition the court to re-consider a decision by a DMHP to not detain someone.	Passed and delivered to Governor
SBH 1450	Allows a person who meets the definition of "in need of assisted outpatient treatment" to be ordered into involuntary mental health treatment.	Passed and delivered to Governor
SHB 1597 SSB 5177	Encourages DSHS to develop alternative locations for competency restoration. Alternative facilities may include community mental health providers or other local facilities. County or municipal jails may be used for restoration treatment during the 2015-2017 biennium.	Did Not Pass
SHB 1713	Integrates the involuntary treatment provisions and systems for chemical dependency with involuntary mental health treatment provisions effective April 1, 2017. Directs a Washington State Institute for Public Policy study to evaluate the effect of the integration of the involuntary treatment systems for chemical dependency and mental health.	Disagreement between House and Senate have not yet been resolved.
SBH 1721	Directs the state to develop protocols and funding mechanisms so that EMS can transport persons to mental health or chemical dependency facilities rather than an ED when appropriate	Passed and delivered to Governor
SSB 5175	Requires health carriers to reimburse for services provided via telemedicine and allows hospitals to rely on the privileging decisions of another hospital when services are being provided via telemedicine.	Passed and signed by the Governor
SSB 5889	Maximum time limits are established for the provision of competency-related evaluation and restoration services:14 days for inpatient competency-related evaluation and restoration services; and 14 days for completion of a competency evaluation in jail, with the option to extend another seven days	Passed and signed by Governor
SB 5649	Requires a DMHP to submit a report to DSHS within 24 hours when a person meets involuntary detention criteria but there are no E&T beds available.	Passed and delivered to Governor
SSB 1879	Requires Health Care Authority to issue a RFP to provide integrated care to foster youth beginning in 2018.	Passed and delivered to Governor