



North Sound Behavioral Health Advisory Board

Agenda

April 5, 2022

1:00 p.m. – 3:00 p.m.

Call to Order and Introductions

Revisions to the Agenda

Approval of March Minutes

Announcements

- Advisory Board Resignation

Brief Comments or Questions from the Public

Diversity Racial Equity and Inclusion – Update

Quality Management Plan – North Sound BH-ASO, Charles DeElena; Business Improvement Manager/Compliance Officer

Executive Committee Report

- Volunteers of America Request for Information - Update

Executive Director's Action Items

Executive Director's Report

- Attachments are located on the Advisory Board website under the month of April
<https://nsbhaso.org/who-we-are/boards-and-committees/advisory-board>

Old Business

- Vice Chair Vote
- Ad Hoc Committee Recruitment – Update
- Executive Committee Appointment

New Business

- 2022 Washington State Behavioral Healthcare Conference Registration
- Advisory Board Membership
- Tribal Appointment Process
- Vice Chair Appointment Process

- Advisory Board Hybrid Model Update
- Advisory Board Retreat Discussion
- Central Communication Platform

Report from Advisory Board Members

Reminder of Next Meeting

Adjourn



North Sound Behavioral Health Advisory Board

March 1, 2022

1:00 – 3:00

Meeting Minutes

Empowering individuals and families to improve their health and well-being

Members Present on Phone Zoom Meeting Platform:

- Island County: Candy Trautman, Chris Garden
- San Juan:
- Skagit County: Candace Weingart, Deanna Randall-Secrest, Jere LaFollete
- Snohomish County: Marie Jubie, Pat O'Maley-Lanphear, Michelle Meaker, Jack Eckrem, Jennifer Yuen
- Whatcom County: Arlene Feld, Kara Allen, Alan Friedlob

Members Excused:

- Island County:
- San Juan County:
- Skagit County:
- Snohomish County: Joan Bethel, Fred Plappert
- Whatcom County: Mark McDonald

Members Absent:

- Island County:
- San Juan County:
- Skagit County:
- Snohomish County:
- Whatcom County:

North Sound BH-ASO Staff: Joe Valentine, Maria Arreola

Managed Care Organization Representation:

- United Healthcare: Stacy Lopez
- Coordinated Care:
- Molina Healthcare: Kelly Anderson
- Community Health Plan of Washington [CHPW]: Marci Bloomquist

Guests:

Pre-Meeting Training

Non pre-meeting month

Call to order and Introductions

The meeting was called to order by Chair O'Maley-Lanphear at 1:02 p.m.

Revisions to the Agenda

No revisions mentioned

Approval of February Minutes

Jack moved a Motion made for the approval of February meeting minutes as written. Chris seconded the Motion. All in favor, Motion carried.

Announcements

— Skagit County Resignation

- Duncan West has resigned from the Board. Duncan served five years on the Board. His driven passion for the behavioral health system spoke volumes to keep the voice of the forgotten population and keeping a sustainable system for our counties. He will tremendously be missed. Members wished him the very best.

Brief Comments from the Public

None

North Sound Regional OMBUDS Report

Lizeth and Katelyn presented the annual report to the Board

- Grievance categories
 - Access
 - Dignity and Respect
 - Coordination of Services
- Complaint Breakdowns
- Agency complaints for 2021 quarter 3 and 4
- 2021 Trends
- Introduced the updated UMBUDS brochures

Executive Directors Report

Joe reported on the following

- Behavioral Health Legislative Bills
- Legislative Budget Proposals
- Community Behavioral Health Rental Assistance [Update]
- Homeless Outreach Stabilization Team [HOST]
- Whatcom County First Responder Co-Response Outreach Program Request for Proposal [Update]
- Crisis Services Update
- Update on Changes to the BH-ASO Organizational Structure

Executive Director's Action Items

Joe reviewed each action item. Marie moved a Motion made to approve the action items to move to the Board of Directors for approval with Candace recusing from the vote of the Recovery Navigator Program, Skagit County Community Action motion. Candy seconded the Motion. All in favor. Motion carried.

Executive/Finance Committee Report

The February Expenditures were reviewed and discussed. Marie moved a Motion to move the Expenditures to the Board of Directors for approval. Michele seconded the Motion seconded. All in Favor. Motion Carried.

Old Business

2022 North Sound BH-ASO Policies for Advisory Board

Members reviewed all policies except for policy 4515 Advisory Board Representation. This policy is still under review.

- 4501.00 Advisory Board Request for Staff Services
- 4501.01 Identification of Staff
- 4507.00 Advisory Board Member Transportation Reimbursement Requests
- 4509.00 Development of Annual Advisory Board Expense Projection
- 4510.00 Attendance and Participation at Conferences, Seminars and Trainings
- 4511.00 Purchasing and Other Expenses Procedure
- 4514.00 Advisory Board Functions

Jack moved a Motion to approve the revised policies with condition of minor changes. Candace seconded the Motion. All in Favor. Motion Carried.

New Business

Executive Committee Appointment

Chair O'Maley-Lanphear appointed Candy to serve on the Executive Committee. Currently there is one more vacancy. Members were encouraged to contact Maria or Chair O'Maley-Lanphear if interested in serving on the committee.

Chair O'Maley-Lanphear announced open nominations for the Vice Chair position. A vote will take place during the April meeting.

Advisory Board Recruitment

Michele, Pat and Candace have agreed to serve on the Ad Hoc Committee. This committee will look into strategies to reach out to community-based coalitions.

It was suggested to have a centralized communication platform. Maria will work with the North Sound Staff to further research. This will be brought back to the April meeting.

Report from Advisory Board Members

Marie spoke of her participation with the Cross Disabilities Advocacy Network. Marie has been working on more bus shelters.

Arlene spoke of Whatcom County discussions to address issues the jail is facing. Community is asking for feedback regarding the justice system behavioral health.






Reminder of Next Meeting

Tuesday, April 5, 2022

Adjourn

Chair O'Maley-Lanphear adjourned the meeting at 3:00 p.m.

North Sound Behavioral Health Administrative Services Organization
Advisory Board Budget
March-22

		All Conferences	Board Development	Advisory Board Expenses	Stakeholder Transportation	Legislative Session
	Total	Project # 1	Project # 2	Project # 3	Project # 4	Project # 5
Budget	\$ 20,000.00	\$ 9,900.00	\$ 1,000.00	\$ 9,000.00		\$ 100.00
Expense	0.00					
Under / (Over)						
Budget	\$ 20,000.00	\$ 9,900.00	\$ 1,000.00	\$ 9,000.00	\$ -	\$ 100.00
						
		All expenses to attend Conferences	Advisory Board Retreat/Summit	Costs for Board Members (meals mileage, misc.)	Non- Advisory Board Members, to attend meetings and special events	Shuttle, meals, hotel, travel

For Introduction:**City of Mt Vernon-Mount Vernon Police Department**

- The Health Care Authority set aside \$100,000 in COVID Block Grant Funds (\$25,000 Substance Abuse Grant and \$75,000 Mental Health Grant) for a co-responder project. The contract specified the funding must go to a law enforcement agency. The Mount Vernon Police Department had submitted a proposal to help fund their integrated co-responder outreach program. The total funding for this project is \$250,000, \$100,000 set aside for co-responder projects with Law Enforcement and \$150,000 in a mix of COVID Mental Health and Substance Abuse Block Grant funds. The funding will specifically fund staffing for the team, one mental health professional and one substance use disorder professional. The ASO funds are braided with other funding sources.
- The model Mount Vernon Police Department is implementing its model that will achieve the following goals:
 - Change the capacity and capability for Mount Vernon Police Department to effectively respond and reduce the unhoused population who encounter the criminal justice system.
 - Provide an alternative to police officer responses, with non-police personnel, to calls where poverty, substance use disorder or behavioral health are primary factors versus criminal intent.
 - Provide outreach services specialists intensive case management support in order to offer wrap around services the unhoused or high service utilizers who encounter the criminal justice system because they are not connected or inconsistently connected to traditional care providers.
 - Public safety effectively providing behavioral health services and resources as a means towards a longer-term goal of transitioning these to the behavioral health system.

Whatcom County-Co-Responder

- Whatcom County was the only bidder for the Whatcom Co-Responder RFP. The evaluation team met and reviewed the proposal and recommended the ASO move forward with a contract. The team made some recommendations to the ASO to consider while standing up these programs, specifically on how to measure success and acquiring feedback from individuals having contact with the teams. The funding for this project is \$223,563 in COVID Mental Health and Substance Abuse Block Grant funds. The contract will be on the May 12, 2022 Board of Directors agenda for approval.
- Elements of the Whatcom County project are as follows:
 - Whatcom County First Responder Co-Response Outreach Program model pairs Whatcom County Sheriff Behavioral Health Deputies with co-responder crisis staff to respond to behavioral health-related calls for service.
 - The Whatcom County Sheriff's Office has two established behavioral health deputies trained in behavioral health call response. The addition of two, Masters level co-responder crisis staff will utilize the combined expertise of the deputies and co-

responder crisis staff to provide early engagement interventions with person-centered de-escalation that uses least invasive interventions.

- The co-response team will employ field-based strategies to identify individuals with substance use disorders and mental health needs in a culturally competent, recovery oriented, trauma sensitive manner.
- The intent is to implement two approaches: 1) behavioral health deputy and co-responder crisis staff deploy together in the same vehicle for time periods of high call volume and 2) during low call volume periods, the co-responder crisis staff are available for calls by behavioral health deputies following dispatch, and the call is handled collaboratively.

For Discussion

Child, Youth and Family Mobile Crisis

- Our July 2022 HCA contract amendment requires the ASOs to establish new or expand mobile crisis teams for adults, youth and children by July 1st, 2022. The team models are to include Mental Health Professionals (MHPs) and Peers trained in crisis services. We will also be required to incorporate the standards of the Mobile Response and Stabilization Service (MRSS) model. The goals of this model include supporting individuals, children and families in their current living situation, provide trauma informed care, promote and support safe behaviors in school/community, reduce the use of emergency department and criminal justice systems and assist in linkages to ongoing age-appropriate support and services as needed. All services are required to be submitted under the new transaction code for Mobile Crisis Response transaction by July 1, 2022.

For Board of Director Action:

Federal Block Grant/Peer Outreach Follow up Services

- In our MH & SUD approved COVID Federal Block Grant plans we set aside \$150,000 for Peer/Outreach Workers for crisis follow up for individuals with serious behavioral health challenges. The ASO is adding the peer outreach services to VOA's crisis follow up services. With the addition of peers/outreach workers VOA will be expanding the referral base for the program.

Motion #

North Sound BH-ASO-VOA-ICCN-19-22 Amendment 7 to provide funding to hire two peer/outreach workers for the follow up service team at VOA. The maximum consideration on this Amendment is \$150,000. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.

LEAD Recovery Navigator Programs (RNP)

- North Sound has two LEAD programs in the region, in Snohomish and Whatcom counties. The RNP will be an enhancement to LEAD services. We will be contracting with the Snohomish County Prosecutors office and the Whatcom County Prosecutor's office.
- The Regional Navigator Program (RNP) will collaborate with Whatcom and Snohomish County LEAD programs to expedite implementation. Our goal of the first year is to increase capacity by adding additional staff and resources. For year two, if possible, we plan to place RNP's in other locations throughout those counties to provide broader range of coverage.
- The funding for each program is \$512,455 annually. Snohomish County will be receiving additional funds in July 2022 in a legislative proviso.
- Whatcom County contract term is on the same cycle as the other RNP contracts. Snohomish County requested a calendar year term.

Motion#

North Sound BH-ASO-Whatcom County-RNP-22 for the purpose of adding the staffing and resources to provide recovery navigator services to the LEAD program. The contract term is March 1, 2022, through February 28, 2023, with an automatic one-year renewal on March 1, 2023, based on continued compliance with the terms of the contract.

North Sound BH-ASO-Snohomish County-Interlocal RNP-22 for the purpose of adding the staffing and resources to provide recovery navigator services to the LEAD program. The contract term is January 1, 2022, through December 31, 2022, with an automatic one-year renewal on January 1, 2023, based on continued compliance with the terms of the contract.

Amerigroup

- The ASO has begun negotiations with the Managed Care Organizations to increase our per member per month (PMPM) to cover the costs of their members for a 24/7/365 crisis service.
- Amerigroup has agreed to increase their PMPM from \$1.47 to \$3.05, their members have higher acuity and higher utilization of services

Motion#

Amerigroup Washington, Inc.-North Sound BH0-ASO-ASA-Amendment 2 for the purpose of increasing the monthly PMPM from \$1.47 to \$3.05 per member.

Personnel Action

- Authorizing a 2.75% COLA for the Executive Director

Motion #

Authorizing a 2.75% COLA to the Executive Director salary with retroactive effective date of January 1, 2022.

Marie Jubie Resolution

- For Marie's 29 plus years of dedication to the North Sound Regional Advisory Board we are here to pass a resolution honoring her service.

Motion#

Resolution #22-001 honoring Marie Jubie's service to the North Sound Regional Advisory Board.

1. RETIREMENT OF MARIE JUBIE FROM NORTH SOUND BH-ASO ADVISORY BOARD

- Long time North Sound Behavioral Health Advisory Board member, Marie Jubie, has announced her intent to resign from the Advisory Board.
- Marie has represented Snohomish County on the Advisory Board for 29 years as it transitioned from a RSN to a BHO to a BH-ASO.
- She has been a vigorous and effective advocate for views and perspectives of persons with lived experience.
- She has also been a well-known and respected legislative advocate for the rights of persons with disabilities in Olympia and has coordinated and led delegations of North Sound Advisory Board member on annual advocacy trips to the legislature.
- Her passion, knowledge and experience will be sorely missed.

2. FINAL LEGISLATIVE BUDGET AND PROVISOS

- The final budget passed by the Legislature [5693], added over \$250 million for behavioral health services.
- This included the 7% rate increase for Behavioral Health agencies effective January, 2023. It also included \$100 million in relief funds for BHAs to bridge them over to the January rate increase. There was a subsequent decision to also provide these relief funds to cover non-Medicaid services as well.
- The budget bill also included **130 provisos** related to behavioral health. [See Attachments # 1 and 2]

3. NEW BEHAVIORAL HEALTH PROGRAMS ASSIGNED TO BH-ASOS FOR FY 2021-2023

Program	Status
Recovery Navigator Program	Implemented in FY 2022; FY 2022 Supplemental Budget provides increased funding for Snohomish County
Community Behavioral Health Assistance [CBRA]	Funded for FY 2021-2022, funding will continue in FY 2022-2023, North Sound contracts in place.
Homeless Outreach Stabilization Team	Funded for FY 2022-2024. RFQ will be issued in April for to select contractor for North Sound
Co-Responder Grant	State GF-S proviso grant of \$100,000 included in FY 2021-2023 for North Sound. Contract offered to Mt. Vernon Police Department

Whatcom County Co-Response Program	To be funded with COVID Block Grant Funds. RFP complete, contract with Whatcom County will be proposed for Board of Directors approval
Whatcom County Diversion Pilot	State Proviso Dollars provided \$200,000 for FY 2021-2022 and another \$200,000 in the FY 2022 Supplemental Budget
Children and Youth Mobile Crisis Team	Funding provided for FY 2022-2024. Requirement to stand up the crisis teams by July 2022 included in our January 2022 HCA-ASO contract amendment
Youth Inpatient Navigator	2022 Supplemental budget funds 4 regional youth inpatient navigator teams for FY 23 and 6 more to be added by FY 2025. North Sound has chosen to wait until next year for implementation
Assisted Outpatient Treatment [AOT]	HB 1733 Establishes an expanded AOT program. BH-ASOs required to create an AOT Coordinator to be funded by monies allocated by the FY 2022 supplemental budget. Signed by Governor on March 30.

4. PROPOSED STATEWIDE BH-ASO LEGISLATIVE PRIORITIES FOR 2023:

- Continuing the request for dedicated funding for Involuntary Treatment Act [ITA] court costs based on the results of the cost study ITA called for in the 2022 Operating Budget bill
- Ensuring that the role and expertise of BH-ASOs in managing regional crisis systems are fully taken into account in planning for implementation of the 988 system
- Ensuring there is adequate funding to cover the costs of an expanded use of Assisted Outpatient Treatment as called for in HB 1733
- Ensuring there is network adequacy for behavioral health services, especially for crisis services

5. HOMELESS OUTREACH STABILIZATION TEAM [HOST]

- An Request for Qualification [RFQ] for the HOST program will be released at the beginning of April.
- Representatives from the Advisory Board, Counties, and Board of Directors will be invited to participate on the RFQ review panel.

6. PROPOSED RFQ FOR CHILDREN AND YOUTH MOBILE CRISIS TEAMS

- As of July 1, our new HCA-ASO contract will requires us to implement at least one Children and Youth Mobile Crisis Teams
- It will need to be based on the “Mobile Crisis Stabilization Services” model developed in other states [this will be introduced as a discussion item for the April Board meetings].

7. CRISIS SERVICES UPDATE

- Weekly Crisis Capacity Indicator Report – through March 26 [attachment #3]. The number of Calls to the Crisis Line and dispatches of mobile crisis teams have fluctuated over the last few weeks, but the general trend line continues to climb.
- The monthly dashboard, through the month of February, can be found in the April Advisory Board meeting packet at: <https://www.nsbhaso.org/who-we-are/boards-and-committees/advisory-board> .

8. RE-OPENING OF NORTH SOUND BH-ASO OFFICE

- We have officially re-opened the North Sound BH-ASO Office for staff and visitors as of April 4.
- We will continue to follow whatever the current COVID safety protocols are that are recommended by the Department of Health and Labor & Industries.
- Completion of the COVID-19 Self-Screening checklist will continue to be required for visitors. Staff will be required to complete the Self-Screening check list at least through the month of April.
- Staff who cannot provide proof of vaccination will be required to wear masks while in the office. Staff who are vaccinated will not be required to wear masks but will be supported if they choose to.
- We will transition to a “hybrid” model combining in-office office attendance requirements with tele-commuting arrangements. During the month of April, staff will be required to come into the office 4 days a month, and 8 days a month thereafter.
- Meetings involving external visitors or committee members will need to be scheduled in advance since we only have one conference room that can safely accommodate more than two persons.

9. PRESENTATION OF THREE YEAR BH-ASO UPDATE FOR NORTH SOUND COUNTY COUNCILS AND COMMISSIONS

- A presentation has been developed to update the North Sound County Councils and Commissions on the current scope of responsibilities of the North Sound BH-ASO and how BH-ASO administered programs affect counties [attachment #4]



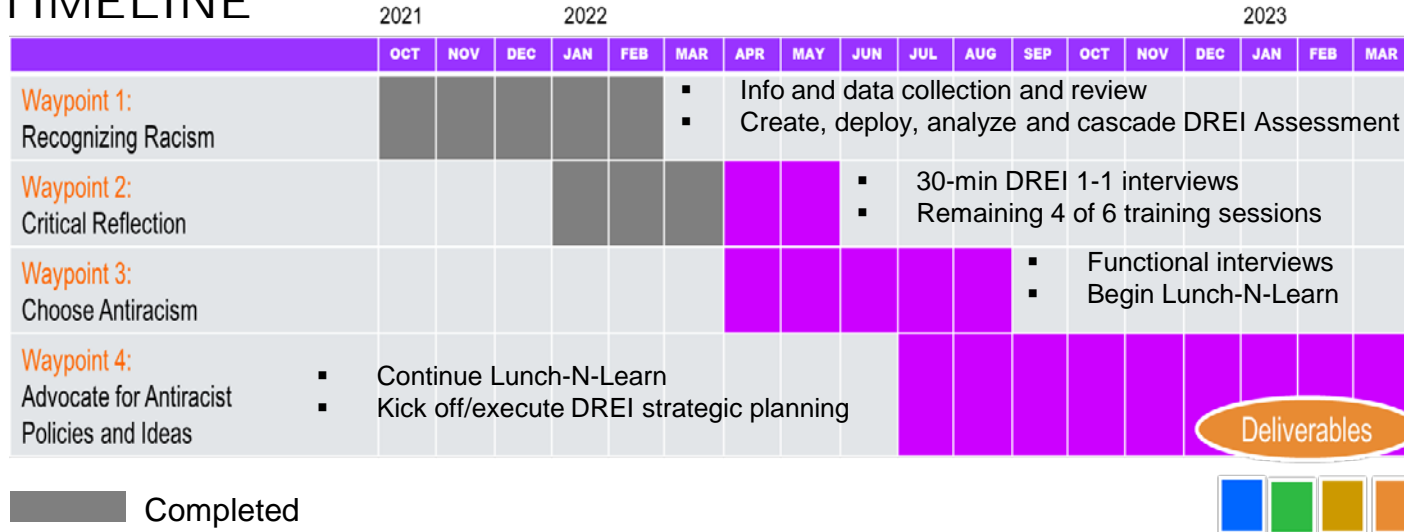
DREI Project Update

APRIL 2022 | NORTH SOUND BH-ASO

Michelle M. Osborne, J.D. & Associates, LLC

NORTH SOUND DASHBOARD > APRIL 2022

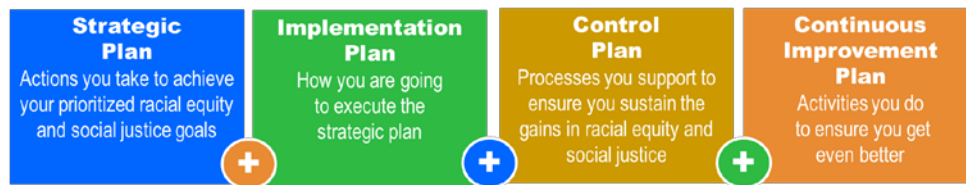
TIMELINE



ACCOMPLISHMENTS

- Created and deployed intro video
- Developed and deployed DREI Maturity Assessment
- Analyzed and cascaded DREI Assessment Results
- Conducted 2 sessions of Foundational Training
 - Session 1 Racism: A Definition that Works!
 - Session 2 Develop Your Antiracist Understanding
- Created DREI 30-minute 1-1 interview guide
- Ongoing updates and discussion with M. Rojas
- Ongoing review and integration of info and data

DELIVERABLES



Framework for change and continuous improvement.



COMING SOON

- Begin 30-minute DREI 1-1 interviews starting Apr/May
- Conduct remaining 4 of 6 training sessions Apr/May
- Conduct functional interviews Jun/Jul
- Conduct monthly Lunch-N-Learns starting Jul
- Use all the above as input to kick off the strategic planning process working with 3-5 individuals in DREI work groups from NS staff Jul/Aug

DREI Foundational Training Takeaways



- Training was **well received** by those who attended and responded to the feedback survey
- Visual support particularly resonated to support the concepts and themes in the training
- Training was ...
 - Generally viewed as informative and reinforcing
 - Many believed it presented a new, more productive way of looking at racism
 - Most agreed that it aligned with or enhanced their perspective on racism
 - Most also agreed that the training brought increased clarity about the role of racist policies and ideas in the workplace

Foundational Training Dates



Session 1 Racism: A Definition that Works!	THU Feb 24	1:30p - 3:30p	DONE
Session 2 Develop Your Antiracist Understanding	TUE Mar 22	1:30p - 3:30p	DONE
Session 3 Nurture Your Antiracist Relationships	MON Apr 11	10:00a -12:00p	NEXT
Session 4 Locate Your Antiracist Power	TUE Apr 19	1:30p - 3:30p	
Session 5 DREI Centered Strategic Planning	THU Apr 28	1:30p - 3:30p	
Session 6 DREI Centered Personal Action Planning	THU May 19	1:30p - 3:30p	

Participation from leadership, staff, Board, and Advisory Board is highly encouraged



What can you do?

We value your time and know that you have existing ongoing activities supporting North Sound BH-ASO, however, we recommend the following if you can ...

- Attend Foundational DREI Training sessions
- Attend DREI Lunch-N-Learn sessions
- Funnel questions, comments, and observations to M. Rojas

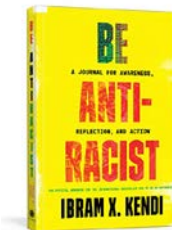
Additional Resources

On The Web

- Virtual Exhibit – <https://understandingrace.org/>
- www.ibramxkendi.com

Podcasts

- Be-Antiracist with Ibram X Kendi
- Some of My Best Friends Are ...
- Lady Don't Take No (Alicia Garza)



For antiracist self-reflection prompts, check out *Be Antiracist*, by Ibram X Kendi

The Road is Made by Walking

Caminante, no hay camino, se hace camino al andar.
Walker, there is no road, the road is made by walking.
- Antonio Machado, Spanish Poet





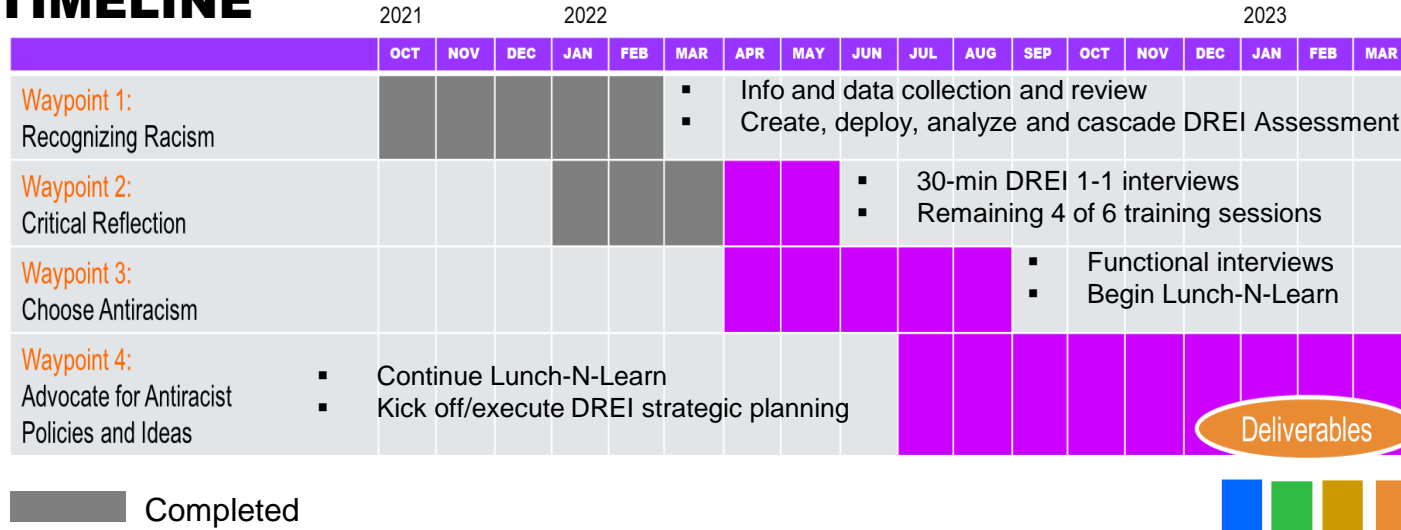
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APRIL 2022 | NORTH SOUND BH-ASO

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NORTH SOUND DASHBOARD > APRIL 2022

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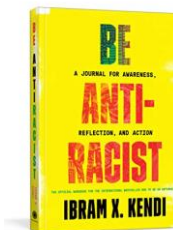
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SURVIVING & THRIVING IN A CHANGING WORLD

2022

Washington Behavioral
Healthcare Conference
June 15-17



WASHINGTON COUNCIL
FOR BEHAVIORAL HEALTH

WHO WE ARE

The Washington Council for Behavioral Health (WA Council) is the sponsor and organizer of the annual Behavioral Healthcare Conference. Over the past 40 years, the WA Council and its provider members have offered services that promote the creation of healthy and secure communities through partnerships. The WA Council is a non-profit, professional association of licensed community behavioral health centers across the state of Washington who have joined together to create a unified, representative voice that speaks on behalf of community behavioral health. Advocating in support of community behavioral health centers and behavioral health consumers, the WA Council develops public policy initiatives, promotes partnerships and provides high quality behavioral health care education.

PLEASE JOIN US

Welcome to the 32nd annual Washington Behavioral Healthcare Conference (WBHC), ***Surviving & Thriving in a Changing World***. We've all heard the ancient quote, "Change is the only constant in life." That has certainly rung true as we lived through the ever-evolving coronavirus pandemic of the past two years. Now, as we are on the cusp of emerging from the pandemic, old challenges resurface and new ones appear, signaling more change to come. And we're tired. Very tired.

Yet, emerging from these difficult years are also promising signs of hope, recovery and resiliency. There is unprecedented recognition of the impact of grief, loss and trauma on our mental health, and support for expanded access to behavioral health care. There is long overdue attention and growing momentum to address structural racism throughout our communities and institutions. There are new and diverse voices helping to shape our path forward.

We'll weave these themes together when we gather virtually in June, hearing from community providers, regional and national experts and people with lived experience to share their wisdom, knowledge, and tools. We're especially excited to introduce the 2022 WBHC keynote speakers:

- **Nora McInerney**, speaker & author who specializes in difficult conversations about grief and loss, will be talking about the impact of trauma on mental health
- **Nev Jones, PhD**, an expert on first episode psychosis who brings her lived experience to a discussion on transforming psychosis outcomes in the US
- **Sarah Vinson, MD**, an adult, youth/child, & forensic psychiatrist whose presentation will focus on the trauma to prison pipeline, highlighting the dual impacts of structural racism and trauma
- **R. Dale Walker, MD**, a member of the Cherokee Nation and an expert on prevention and treatment of addiction and mental health disorders with American Indian populations

This virtual event will highlight 35 workshops, with tracks focusing on recovery & resiliency, race and equity in behavioral health, housing & housing supports, corrections & mental health, services and partnerships, and more.

We gratefully acknowledge support for the WBHC from the Health Care Authority/Division of Behavioral Health & Recovery, and the Department of Corrections.

Please join us in June for this outstanding educational event!

Sincerely,

Ann Christian, CEO
Washington Council for
Behavioral Health

Richard Stride, Chair
Washington Council for
Behavioral Health and
CEO, Cascade Community
Healthcare

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

Monday, June 6 & Tuesday, June 7

This year Law & Ethics has been divided into 2 virtual sessions, as described below. You must attend BOTH sessions in their entirety to receive the 6 CE clock hours; the \$175 registration fee for Law & Ethics includes both sessions.

Washington State Law & Ethics for Behavioral Health Professionals

(6.0 CE clock hours) (additional \$175 registration fee required)

Eric Ström, JD, PhD, LMHC, Ström Consulting

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 CE clock hours will be issued to attendees who attend both sessions in their entirety.**

Session 1, June 6, 2022, 9 am – 12:15 pm: Law & Ethics of Clinical Relationships & Boundaries

Relationship boundary violation is the most common basis for findings of professional misconduct against behavioral health professionals. There are a wide range of ways clinicians and clients may find themselves entering into dual relationships. In this three-hour workshop, we will examine the applicable ethical standards and Washington State laws regarding relationships with clients. We will also discuss strategies for implementing, and maintaining, appropriate client/clinician boundaries.

Participants will gain increased ability to implement strategies to maximize their clinical effectiveness with clients while minimize risk and liability; identify and apply legal guidelines regarding clinical and non-clinical dual relationships; identify and apply ethical standards regarding dual relationships; identify the range and types of inconsistent dual relationships; identify risk factors for inconsistent dual relationships; create and evaluate strategies to maintain appropriate clinical relationships.

Session 2, June 7, 2022, 9 am – 12:15 pm: Law & Ethics of Mandatory Reporting & Duty to Warn

For many clinicians, patient lethality and mandatory reporting are some of the most difficult topics to navigate. In this workshop we will examine the applicable Washington State and Federal laws regarding confidentiality, mandatory reporting obligations with a specific focus on how these rules apply to behavioral health settings. We will also discuss the boundaries and standards of clinician liability for client harm to self or others as defined in Washington State case law.

Participants will gain increased ability to implement strategies to minimize risk and to limit liability to best support their clients and patients; identify and apply legal guidelines regarding mandatory reporting obligations; identify and apply legal standards regarding duty to warn/duty to protect; create and evaluate strategies to meet legal reporting requirements while maximizing client/patient support; understand the implications of the telehealth context on reporting requirements and related legal duties; and create strategies to appropriately and safely advocate for clients/patients.

Wednesday, June 15

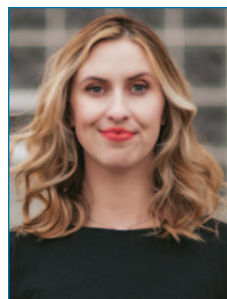
8:30 am – 8:50 am

Welcome (CE clock hours not available)

Richard Stride, Chair, Washington Council for Behavioral Health and CEO, Cascade Community Healthcare

Charissa Fotinos, MD, Interim Medicaid Director & Deputy Chief Medical Officer, Health Care Authority, or a designee

9:00 am – 10:00 am



KEYNOTE ADDRESS by **Nora McInerney**, author & host of the Terrible Thanks for Asking award-winning podcast

Thanks for Asking, Better Than Fine: The Impact of Trauma on Mental Health (1 CE clock hour)

Why do we ask "how are you?" when we don't want to know the real answer? And why do we always say "fine" even when the truth is that things are not always

fine? What are the three words to avoid if you want to connect with someone, or more importantly, with yourself? There's an ongoing mental health crisis- and the invisibility of grief makes it that much harder to acknowledge. In her work as the host of the podcast Terrible, Thanks for Asking, Nora shares the universal truths that make loss and suffering less lonely, and how to express what you really need from others in your time of grief. Utilizing stories from her award-winning show, Nora invites audiences to consider a less isolating more honest answer to the question "how are you?", an answer that builds empathy and connection within the most human of experiences: our mental well being.

10:15 am – 11:15 am • Workshops

W101 Re-imagining and Re-authoring Life after Incarceration (1 CE clock hour)

Marc Carvajal, MA, Greater Lakes Mental Healthcare

This session will help attendees understand the main stressors clients face upon release from prison and how this influences their mental health. They often face barriers such as navigating social security and state benefits, obtaining housing, suffering from substance use disorders, recognizing triggers to offense cycles, and rediscovering/reimagining new ways of being in the world. Come learn how and why narrative therapy is an approach that works well with clients with these types of issues as they try to author their own recovery.

W102 5 Steps to Building an Elite Peer Support Program (1 CE clock hour)

Mary C. Jadwisiak, Holding the Hope

Peer Support is a powerful tool for client engagement and recovery outcomes. However, your agency may be experiencing high turnover rates with staff burnout. Supervision can be difficult and other non-peer staff may be confused about how peer support fits into the existing array of services. This workshop helps navigate these problems by showing participants where peer support falls in a larger recovery-based service array. It highlights the National Ethical & Practical Guidelines for Peer Support, the purpose and role of peer supporters in the service continuum, relationship building through peer support, and how to create a workplace that is inviting and supportive. Knowing

Continued on next page

what exactly peer support is and isn't, how to hire the right peer for each program, and what steps to take prior to installing a peer support program in your agency can eliminate many problems before they start. This workshop will take you through 5 specific strategies to ensure that your peer support program is strong from the ground up. Participants will also learn corrective steps to take to improve current peer support programs experiencing difficulty. Once learned and implemented, these strategies will increase confidence and productivity for peers resulting in reduced burnout and turnover.

W103 Housing Outreach Program: An Innovative Program to Increase Housing Stability (1 CE clock hour)

Alice Nichols, MSW, Sound; Andy Chan, PhD, Seattle Housing Authority; Sasheem Silkiss-Hero, MA, Sound

Seattle Housing Authority and Sound have collaborated for the last two years to provide integrated health outreach services for residents of the Seattle Housing Authority. Originally intended to address housing instability and decrease the risk of homelessness, the Behavioral Health Outreach Program (BHOP) provides behavioral health support to individuals identified as at risk by the Housing Authority. This presentation reviews the origin and development of the project, current implementation strategies, staffing, and clinical learnings. It also will explore institutional partnerships, impacts of Covid-19, the financial aspects and funding challenges of the program, and guidance on replication to future sites. We'll also consider the benefits and challenges of this collaborative model of partnership between a behavioral health entity and a housing authority, and the historic precedents impacting community members with serious mental illness and independent public housing programs, community integration, barriers to care and housing stability, as well as successes of interagency partnerships and community-based outreach models. The findings of the project thus far underscore the relationship between housing instability and individuals with chronic mental health needs, and outcome data will be presented that clearly demonstrates the need for innovative, collaborative approaches to assisting people with serious mental illness retain housing.

W104 Bridging the Gap: Redressing the Unmet Needs of Caregivers in Treating Serious Mental Illness (1 CE clock hour)

Jennifer Blank, University of WA School of Medicine; Chris McCain, University of WA School of Medicine; Matthew Christiansen, MS, University of WA School of Medicine

Families and other natural supports caring for a loved one with psychosis are integral to the recovery process, as supported by a robust literature-base demonstrating positive outcomes associated with family involvement. Despite these findings and national schizophrenia treatment guidelines recommending family interventions for psychosis, caregivers are often left uninformed about their loved one's diagnosis and excluded from treatment decisions. Our team within the Supporting Psychosis Innovation through Research, Implementation, and Training (SPIRIT) Lab at the University of Washington is committed to addressing this disparity through a range of projects that seek to understand and address the needs of caregivers. In alignment with this mission, we conducted several focus groups to better understand caregivers' experience with treatment providers and within mental health systems more broadly, as well as to better gauge caregivers' self-perceived needs in caring for their loved one. Several themes emerged in these focus groups, including a need for psychoeducation, skills in communicating with someone experiencing psychosis, and assistance navigating hospital and other treatment settings. In response to these identified needs,

our team launched two initiatives designed specifically for caregivers: Psychosis REACH and the Family Bridger program. Psychosis REACH is a training program providing caregivers with evidence-based psychoeducation, self-care strategies, and evidence-based skills that they can use to build their relationship and better communicate with their loved one. The Family Bridger program is a family-to-family, peer navigator model of support in which individuals with long-term lived experience caring for an individual with psychosis serve as peer-bridgers and work collaboratively and provide individualized support to newer caregivers and address unmet needs. Come learn more about these innovative programs!

W105 The Person in Front of You: Supporting BIPOC Leaders in Behavioral Health (1 CE clock hour)

Alain Chan, MSW, DESC; Samantha Oppenheimer, MSW, LICSWA, DESC; Freyton Castillo, LICSWA, DESC

The last few years have been particularly harrowing for Black, Indigenous, and other people of color (BIPOC). Between the COVID pandemic disproportionately impacting communities of color and the increased media attention on racist hate crimes, these unprecedented times have highlighted how the behavioral health workforce is not set up to serve the people who need these supports the most. Although progress is being made, with an increasing number of agencies prioritizing the hiring of BIPOC clinicians, one critical topic area remains unexamined: BIPOC leaders in behavioral health. This presentation will explore the landscape of BIPOC leadership in behavioral health, addressing the challenges faced by BIPOC clinical leaders, and how their colleagues can best support them on both an interpersonal and organizational level. It covers why it's so important to have BIPOC leaders; the biases that exist when a BIPOC tries to move up the ladder; how concepts like "racial gaslighting," "white fragility," and "tokenizing" can play out in clinical settings; why self-care is not enough; and what each of us needs to do to ensure that our clinical leadership is representative of those whom we serve. Drawing from our own experiences as BIPOC leaders at the Downtown Emergency Service Center (DESC), we will offer our Crisis Solution Center program as a case study for how to conscientiously and deliberately elevate BIPOC leadership, as well as detail what DESC has learned from the early stages of our journey towards becoming a more racially equitable organization. Our hope is for attendees of color to walk away feeling valued for their expertise, to feel a greater sense of community, and to have more tools for community-building within their organization; and for white attendees to leave this presentation with a firmer sense of what their commitment to racial equity should entail.

W106 Crisis System Reform and 988 Implementation (1 CE clock hour)

Matthew Gower, MBA, HCA

Join this session to learn more about the implementation of the 988 crisis line, the investment in technology, and coordination with mental health services. Attendees will also learn about the Crisis Response Improvement Strategy (CRIS) committee and the work it is doing to better understand the crisis system and improve access to services before crisis occurs.

W107 Supporting Our Well-Being: Workforce Equity, Training and Resilience (1 CE clock hour)

Christina Clayton, MSW, LICSW, CDP, Northwest Mental Health Technology Transfer Center, University of WA; Kira Mauseth, PhD, Astrum Health LLC; Aleks Martin, MSW, AM Consulting & Clinical Services

Our field has always faced challenges, including caring for others while caring for ourselves. But these past 2 years have brought unprecedented levels of stress and heightened disparities and inequities in our communities which continue to affect us now. You are not alone! We have worked with providers, trainers and evaluators to learn what has helped others in our field. We created content to help providers connect about despair and also to find hope. We acknowledged difficult realities and took steps to take care of ourselves. We learned about virtual fatigue and found novel ways to connect. Please join us for a conversation as we are in this together. You'll learn more about the Mental Health Technology Transfer Center (MHTTC) network; training challenges we identified, including pandemic, racial injustices and related strain; and how to connect training best practices to your staff's support and well-being. You can also share input on current training needs, and plan action steps to increase and sustain staff resilience.

11:30 am – 12:30 pm • Workshops

W201 From a Pilot Project to a Program: Traumatic Brain Injury in the WA Dept. of Corrections (1 CE clock hour)

Mark Harniss, PhD, University of WA; Amber Medina, MA, LMHC, Dept. of Corrections; Risa Klemme, Dept. of Corrections

Incarcerated men and women have higher rates of traumatic brain injury (TBI) than the general population. People with TBI may engage in behaviors that make life in prison challenging because TBI can affect decision-making and memory, emotion management, sensitivity to sensory stimuli, and social skills. A 5-year planning project culminating in a pilot project developed strategies for addressing TBI in correctional facilities. This project was expanded to all facilities within the Washington Department of Corrections. In this presentation, we describe the importance of considering TBI within corrections, the strategies that were implemented in Washington, the process that led to this organizational change, and the impact of these changes.

W202 No More Living in Silence with Mental Illness (1 CE clock hour)

Ashley Ellerson, MSW, Valley Cities Behavioral Health; Barthenia Coleman, MA, Valley Cities Behavioral Health; Donna Nickelberry, MSW, Valley Cities Behavioral Health

Stigma towards mental illness in the Black community is not a new concept. Some say it is embarrassing to have mental health issues and begin to isolate from family and friends. In order to change this, we need to understand where this stigma comes from and what makes it so prevalent in the Black community. Having a cultural understanding and identifying barriers to treatment (such as medical mistrust, legal requirements, inaccessible locations or times offered) is important in working with Black Americans and providing the best care for the community. This presentation will educate participants on best practices to improve access to mental health care for African-American individuals. We'll share client voice and proven success with practices, such as our Sisters Building Sisters support group for Black women offered at our clinic, and the helpfulness of having practitioners with shared identities. We'll also include questions for participant reflection or discussion, such as thinking

of the ways providers/agencies may already take an active role in increasing access or barriers to care for Black clients.

W203 Introducing DBHR's New Supportive Housing Resources: The Foundational Community Supports Transition Assistance Program (FCS TAP), the Discharge Planning Toolkit, & More (1 CE clock hour)

Scott Tankersley, MSW, HCA; Matt Christie, MA, HCA

HCA's Division of Behavioral Health and Recovery (DBHR) has launched several exciting and innovative affordable housing support resources over the past year, including the Discharge Planners Toolkit, the Foundational Community Supports Transition Assistance Program (FCS TAP), and more! Join this session to learn about various new program initiatives, plans for sustainability, receive updates on data outcomes, and gain a deeper understanding of DBHR's array of affordable housing services. DBHR will explore their short-term subsidy programs, then delve into the aim of FCS TAP and other funding assistance. DBHR staff will discuss the aims of these resources and provide tutorials on accessing them while answering frequently asked questions. Presenters will also deliver program updates, information on recent achievements and announce exciting new projects on the horizon at DBHR.

W204 Best Practices for Street-Based Outreach & Sustained Engagement (1 CE clock hour)

Kirby Rodriguez, MSW, Evergreen Treatment Services; Rachel Scott, MSW, MPH, Evergreen Treatment Services

The Seattle metro area is home to some of the richest individuals in the world while simultaneously hosting the third largest homeless population in the US. As unsheltered homelessness continues to rise, street-based outreach is an essential step toward gaining stability. As outreach workers we have the unique ability to see and understand individuals in their environment while addressing their barriers. In this presentation we'll review best practices for outreaching and sustaining engagement with people experiencing homelessness, identify barriers to treatment, stabilization, and housing, and redefine success through a harm reduction lens. Using three case studies we'll highlight the specific challenges facing people with serious mental illness, severe substance use disorder, and critical medical complications, while exploring how to best support individuals navigating through stages of change.

W205 Exploring and Responding to Racial Outcome Disparities in Housing and Clinical Care Settings (1 CE clock hour)

Nathan Greenstein, DESC; Brent Miller, PhD, DESC; Noah Fay, MPA, DESC

As Seattle's leading provider of services to multiply disabled, chronically homeless adults, DESC serves 3,000 people each day through a comprehensive continuum of care which includes emergency shelter and other survival services, mental health care and substance use disorder treatment, employment services, and permanent supportive housing. For an agency such as DESC to truly fulfil its mission, it must provide clients of all races with equally high-quality care. However, systemic racism exists in many of the larger systems that our clients interact with, threatening inequity in outcomes. In order to identify and counteract any significant racial disparities that may exist in our client outcomes, our team has collaborated with program management to conduct statistical analyses of the last several years of service data. By gathering this evidence, we have sought to deepen our understanding of precisely where inequities may exist and how they may come about. From the knowledge gained, we have worked with our service teams to develop policy changes

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that address these issues, and also have created ongoing performance measurements to evaluate the efficacy of these changes, and to identify any potential future issues. In this presentation, we'll share key findings from this project, offer an accessible blueprint for how other agencies can pursue a similar project, and outline our next steps.

W206 Measurement-Informed Care and Its Impact Across Multiple Stakeholders (1 CE clock hour)

Bryony Stokes, Washington State University; John Throckmorton, MA, LMFT, CMHS, Valley Cities Behavioral Health; Cammie Perretta, MSW, HCA

This presentation aims to explore measurement-informed care in community-based mental health agencies and how it can be used to improve outcomes for clients and inform state-wide policies. We'll highlight how measurement-informed care is used to improve the treatment process across multiple stakeholder groups including clients, clinicians, researchers, and policy makers (e.g., the Health Care Authority, the legislature). Presenters will use Washington State's New Journeys program, a coordinated specialty care program for people experiencing their first episode of psychosis, as an example to guide audience participants toward a better understanding of the importance of data-driven treatment. Presenters will discuss how measurement-informed care is implemented and improves program outcomes; how to deliver this kind of care to clients with serious mental illness, specifically psychosis; and how data informs policy development and sustainability.

W207 Creating Collaborative Community Response to Crisis through Cross-Systems Training and Compassion (1 CE clock hour)

Kayla Kressler, MA, Peninsula Behavioral Health; Monica Vanderheiden, MS, Peninsula Behavioral Health

With the introduction of HB1310 law enforcement officers, behavioral health professionals and designated crisis responders have been called to action to adapt, flex, and change the ways we have historically managed community-based crisis intervention services. As various community partners and providers navigate their own legal interpretations, it has become imperative that we all work together with a willingness to identify, accept and approach a season of change with open-mindedness and integrity in order to serve the diverse communities of Washington State. Throughout 2021, the presenters completed a total of five community cross-systems training sessions for over twenty law enforcement officers in response to the challenges they have experienced in adapting to HB1310. As a result, the teams unified with the local hospital to shift and shape infrastructure, policy, and partnership in the Clallam County community to serve those most vulnerable and experiencing crisis. Come learn how the presenters worked with vulnerability, trust, and creativity to cross-train these law enforcement agencies, and about the challenges, costs, benefits, and rewards of going the extra mile to strengthen relationships, gather stories, and de-segregate systems of service in a rural community.

Thursday, June 16

8:40 am - 8:50 am • Welcome

(CE clock hours not available)

Ann Christian, CEO, Washington Council for Behavioral Health

9:00 am - 10:00 am



KEYNOTE ADDRESS by **Nev Jones, PhD**, University of Pittsburgh

***From Symptoms to Structures: Transforming Psychosis Outcomes in the US* (1 CE clock hour)**

Grounded in the presenter's own experiences of schizophrenia, including extended early intervention in psychosis services, this keynote aims to explore and complicate conventional

understandings of engagement and recovery, and sketch a vision for the transformation of public mental health services. Key topics of focus will include the role of identity—individual and social—in the context of recovery and the impact of deep structural forces (social and economic policy, institutional access) in driving individual and systems change.

10:30 am - 11:30 am • Workshops

T301 Familiar Faces: Building Trust and Breaking Barriers (1 CE clock hour)

Melissa McKee, CPC, Olympia Police Department; Keith Whiteman, CPC, CCIS, Olympia Police Department; Ren Emerson, Olympia Police Department

The Olympia Police Department's Familiar Faces is a team of caring and steadfast individuals with relatable lived experience which enables us to offer meaningful connection, hope, and support to people in our community with the most complex challenges to improve the safety, resiliency, and well-being of individuals and our community. Familiar Faces utilizes the strengths and skills of outreach specialists with lived experience—especially lived incarceration experience—to connect with and motivate change within individuals whose complex behavioral challenges bring them into frequent contact with the Olympia Police Department. While ultimately the goal of Familiar Faces is to reduce the amount of contact these individuals have with law enforcement, there are instances where arrest becomes necessary. Drawing upon personal experience and the Peer model, Familiar Faces outreach specialists demonstrate that an arrest can be transformed into an intervention. Careful coordination between corrections staff and outreach specialists results in additional resources for corrections staff and currently incarcerated Familiar Faces clients alike. This session will explore the benefits and challenges of building an outreach program staffed by formerly incarcerated individuals within a law enforcement agency, and how the power of hope inherent in such a program can inspire new paths and perspectives, reduce recidivism, and improve relationships between an incarcerated population and corrections staff.

T302 The Road to Recovery: Focusing and Developing Recovery Goals (1 CE clock hour)

Joni Dolce, MS, CRC, Rutgers University; Amy Banko, MS, MS, CPRP, Rutgers University

Focusing on recovery goals during the current pandemic may be difficult for many individuals participating in services. Specifically, individuals' lives may have been disrupted due to personal illness, economic factors, and increased family responsibilities. Progress toward recovery goals, such as employment, education, and wellness may have been put on hold while basic needs are addressed. This session provides practitioners with tools and strategies to assist individuals with re-focusing on recovery goals. Providers will leave the session with a renewed focus on developing comprehensive and holistic recovery goals.

T303 Implementing Integrative Mobile Health Teams: Successes, Challenges & Collaboration (1 CE clock hour)

Anne Willis, PsyD, Columbia River Mental Health Services; Mike Delay, SUDP, Columbia River Mental Health Services

Columbia River Mental Health Services planned, built, and launched an interdisciplinary team to provide services to unhoused individuals in Clark County, WA. The goal was to combine physical health, behavioral health, and peer services in a mobile delivery model. This mobile health team acts as a harm reduction, low barrier, trauma-informed access point for unhoused individuals to enter into supportive services. Providing an array of services directed by the individuals, we are working to reduce utilization of high-cost systems, jail, and crisis services. By connecting individuals to supportive services while unhoused, it increases their chances of successful tenancy when they secure a residence. In collaboration with city, county, hospital, and community stakeholders, CRMHS has been able to improve access to care across our county, especially rural and underserved areas of the community. Attendees will learn about the collaborative development model utilized, how to engage with law enforcement as a primary partner in implementation, and coordination with traditional health and behavioral health providers. The presentation will cover the implementation of behavioral health assessments, interventions, community referrals, and follow ups while operating in the field, specific trainings to improve staff comfort with this environment, and the importance of integration into existing outreach systems.

T304 Meaning Centered Approaches to Working with Psychosis in Community Mental Health (1 CE clock hour)

Nev Jones, PhD, University of Pittsburgh

Engaging individuals experiencing psychosis and effectively supporting processes of healing and community integration often pose significant challenges to mental health providers and clinicians. In part, this stems from the under-development of and lack of opportunities to study and learn innovative meaning-centered approaches in the US. This workshop has two primary aims: deepening participants understanding of (1) the subjective experience (phenomenology) of psychosis, (2) the role of identity in healing; and (3) providing concrete, hands-on training in meaning- and identity-centered assessment and formulation.

T305 Washington Youth at the Intersections: Healthy Youth Survey Data on Gender and Sexually Diverse Youth of Color and Strategies for Safer Spaces (1 CE clock hour)

Miranda Pollock, MPH, HCA; Luz Gonzalez, Children's Home Society of WA

Nationally, LGBTQ+ youth and youth of color report higher rates of poor health outcomes compared to their straight, cisgender, and white counterparts. Negative experiences, such as stigma, discrimination and hate violence are considered some of the root causes of these negative health outcomes. Protective factors such as social support, school connectedness, and positive role models can mitigate adverse experiences and negative health outcomes for LGBTQ+ youth. Very little research has been conducted on the unique experiences of sexual and gender minority youth of color. In the fall of 2021, a cross-sectional design was used to collect health behavior data through the Washington Healthy Youth Survey, a statewide online and paper/pencil survey of youth in grades 8-12. This presentation will cover results for gender and sexually diverse respondents across a range of health outcome measures and intersectional identities. We'll also discuss evidence-based and/or promising practice recommendations to alleviate disparities by race, ethnicity, sexual orientation and gender identity, as well as strategies to promote safer and supportive spaces for LGBTQ+ youth and youth of color.

T306 Washington Indian Behavioral Health HUB (1 CE clock hour)

Becky George, MEd, Volunteers of America

This presentation will introduce attendees to the Washington Indian Behavioral Health HUB, a program through Volunteers of America. The HUB assists anyone Tribal affiliated, and was created to assist Tribal Health Care Providers, Urban Indian Health Programs, Tribal Governments, and Tribal Affiliated individuals in navigating the complex behavioral health system. We'll provide an overview of services the HUB provides, including coordinating care for individuals experiencing behavioral health concerns prior to a crisis; assistance with accessing treatment beds (voluntary or involuntary); following-up on Crisis Lifeline referrals; coordinating care after a client has been discharged from a facility (psychiatric hospital, emergency room visit, outpatient crisis treatment services); providing culturally appropriate resources and assisting with overcoming barriers; assisting Designated Crisis Responders in connecting with Tribal and non-Tribal behavioral health service resources and accessing and following Tribal crisis coordination protocols; providing light case management (for two weeks); and collecting individual feedback on cultural sensitivity of treatment facilities and programs.

T307 The Changing Landscape of Long-Term Civil Commitments & Behavioral Health Community Resources (1 CE clock hour)

Matthew Gower, MBA, HCA; Jacqueline Cobbs, MEd, DSHS/ALTA; Jenise Gogan, MBA, DSHS; Margo Miller, MA, HCA

Participants will learn about changes to the system of care for people experiencing long-term civil commitments, including discussion of how the most complex long-term civil discharges are staffed. This session will also include an overview of long-term care facilities including: Enhanced Service Facilities (ESF) and Enhanced Residential Care facilities (EARC) along with service options including: Expanded Community Services (ECS), Special Behavioral Supports (SBS), and pilots to better serve people with behavioral health needs. We'll also discuss new resources like the new 16 Bed Maple/ 48 bed Clark 90/180 day ITA

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treatment facilities to be built by BHA and operated through a contract with HCA, and new community-based behavioral health resources implemented to assist in discharging and diverting hospitalizations. This will include the expansion of PACT teams and HARPS program, as well as new resources including Intensive Residential Treatment teams (IRT), Intensive Behavioral Health Treatment Facilities (IBHTF), and Peer Respite.

12:00 – 1:00 pm



KEYNOTE ADDRESS by **Sarah Vinson, MD**, Morehouse School of Medicine

The Trauma to Prison Pipeline (1 CE clock hour)

It's no statistical anomaly that adults with a history of childhood trauma are over-represented in our psychiatric hospitals, courtrooms, jails and prison. Trauma is the rule rather than the

exception, rendering those it touches at higher risk for mental illness, substance use disorders, maladaptive coping, limited life choices and, in turn, criminal justice system involvement. It has implications for thoughts, feelings, behavior, self-concept and relationships. Understanding of its impact is critical not only in deconstructing actions that bring clients into the system, but also in establishing productive working relationships with them as they move through it. In this session, triple board-certified Child & Adolescent, Adult and Forensic Psychiatrist Dr. Sarah Y. Vinson will lead an exploration and discussion of the Trauma to Prison pipeline, its impact, and our role in addressing it.

Friday, June 17

8:40 am – 8:50 am • Welcome

Ann Christian, CEO, Washington Council for Behavioral Health

9:00 am – 10:00 am



KEYNOTE ADDRESS by **R. Dale Walker, MD**, Emeritus Professor and past chair of Psychiatry at the Oregon Health & Science University, Director of the One Sky Center (www.oneskycenter.org), a National Resource Center for American Indian Health, Education & Research

American Indian Morbidity and Mortality: A Broad Look at Causes and Treatment (1 CE clock hour)

The health status for American Indian and Alaskan Natives (AI/AN) is well documented to be far below that of the general population of the United States. The morbidity and mortality for chronic illnesses, including behavioral health conditions, in this special population is higher than that of the general population. Understanding the history of how these problems began and evolved over the last 500 years can help guide treatment and prevention intervention approaches. Behavioral health problems such as depression, anxiety, addictions, suicide, family disruption and historical trauma are all seen as serious, chronic health concerns when examined across all tribes. All of these problems are deepened in the context of the current pandemic. The ability to provide access to adequate, culturally sensitive, evidence-based care in this era of health reform and economic crisis is especially challenging.

11:30 am – 12:30 pm • Workshops

F401 Clinicians & Corrections: Helping Clinicians in the Field Connect with the Incarcerated & Recently Released (1 CE clock hour)

Amanda DeBleeker, MSW, Dept. of Corrections

This presentation seeks to teach and encourage clinicians to feel more confident when working with incarcerated or previously incarcerated individuals through providing information about supervision/probation, through discussion of dynamic risk and protective factors, and through identifying efforts for equitable interventions to address mental health and socioeconomic needs on micro, mezzo, and macro levels within the population. We'll primarily consider offenders released into the community following incarceration for a sex offense and who deal with often the most restrictive supervision rules in order to look at factors that contribute to risk for re-offense and relapse with substance use.

F402 The Power of Father Peer Support (1 CE clock hour)

Nelson Rascon, MPA, Dads MOVE; John Bodkins, Peer Counselor, Dads MOVE; Paul Brown, Nurse, Dads MOVE

Come learn about Dads MOVE training programs designed for fathers: 24/7 Dad training, Dads MOVE Father to Father Peer training, and Inside Out Dads for incarcerated fathers. These new programs are designed to work with fathers with lived experience, so they can achieve better outcomes for themselves and their families and to give them opportunities and training to work as a Peer. Presenters will bring awareness to the unique needs fathers have when dealing with children or their own behavioral health needs, as well as how professionals can improve father involvement.

F403 Think that People Who are Homeless Can't Work? Surprising Reasons Why That's Not the Case (1 CE clock hour)

Darren Paschke, HCA; Dawn Miller, HCA

There are numerous misconceptions about the ability of individuals who are unsheltered to obtain competitive employment. Employment is a key element of the social determinant of health, and a very important part of recovery. Consider how important employment has been in your own life, and how this can influence the process of change in growth for the individuals we serve with behavioral health challenges. Employment and a viable wage can be a solution to homelessness. This presentation will provide potential solutions to the challenges of becoming employed and maintaining successful employment for people who are homeless. Attendees will learn about practical considerations for assisting people who are not housed in finding employment; addressing barriers, including symptomology, physical challenges, and lack of resources; and more!

F404 DESC OTN: A Medication First Model for OUD & Suboxone Delivery (1 CE clock hour)

Jeremy Hoog, RN, DESC; April Gerard, RN, DESC; Lisa Grillo, SUDP, DESC

DESC is delivering a nurse-led protocol for starting individuals on buprenorphine treatment to address the opioid crisis. This protocol seeks to provide access to buprenorphine on the day services are requested. A comprehensive provider assessment is delayed in order to provide access to buprenorphine as soon as possible. By restructuring the intake process, DESC is ensuring that individuals are engaging when their treatment window ("the

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window of opportunity”) is open. Forcing individuals to wait for an intake appointment or to meet the schedule of a provider often results in losing the ability to engage. The loss of engagement voids the individual of the protection that buprenorphine provides. DESC is increasing access to this potentially life-saving medication while also addressing the structural barriers that the medical system has institutionalized and which decrease access to buprenorphine treatment. These persistent structural barriers are historically rooted in racial injustice and the stigma that has and still does exist around people who use drugs. DESC’s Opioid Treatment Network Program seeks to establish the lowest barriers possible for those individuals who use drugs, and this low-barrier buprenorphine treatment program provides access to a host of marginalized individuals who would otherwise struggle to meet the structural demands of traditional buprenorphine programs.

F405 Decolonizing Mental Health: Techniques to Use for Black Children and Teens (1 CE clock hour)

Jai’Lysa Gamboa, MS

According to SAMHSA’s 2018 National Survey on Drug Use and Health, fifty-eight percent of African American young adults with a serious mental illness did not receive treatment. Unfortunately, the barriers to mental health care make it extremely difficult for African Americans to get treatment. There are very few counselors nationwide that identify as African American, including here in Washington State. There has been a positive shift in the conversation around mental health care in the Black community, and now more than ever we are seeing a rise in African Americans attending therapy. It is imperative that counselors of all backgrounds understand how to work with this community. Current evidenced based-practices were not normed on this population. The psychologists and researchers that pioneered popular modalities like cognitive behavioral therapy often leave African-American clients feeling unheard. Until we are able to create evidenced based practices for clients of color, we have to adjust the modalities we have. This workshop will include ways to expand on modalities clinicians are currently using to better serve African-American clients. The evidence-based practices that will be covered are cognitive behavioral therapy (CBT), trauma-focused cognitive behavioral therapy (TF-CBT), and eye-movement desensitization and reprocessing (EMDR).

F406 A Closer Look at American Indian/Euromerican Relations Over Time (1 CE clock hour)

R. Dale Walker, MD, Emeritus Professor and past chair of Psychiatry at the Oregon Health & Science University, Director of the One Sky Center (www.oneskycenter.org), a National Resource Center for American Indian Health, Education & Research

This workshop will examine the first contact observations of Euromericans and Native Americans and how the relationship changed over time. The concept of Historical Trauma and its treatment will be discussed. Social determinants are defined as how and where we live, learn, work and play through our life. This workshop reviews the chronic illness issues of Native populations with a special focus on suicide and addictions disorders along with the impact of the recent pandemic. We’ll work to understand the nature and impact of chronic behavioral health illnesses on Native Communities and individuals, and explore solutions to these problems that can be instituted and integrated within all health care settings. Group discussion and interaction are encouraged.

F407 Navigating Organizational Trauma and Staff Burnout in a Pandemic (1 CE clock hour)

Tarryn Bieloh, Interfaith Works; Meg Martin, MSW, Interfaith Works

We’ll cover strategies to support frontline and direct service staff, particularly staff who have marginalized identities including but not limited to BIPOC, trans and queer staff, staff of different ages and abilities, and staff with lived experience in homelessness, incarceration, and substance use challenges, in their emotionally draining work and unstable societal moments. Discussion will also include: creative interventions to encourage unity among staff while traditional means of support and community couldn’t be accessed due to the COVID-19 pandemic; ways to meaningfully and effectively navigate inter-staff conflict; how to have courageous and challenging conversations about how non-profits uphold white supremacy and other oppressive power structures; responding to and supporting staff through mental health crises that have been brought on by living through the last year; and more!

11:30 am – 12:30pm • Workshops

F501 Tertiary Prevention: Taking a Trauma-Informed Approach to Treating Those who have Sexually Offended (1 CE clock hour)

Faith Golden, PhD, Dept. of Corrections; Wendy McGourty, MS, Dept. of Corrections; Rebecca Walker, MA, Dept. of Corrections

A trauma-informed approach to treatment for people who have sexually offended can help incarcerated individuals make a long-term change. This presentation will identify some specific high risks to sexual offending, and review ways in which adverse childhood experiences may contribute to these high risks, such as the lack or loss of self-regulation and disrupted characterological development. By understanding that sexual offending may be precipitated by high risks, and how trauma may precede these high risks, we can understand that trauma-informed approaches may benefit the client, and thereby the community to which the client is likely to return. We’ll discuss how unhelpful thoughts, some of which may be based on core beliefs developed in childhood, combine with their beliefs about themselves as related to their offenses and often lead to shame, which is highly correlated with violence and aggression. When incarcerated individuals can see themselves outside of the identity of the offending behavior, when they can see self-worth and self-value while also being held accountable for their behavior, they are more likely to make long-term change. A trauma informed approach to treatment in which the therapist uses empathy and the group context to counter the shame response helps bring about this change. We’ll also engage attendees in a discussion about being trauma-informed with our colleagues as we work with clients whose offending may be difficult to hear and who may be experiencing difficulties from their own backgrounds or current issues.

F502 Individual Recipes for Recovery (1 CE clock hour)

Cathy Callahan, CPC, Sound; Clara Evans, CPC, Compass Health; Jeannette Anderson, CPC, Valley Cities Behavioral Health

This presentation will highlight recovery work from three different Peer Counselors, serving three different communities and who work for three different integrated healthcare agencies in Washington State. The presenters will include different perspectives as they showcase both the diversity and the centralized points of peer support work in various settings. Key features include the blending of “High Tech” and “Old School” that

Continued on next page

is part of our peer approach today. Come with us as we highlight the diversity and innovation of certified peers in helping consumers of all ages and stages to reach for recovery in a holistic, whole person, community connected way.

F503 Recovery Housing in Washington State (1 CE clock hour)

Jason Bliss, WA Alliance for Quality Recovery Residences; Rick Mogel, Certified Recovery Coach, Oxford House

Many people believe that getting a person into SUD treatment is the most important step in their recovery process. While all steps in the process are important, what happens when someone exits treatment (or incarceration) can make a much bigger difference long-term. The connections, support, and accountability a person receives in a quality recovery home can be the game changer that makes long-term recovery possible. A growing body of research tells us that recovery housing residents are more likely to stay sober, gain employment, stay out of the legal system, rebuild family relationships, and engage in their communities. No matter how we measure success in holistic recovery, a healthy supportive and accountable community provides the best environment for success. Not all recovery homes are the same, and there are multiple levels of support, varying recovery philosophies, and endless environment options in the recovery housing world. In this presentation, we'll describe the Oxford House model in detail and compare it with other models of recovery housing available in the region, offer suggestions on how to help people find the best fit for their current recovery situations, and engage with audience members about their experiences in and around recovery housing.

F504 Integrating Harm Reduction Principles into SUD Counseling (1 CE clock hour)

Brian Burwell, MS, LICSW, SUDP, Suquamish Wellness Center

Join us for a brief introduction to the history and principles of harm reduction services, followed by discussion of how these principles can integrate into SUD counseling. The goal is to offer a different method of approaching individuals who use drugs, and identify strategies for supporting individuals who have seemed beyond the reach of treatment as usual. We'll also reconsider traditional abstinence-based services, learn more about harm reduction and its principles, identify ways to incorporate these principles into current interventions, and re-imagine SUD work with HR principles at its core.

F505 Race & Equity in Behavioral Health, Wellness & Peer Support (1 CE clock hour)

Bianca Andrews, Catholic Community Services Western Washington

The behavioral health field has increased the willingness to reduce or remove barriers to accessing mental health care for many populations. While many community mental health organizations aim to increase the diversity of their workforce and provide relevant educational materials that reach diverse populations, there remain disparities in the behavioral health care and support available to many BIPOC community members. This presentation is intended to challenge the idea that a diverse workforce and increasing access to behavioral healthcare for BIPOC folx is enough to reduce the race and equity disparities in community mental health. Come join us as we consider questions like: Are the services we provide truly inclusive and relevant to the community members we encounter? Are we meeting their needs

by offering levels of service and support that WE deem relevant or necessary? How do we also acknowledge an individual or cultural determination of what services and supports should include?

F506 Peer Support Programs in Public Libraries (1 CE clock hour)

Stephanie Lane, MSW, CPC, Peer WA; Will Haggerty, Peer Kent; Gwynne McCay, Peer Kent

Join this informative and interactive presentation on community peer support at its best! Peer Washington implemented a community peer support program in the King County Library system, and presenters will share information on the model, infrastructure, and funding strategies. A Certified Peer Counselor who used the library to keep warm and access the computers in her early recovery journey and now is mentoring others and giving resources and referrals using her experience navigating these same systems will share her story. Presenters will also share how resources and referrals by a peer support specialist have decreased the challenging interactions between customers and librarians.

F507 Coordinated Crisis Response in a Rural Community (1 CE clock hour)

Debra Dove, MA, Comprehensive Healthcare; Dede Utley, BSN, RN, CEN, Kittitas Valley Health Care; Carleigh Sundby, Comprehensive Healthcare

Behavioral health needs underlie many of the reasons people seek urgent/emergency care at hospital emergency departments. In most settings, access to a behavioral health specialist requires referrals outside the emergency department or evaluation by a DCR. This panel discussion will share results, including data and clinical examples, of how behavioral health specialists stationed in an emergency department provide point of contact care. Assessment tools, community referral resources, interventions, and the process of integrating behavioral health staff into an emergency room team will be discussed. Participants will learn about an innovative point of contact crisis response model that addresses apparent/emerging behavioral health needs and social determinants of health deficits.



2022 ACTIVITIES AT A GLANCE

WEDNESDAY, JUNE 15

8:30 am – 8:50 am Welcome Plenary Session

Richard Stride, Chair, Washington Council for Behavioral Health and CEO, Cascade Community Healthcare
Charissa Fotinos, MD, Interim Medicaid Director & Deputy Chief Medical Officer, Health Care Authority or a designee

9:00 am – 10:00 am

KEYNOTE ADDRESS by **Nora McInerny**, *Thanks for Asking, Better than Fine: The Impact of Trauma on Mental Health*



TRACKS	CORRECTIONS & MENTAL HEALTH	RECOVERY & RESILIENCY	HOUSING & HOUSING SUPPORT SERVICES	EMERGING, BEST & PROMISING PRACTICES	RACE & EQUITY IN BEHAVIORAL HEALTH	GENERAL SERVICES & PARTNERSHIPS	GENERAL SERVICES & PARTNERSHIPS
WORKSHOP SESSIONS							
10:15 am-11:15 am	W101 Re-imagining and Re-authoring Life after Incarceration	W102 5 Steps to Building an Elite Peer Support Program	W103 Housing Outreach Program: An Innovative Program to Increase Housing Stability	W104 Bridging the Gap: Redressing the Unmet Needs of Caregivers in Treating Serious Mental Illness	W105 The Person in Front of You: Supporting BIPOC Leaders in Behavioral Health	W106 Crisis System Reform and 988 Implementation	W107 Supporting Our Well-Being: Workforce Equity, Training and Resilience
11:30 am – 12:30 pm	W201 From a Pilot Project to a Program: Traumatic Brain Injury in the WA Dept. of Corrections	W202 No More Living in Silence with Mental Illness	W203 Introducing DBHR’s New Supportive Housing Resources: (FCS TAP), the Discharge Planning Toolkit, and More	W204 Best Practices for Street Based Outreach & Sustained Engagement	W205 Exploring and Responding to Racial Outcome Disparities in Housing and Clinical Care Settings	W206 Measurement Informed Care and Its Impact Across Multiple Stakeholders	W207 Creating Collaborative Community Response to Crisis through Cross-Systems Training and Compassion

THURSDAY, JUNE 16

8:40 am – 8:50 am

Welcome Plenary Session

9:00 am – 10:00 am

KEYNOTE ADDRESS by **Nev Jones, PhD**, *From Symptoms to Structures: Transforming Psychosis Outcomes in the US.*

WORKSHOP SESSIONS							
10:30 am-11:30 am	T301 Familiar Faces: Building Trust and Breaking Barriers	T302 The Road to Recovery: Focusing and Developing Recovery Goals	T303 Implementing Integrative Mobile Health Teams: Successes, Challenges & Collaboration	T304 Meaning Centered Approaches to Working with Psychosis in Community Mental Health	T305 Washington Youth at the Intersections: Healthy Youth Survey Data on Gender and Sexually Diverse Youth of Color and Strategies for Safer Spaces	T306 Washington Indian Behavioral Health HUB	T307 The Changing Landscape of Long-Term Civil Commitments and Behavioral Health Community Resources
12:00 pm – 1:00 pm	KEYNOTE ADDRESS by Sarah Vinson, MD , <i>The Trauma to Prison Pipeline</i>						

FRIDAY, JUNE 17

8:40 am – 8:50 am

Welcome Plenary Session

9:00 am – 10:00 am

KEYNOTE ADDRESS by **R. Dale Walker, MD**, *American Indian Morbidity and Mortality: A Broad Look at Causes and Treatment*

WORKSHOP SESSIONS							
10:15 am-11:15 am	F401 Clinicians & Corrections: Helping Clinicians in the Field Connect with the Incarcerated & Recently Released	F402 The Power of Father Peer Support	F403 Think that People Who are Homeless Can’t Work? Surprising Reasons Why That’s Not the Case	F404 DESC OTN: A Medication First Model for OUD & Suboxone Delivery	F405 Decolonizing Mental Health: Techniques to Use for Black Children and Teens	F406 A Closer Look at American Indian/Euromerican Relations Over Time	F407 Navigating Organizational Trauma and Staff Burnout in a Pandemic
11:30 am – 12:30 pm	F501 Tertiary Prevention: Taking a Trauma-Informed Approach to Treating Those who have Sexually Offended	F502 Individual Recipes for Recovery	F503 Recovery Housing in Washington State	F504 Integrating Harm Reduction Principles into SUD Counseling	F505 Race & Equity in Behavioral Health, Wellness and Peer Support	F506 Peer Support Programs in Public Libraries	F507 Coordinated Crisis Response in a Rural Community

INFORMATION

REGISTRATION FEES (register online at www.wbhc.org):

Law & Ethics (see page 3 for more info): \$175 per person (includes both sessions)

Conference: \$200 per person before May 23, 2022; \$250 per person after May 23, 2022

CONTINUING EDUCATION (CE)

Up to 9 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 (separate registration fee required).

The Washington Council for Behavioral Health has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 5849. Programs that do not qualify for NBCC credit are clearly identified. The Washington Council for Behavioral Health is solely responsible for all aspects of the programs.

CONSUMER, ADVOCATE & FAMILY ADVOCATE SCHOLARSHIPS

Full and partial Consumer, Advocate & Family Advocate scholarships may be available from DBHR at the Health Care Authority. Please visit the registration website at www.wbhc.org and click on the Scholarships tab for information on how to apply. ***Please note that scholarships cover the conference registration fee, but do not cover the extra fee for Law & Ethics.***

The Washington Council for Behavioral Health is the sponsor of the 2022 Washington Behavioral Healthcare Conference. Our system partners are the Health Care Authority and the Department of Corrections. We are grateful for conference funding support from the Health Care Authority and from the Department of Corrections. The Council also thanks the Behavioral Health Advisory Committee for its support of the conference.

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Darcell Slovek-Walker, Chair, Transitional Resources

Holly Borso, Telecare

Stacey Devenney, Telecare

Danie Eagleton, Seattle Counseling Service

Jim Novelli, Discovery Behavioral Health

Wendy Sisk, Peninsula Behavioral Health

Richard Stride, Cascade Mental Health Care

We would also like to thank:

Matthew Gower, HCA, Division of Behavioral Health & Recovery

Karie Rainer, Department of Corrections

READY TO REGISTER?

On-line at www.wbhc.org