

Around the Sound



A publication of the North Sound Regional Support Network for the Mental Health Community

Volume V



The View From Here

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BRINGING MENTAL HEALTH HOME

One of the big, good ideas behind the reform movement of the eighties was to bring mental health home. Bring our family members who have mental illness home. Bring our planning home. Bring our decision-making home. One theory about how to bring mental health home was for counties, or groups of counties, to form regional support networks. Our network--the North Sound Regional Support Network--has evolved from a loose confederation of counties to a more centralized regional operation with regional staff performing most of the functions that were once done by county staff. From my point of view, one important vestige of local planning and problem-solving that still remains is the county coordinator function.

People often refer to county coordinators as if they all had one job description. It is actually a function carried out in a different fashion in each of the counties. One element that all the counties have in common is that all of the "county coordinators" are part time. We each have responsibility for local mental health issues as but one part of our portfolio. Some of us are also responsible for services to people with developmental disabilities. Some have additional responsibilities for alcohol and other drug issues, and one of us has responsibility for children and youth services. In Snohomish County different aspects of the county coordinator function are shared among several staff.

Continued on page 7.

In this issue

Consumer Digest 2

- All Aboard, Advisory Board!
Marie Jubie, NSRSN Advisory Board

Provider Corner 3

- *Crossroads Vocational Service*

Drum Beats 4

- *Year of the Tribal Child*

NSRSN News 5

- Exemplary Service Awards
- Employee of the Quarter

Voice of the Advocate 6

- Will the Real Advocates Please
Stand up? - *Sharri Dempsey*

North Soundings 8

Consumer Digest



ALL ABOARD, ADVISORY BOARD!

Marie Jubie

NSRSN Advisory Board Member

Snohomish County

Million. The average daily cost for inpatient care is \$363 per day. The Hospital's vision is to provide quality treatment in an environment that assures public safety, while still emphasizing patient choices and individual dignity in a safe, interactive, minimally restrictive, and patient-focused setting. Their mission statement: "We provide evaluation and treatment for individuals referred from the community who have the most complicated, long term psychiatric disorders; and strive to continually improve the services and standards of mental health care."

Our tour of the facilities included lunch in the dining hall. It was Native American Day, decorated accordingly. We all enjoyed tasty fry bread, fish, succotash, and blueberry pie.

During the tour, staff seemed calm and about their business. We talked with several staff members and patients. Units were very clean, the walls decorated with art, and patient rights were conspicuously posted. We were encouraged to speak with patients. Staff seemed professional and kind. They also seemed eager to explain everything, graciously answering all our questions.

On the Road Again Trip to Olympia, November 16

Our van collected us early the next morning at the NSRSN (same driver, new gourmet treats). When we reached Olympia, we dropped anchor at the war memorial, our reconnoiter point. At the State Capital we met Cathy Wiggins, Executive Policy Advisor to Governor Locke. Everyone who cared to was able to share their views or ideas with her. She listened graciously, and when we left she gave us her card and the assurance that she would discuss our thoughts with the Governor.

Our next stop was the Joint Legislative Audit and Review Committee for their preliminary report to the Legislature. The Committee room was packed with eager, concerned people. The agenda included the Public Disclosure Policy, the Mental Health System Performance Audit, and a Report on the Dangerous Mentally Ill Offender's Program. We signed in, gathered up hard copy, and found seats. The main concern of our group was The Mental Health System Report, including the inequity of funding to the RSNs and a system of state-wide data collection that emphasizes process rather than outcome.

We enjoyed lunch at the Capital Cafe, featuring turkey on its close-to-Thanksgiving menu. The folks behind the counter were friendly and kind, treating everyone as an honored citizen of our State. Afterward some of us rested in the rotunda, and others toured legislative offices. The legislators were scarce, but now we know where they hide.

It was an encouraging journey to the marble halls where the laws are made.



The NSRSN Office of Consumer Affairs arranged two trips for members of the Advisory Board and staff during November, the first to tour Western State Hospital and the other to the JLARC meeting in Olympia. These were great opportunities to get to know one another as people and as board members and to allow us to be a better team. Here is my report of what we saw and did.

Trip to Western State November 15

It was a cold, gorgeous morning when we boarded the charter van in the NSRSN parking lot. Sharri Dempsey, the OCA Manager, had organized a finger-food breakfast and we ate it as we traveled to Western State Hospital in Fort Steilacoomb, near Tacoma. It's an impressive-looking place: a sprawling campus of huge, beautiful brick buildings, surrounded by gardens.

Our host was Thom O'Rourke, Special Assistant to the CEO. He told us that Western State serves 19 counties in Western Washington, with a budget for the 1999-2001 biennium of \$213

Provider Corner

CROSSROADS VOCATIONAL SERVICES

Donna Lipps and JoAnn Brisbine

CrossRoads Counselors



From left: JoAnn Brisbine and Donna Lipps

We help people with mental illness and other disabilities find jobs. When they first come to us, many of our clients say, “I can’t do *anything*. I don’t have *any* skills.” They’re often surprised to learn that they *can* and they *do*. About 80 clients are registered with Crossroads, referred by case managers, hospitals, VOA, DVR, or the DSHS Work First Program. Some may not be ready to begin now, but they know we’ll be here when they are. Even including these folks, however, 30 – 40% of our clients are now working successfully.

When people first come to Crossroads, poor self-image can be a

major problem. We can help them see their abilities and develop realistic goals—not too high, but not too low, either. We write résumés, and coach them through job applications and interviews. Classes include time management, problem solving, teamwork, values clarification, and self-awareness. Clients may or may not want prospective employers to know about their history of mental illness. It’s their call, and we honor that.

It takes time and effort to deal with a mental illness, but it’s our experience that it doesn’t have to be a full-time job. Success begins with a willing client. Our clients must be here because they want to work, not because others are pressuring them. They must be clean and sober. (Drug tests may be required.) Good hygiene, good grooming, and a neat appearance are also important.

We work hard to find our clients jobs that match their desires, needs, and capabilities. Once we do, we stick around to coach, support, and insure the match is successful.

And we do have many successful clients! For example, a client with schizophrenia needed a series of temporary jobs, lasting about 6 - 8 weeks each. One of the jobs we found him was as a Salvation Army bell ringer. He loved it, and was, in fact, the only bell ringer in the area who didn’t have to be replaced before Christmas. Another example is a 64-year-old single woman, referred to after her suicide attempt. She hadn’t worked for many years and believed she never would again, though she badly wanted and needed to. We found her a great job that she likes very much. “Your program changed my life,” she says today.

The right job can make a huge difference for someone with mental illness.

*Mental illness
doesn't have to be
a full-time job.*

Sometimes going back to work ends years of isolation. As clients meet new people and become valued members of their communities, self esteem skyrockets. Earning that paycheck is also very positive, especially when they are able to keep collecting at least some of their pre-job benefits.

We’re an employment agency, so of course we’re always looking for full- or part-time jobs that our clients can fill. We’re also interested in volunteer work experiences for some of our clients.

Crossroads clients are working in thrift stores, grocery stores, retail outlets, offices, businesses, restaurants, warehouses, and children’s day-care facilities, among others. They include paraprofessionals, laborers, carpenters, welders, caregivers, secretaries, sales people, clerks, and more.

If you’d like to know more about our program, either as an employer or as an employee, please call Crossroads:

360-416-7575

We look forward to meeting you!

Drum Beats

ADVANCE NOTICE OF UPCOMING CONFERENCE:

Year of the Tribal Child

Co-Occurring Disorders of Indian Children and Adolescents - April 25 & 26, 2001

The Year of the Tribal Child Conference, presented by the North Sound Tribes and RSN, will be held at the Upper Skagit Tribe's beautiful new hotel and conference facility in Bow, Washington. "We chose speakers and topics that would meet the needs of the Tribes," said Sharri Dempsey, NSRSN Tribal Liaison. "Upper Skagit's new hotel is fabulous! The conference participants are outstanding. All of them have plenty of solid experience in the Tribal environment." Here's a preview of the exciting conference lineup:

- ◆ **Indian Country Renaissance.** Clayton J. Small, Ph.D., Northern Cheyenne Tribe. Chief Executive Officer, ANAT! Albuquerque
- ◆ **Rights/Rites of Passage.** Yvonne Miasiaszek, Colville Tribe. Community Development Division, MHD.
- ◆ **Healing Our Children, Healing Ourselves.** Linda Jones, Manager, **beda? chelh** ("Our Child" in Salish). Tulalip Indian Child Welfare.
- ◆ **The Continuing Journey.** Diane Vendiola, Director, Swinomish Tribal Mental Health Center and Co-Author, *A Gathering of Wisdoms*.
- ◆ **Funding Tribal Co-Occurring Alcohol/CD Programs.** Steve Bogan, Washington State Division of Alcohol & Substance Abuse.
- ◆ **PTSD and Medication.** Thomas Broughton, M.D., Pediatric Psychiatrist and Pharmacologist, The Tulalip Tribes.
- ◆ **Healing Young Men.** Clayton Small, Ph.D., Chief Executive Officer, ANAT!
- ◆ **Anxiety Disorders: The Hidden (Unless You Look for It) Epidemic.** Hank Levine, M.D., Psychiatrist, Tribal Health Center, Lummi Nation.
- ◆ **Culture, Identity, and Mental Health.** Jennifer Clarke, Ph.D., Psychologist in Private Practice; Former Director, Skagit Tribes' Mental Health Program; Co-Author and Editor, *A Gathering of Wisdoms*.
- ◆ **Traditional Healing and Native American Youth.** Scott Graham, Alcohol/CD Counselor; Director, Youth Hope House, The Tulalip Tribes.
- ◆ **Neurobiology of ADHD: What is it?** Greg Hipskind, M.D., Ph.D., Medical Director, Mental Health Programs, Nooksack Tribe.
- ◆ **Panel: Schools and Tribal Children.** Moderator Gary Ramey, Alcohol/CD and Mental Health Counselor; Director, Mental Health Services, The Tulalip Tribes.



Clayton Small, Ph.D., Keynote Speaker

Through the cooperation of the Skagit Valley Hotel, the \$200 registration fee (which includes all meals!) and \$90/night hotel rates are affordable and inclusive. However, bargain-hunters will want to register before April 1 to take advantage of these terrific rates:

	Before April 1	After April 1
Registration fee	\$175	\$200
Hotel Room*	\$65	\$90

*If you're willing to share a room with a buddy

If you're on NSRSN Tribal mailing list, you'll automatically receive a copy of the conference brochure. If not, and you'd like to be, just call us at 360-416-7013. We'll be happy to add your name.



EXEMPLARY SERVICE AWARDS, YEAR 2000

Heroes dwell among us, and their caring, ingenuity, and efforts above and beyond the call of duty are making a real difference for consumers in the North Sound service area. This year, to recognize our heroes publicly, the NSRSN created an annual Exemplary Service Awards program. In gratifying response to our November call for nominations, nominations from throughout the five-county area poured into the Awards Committee. The Award recipients were chosen based on a) the number of nominations received, and b) their individual contributions. Here are the North Sound Regional Support Network Exemplary Service Awards for the Year 2000:

Exemplary Service Award for Advocacy

Tom Richardson

Washington State NAMI



Exemplary Service Award for Direct Service

*Sea Mar Community Mental Health Centers
and Visions Program*



Exemplary Service Award for Service Innovation

Vicki "Sunshine" Allen

Supported Education Program, Skagit Valley College



On behalf of the entire North Sound Mental Health Community, we thank you, we applaud your dedication, and we commend your efforts.



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NSRSN EMPLOYEES OF THE QUARTER



Linda Benoit & Linda Vaughn Children's Quality Managers

The "Lindas" as they are affectionately called by staff, share the title of Employees of this Quarter because of their outstanding teamwork and advocacy for the mental health needs of children throughout the North Sound Region. Their work on monitoring and evaluating the Children's Hospitalization Alternative Program (CHAP) throughout the region sets a new standard for program monitoring. They have done excellent work in establishing collaborative relationships with other agencies, including DCFS. We're all proud of them both, and expect more great things from them in the future!



Voice of the Advocate



WILL THE REAL ADVOCATES PLEASE STAND UP?

Sharri Dempsey
*Manager, NSRSN Office of
Consumer Affairs and Tribal Liaison*

*None of us holds the
monopoly on truth
and vision.*

In the beginning, our mental health community was more of a mob than an organization. There were providers, consumers, advocates, tribes, various state departments, mental health departments and elected officials from five counties, plus the NSRSN. There were many private agendas. Passions ran high, and many believed that the depth of their passion made them uniquely right.

Passion is like fire—a good servant, but a poor master. Much depends on motives. Desire for power, prestige, and attention can subvert even the loftiest purpose, so the human motives that feed human passions require frequent weeding in all of us.

In the old days, individuals seething with passion often tried to force unpopular, unworkable projects on their fellow stakeholders. Fiercely guarded territories were built around discredited positions, and mini-vendettas simmered. We’ve come a long way since then, thank heaven! Today stakeholder groups work together, not at each others’ throats, recognizing that all contribute special knowledge of different facets of the system. We see more courtesy and mutual respect now, even when positions differ. Through collaboration and cooperation, there is steady, solid progress toward common goals.

Generally, cooperation and collaboration are slow, tedious, and relatively undramatic. There are endless meetings, and many fat planning and procedural documents to be written, studied, commented upon, exchanged, updated, re-written, re-submitted, etc. Stakeholders must constantly correct course to cooperate across organizational lines. To make a contribution in this setting, it is essential that we recognize one another as fellow advocates, whether we agree or not, and that together we are crafting a better system, word by word, meeting by meeting, plan by plan.

Passion, no matter how deeply felt, is not in itself a plan. Certainly, it confers no monopoly on truth and vision. It never justifies rudeness, lies, character assassination, or subversion of agreed-on direction. And the greater the passion, the greater the need to monitor the motives feeding it. As John Patchamatla, respected NSRSN Advisory Board

member, stated in a previous newsletter, “An advocate must be dedicated to the needs and welfare of the mentally ill. . . . Otherwise, they waste their time, the organization’s time, and the time of other advocates.” Well said!

The common goals that we have forged together as a community are ambitious and noble, but if we don’t achieve them together, we won’t achieve them at all. It takes more than passion to make a true advocate. Let’s just remember that none of us holds the monopoly on truth and vision.



Bringing Mental Health Home - Continued from Page 1

I cruised back through my calendar for the past little while and came up with a “snapshot” of the County Coordinator function we do it here: We responded to parents asking for help for children with mental illness, drug issues, alcohol issues, or who were in jail. We responded to the County Executive to explain how sex offenders with mental illness are being placed in the community. We responded to complaints from the juvenile court about accessing mental health services. We sorted out what happened when crisis referrals didn't

go right. We helped conduct a large conference on children's mental health issues. We brought people from a variety of organizations and interests together to come up with plans for adults and children who have such complicated issues that no one or two or three systems have the resources to help much. We spent a lot of time working on ideas of how to improve services for people who have various combinations of drug/alcohol/mental health/developmental disability/physical health/criminal acting out issues (among others). We responded to concerns of local and

state elected officials about people with mental illness who are involved with the criminal justice system. And we attended meetings at the NSRSN--lots of meetings.

I like to think that by bringing Mental Health home, we have a better chance of keeping an eye on how well we're caring for one another.

So what is the view from here? Close. Very close. All the lights are on and we are paying attention.



Sanskrit Proverb

Look to this day!
 For it is life, the very life of life!
 In its brief course lie
 all the varieties and realities
 of existence:
 the bliss of growth;
 the glory of action;
 the splendor of beauty.
 Yesterday is already a dream
 and tomorrow is only a vision.
 But today, well lived,
 makes every yesterday
 a dream of happiness
 and every tomorrow
 a vision of hope.

Author Unknown

About

Around the Sound

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North Soundings

Public Meetings in the North Sound Area

Meeting/Event	February	March	April
NSRSN Advisory Board	Tue. 2/13, 1:00 PM	Tue. 3/13, 1:00 PM	Tue. 4/17, 1:00 PM
NSRSN Board of Directors	Thurs. 2/22, 1:30 PM	Thurs. 3/22, 1:30 PM	Thurs. 4/26, 1:30 PM
Island County MH Advisory Board	Mon. 2/19, 3:00 PM	Mon. 3/19, 3:00 PM	Mon. 4/16, 3:00 PM
San Juan County MH Advisory Board	Mon. 2/19, 11:30 AM	Mon. 3/19, 11:30 AM	Mon. 4/16, 11:30 AM
Skagit County MH Advisory Board	Mon. 2/12, Noon	Mon. 3/12, Noon	Mon. 4/9, Noon
Snohomish County MH Advisory Board	Mon. 2/12, 5:45 PM	Mon. 3/12, 5:45 PM	Mon. 4/9, 5:45 PM
Whatcom County MH Advisory Board	Mon. 2/12, Noon	Mon. 3/12, Noon	Mon. 4/9, Noon
Holidays – NSRSN Office Closed	Mon. 2/19 (Presidents Day)		

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