

Meeting	April	May	June
NSMHA MH Advisory Board:	04/01/08, 1:00-3:00 p.m.	05/06/08, 1:00-3:00 p.m.	06/03/08, 1:00-3:00 p.m.
NSMHA Board of Directors:	04/10/08, 1:30-3:00 p.m.	05/08/08, 1:30-3:00 p.m.	06/12/08, 1:30-3:00 p.m.
Island County MH Advisory Board:	04/21/08, 9:00-11:30 a.m.	05/19/08, 9:00-11:30 a.m.	06/16/08, 9:00-11:30 a.m.
San Juan County MH Advisory Board:	04/21/08, 11:40-1:00 p.m.	05/19/08, 11:40-1:00 p.m.	06/16/08, 11:40-1:00 p.m.
Skagit County MH Advisory Board:	04/07/08, 12:00-1:00 p.m.	05/05/08, 12:00-1:00 p.m.	06/02/08, 12:00-1:00 p.m.
Snohomish County MH Advisory Board:	04/14/08, 5:45-7:00 p.m.	05/12/08, 5:45-7:00 p.m.	06/09/08, 5:45-7:00 p.m.
Whatcom County MH Advisory Board:	04/14/08, 12:00-1:30 p.m.	05/12/08, 12:00-1:30 p.m.	06/09/08, 12:00-1:30 p.m.

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## AN UPDATE FROM NSMHA



CHUCK BENJAMIN,  
NSMHA EXECUTIVE DIRECTOR

I hope that everyone had a safe and happy holiday season. The Vision of Hope and Path(s) to Recovery are still moving forward in the North Sound Region and Washington State. While we have to wait for the State's legislative session and budget dust to settle, we have emerged with the ability to better serve people with mental illness. Services will not meet our ideal goals due to limitations of resources, but we firmly believe they will be better.

I encourage you to take the time to read other articles in this newsletter to gain understanding of mental health events occurring in the North Sound and Washington State:

1. NSMHA staffing changes,
2. NSMHA 2007 CONSUMER poster/poem contest WINNERS,
3. New Regional Mental Health Advisory Board members,
4. State 2008 Behavioral Health Conference in Yakima,
5. NSMHA 2007 Resiliency & Recovery Conference summary,
6. WRAP training (read the article for meaning of acronym),
7. Resources for Parents and Families in the North Sound,
8. Supportive Housing Training in April 2008,
9. NSMHA Children and Families Wraparound Update,
10. NSMHA/Tribal Conference in June 2008,
11. State legislative Update, and
12. Do you know which counties have passed the 1/10th of a percent sales tax?

The rest of my article will focus on the transformation of the North Sound's public outpatient mental health system from capitated managed care to modified fee for service. This is an update on this transition that started October 1, 2007. The following bullets are "snapshots" of our transformation benchmarks:

1. The first quarter of full-capacity funding ended December 31, 2007.

2. The second quarter of 75% capacity funding and 25% fee for service ends March 30, 2008.
3. The following new outpatient ADULT mental health providers are establishing a client base:
  - a. Sunrise Services in Skagit and Snohomish Counties.
  - b. Interfaith Community Health Clinic in Whatcom County.
4. A long-standing children's mental health provider, Catholic Community Services is establishing children's mental health services in Snohomish County.
5. Other long-standing outpatient mental health providers with established programs servicing people with mental illness are:
  - a. Compass Health in Island, San Juan, Skagit and Snohomish Counties.
  - b. SeaMar in Skagit, Snohomish and Whatcom Counties.
  - c. Bridgeways in Snohomish County.
  - d. Catholic Community Services in Whatcom and Skagit Counties.
  - e. Lake Whatcom Residential Treatment Center in Whatcom County.
  - f. Whatcom Counseling and Psychiatric Clinic in Whatcom County.

The NSMHA is very appreciative of EVERYONE that is assisting in this transformation that provides the hope for people with mental illness and potential of success for providers. In the end, it is everyone's Vision of Hope that the following will occur in the North Sound:

1. More people with mental illness will be served.
2. More people with mental ill-

- ness will average more hours of service.
3. More people with mental illness will receive the most appropriate level of service.
4. Greater choice for consumers in services and greater empowerment of consumers and their advocates in shaping their services and the public mental health system.
5. Stability in the outpatient mental health system provider network.

While we are headed in the right direction, I must also acknowledge the following challenges and opportunities facing us during this transformation:

1. Assuring adequate access to and provision of capacity funded programs such as: clubhouses, drop-in centers, evidence based supported employment and children's high intensity outpatient services.
2. Monitoring and reporting out the actual fee for service progress in the coming months that will take the system from 75% capacity funding and 25% fee for service to 50/50 commencing in April 2008. In July the payments will change to 25% capacity and 75% fee for service. In October 2008 we will move to 100% fee for service.

Again I would like to take this opportunity to thank the following boards/committees for their commitment to this transformation:

1. Board of Directors,
2. Regional Advisory Board,
3. Planning Committee, and
4. Quality Oversight Committee.

Thanks to all of the efforts of the stakeholders above, NSMHA can keep its VISION OF HOPE and PATH(S) TO RECOVERY moving forward for people with mental illness.

Respectfully,  
Chuck.

### ALSO IN THIS ISSUE:

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- Legislative Update - Page 7
- North Soundings - Page 8

## WELCOME NEW NSMHA STAFF!

Audrey earned her MA in Counseling at Adams State College in Alamosa, Colorado. She has worked in both children's residential and adult extended care settings. She's our customer service and care coordinator. She relaxes most days of the week with ballroom dancing. A passion of hers for the past 8 years has been her motorcycle. She routinely takes road trips to locations far and wide. Welcome to the team Audrey!



Audrey Lamoureux, Quality Specialist

Darrell is an Accounting Technician for NSMHA, working on inpatient claims and "other duties as assigned". He holds degrees in both Accounting and Computer Information Systems. His other interests include building and remodeling.



Darrell Heiner, Accounting Tech

We are glad to have Stacy on board at NSMHA as our new Secretary/Receptionist. A busy mother of three, she is also completing an AA transfer degree through distance education, but still has a patient smile for all who walk through the door at NSMHA.



Stacy LaRoque, Secretary/Receptionist



Shannon Solar, Tribal Liaison

Shannon Solar has recently been appointed as NSMHA Tribal Liaison. She has been administrative support to the NSMHA Tribal committee for the past three years and is honored to take on this role in working with the North Sound Regions Tribes.

**And a very special farewell to Christin Raymond, who left her post as receptionist to move to Maryland. We wish you the best!**

## New NSMHA Advisory Board Members

NSMHA is pleased to have new members of its Advisory Board. In July of 2007, Terry Ann Gallagher, from Island County, was appointed as a member. (Terry Ann is also first place poster winner in this years poster and poem contest!) In January of 2008, Candace Trautman, also from Island County, was appointed a member. In March of 2008, Otis Gulley and Arthur Jackson, both representatives from Snohomish County, were appointed members. Thank you Terry Ann, Candace, Otis, and Arthur, for dedicating your time to serve on the Advisory Board!

## "BREAKING THE BARRIERS OF STIGMA" 2007 NSMHA POSTER & POEM CONTEST WINNERS!

On Thursday January 10th, the NSMHA Board of Directors met to choose the winners of the 2007 NSMHA Poster & Poem Contest. The full list of winners is as follows:

**First Place for Poster:** Terry Ann Gallagher  
**Second Place for Poster:** Kristen Stout  
**Directors Award for Poster:** Frank Campbell

**First Place for Poem:** Jeannette Anderson  
**Second Place for Poem:** Daniel Hubbard  
**Directors Award for Poem:** Andrew Davis

All winning posters and poems are posted for viewing at [http://nsmha.org/News/Poster\\_Contest.htm](http://nsmha.org/News/Poster_Contest.htm). A big thank you to everyone who participated and we look forward to the art you produce in the future!

First Place Winner of Poster Contest:  
 "Contrary to Common Belief" by Terry Ann Gallagher



First Place Winner of Poem Contest:  
 "Epitome", by Jeannette Anderson

*I'm forgotten  
 All alone,  
 At home.  
 Wondering how it all happened.  
 I thought it was real,  
 Not so surreal.  
 It was awful.  
 I offended  
 Not imprisoned,  
 For some reason  
 I got well;  
 Now I'm almost forgiven.  
 Others seek me out for comfort,  
 And then I tell,  
 There's a treatment,  
 God's grace is sufficient.*

# A LEGISLATIVE UPDATE

- Margaret Rojas, NSMHA Legislative Liaison

The 2008 Legislative session adjourned on March 13, and with its adjournment there were important pieces of legislation that will provide services to our most vulnerable population. Below I have recapped the legislation having the most impact on mental health services in our region. For more on bills that were introduced go to <http://www.leg.wa.gov/legislature>.

Senate Bill (SB) 6583, changing provisions relating to eligibility for medical assistance, was passed and delivered to the Governor on March 13. It requires Department of Social and Health Services (DSHS) to raise the categorically needy income level for aged, blind, and disabled persons to 80 percent of the federal poverty level as adjusted annually beginning July 1, 2009. The act takes effect July 1, 2009. DSHS must prepare a fiscal analysis of costs and cost savings associated with raising the needy income level to 80 percent, then submit a report to the Legislature by November 1, 2010. The provisions of the bill are contingent upon funding being provided in the 2009-11 biennial budget. This will have a direct impact on a person whose income level is above the Federal Poverty Level and is required to "spend down" their funds before receiving any help from DSHS. This is good piece of legislation that will improve the lives of many people in our region.

House Bill (HB) 2654, creating a process for certifying community-based mental health services, was passed and signed by the Governor on March 14. This bill requires DSHS to prepare a report on strategies for developing consumer- and family-run services. The plan must include an amendment of the mental health waiver and state plan, and identification of funding and resources needed for implementation of services. The report must be developed in cooperation with mental health consumers and family members, and must be provided to the Legislature by January 1, 2009.

SB 6404, Modifying the process for designating Regional Support Networks (RSN), the definition of "regional support network" is altered to permit an RSN to be a for-profit entity. If an exist-

ing RSN notifies DSHS that it will no longer serve as an RSN, the Secretary of DSHS must utilize a procurement process in which entities recognized by the Secretary may bid to serve as the RSN. An RSN which voluntarily terminates its contract is prohibited from participating in the procurement process, or from serving as an RSN for five years after a contract is signed with a new entity. A RSN selected through the procurement process is not required to contract for services with any county-owned or operated community mental health services and delivery facilities. Either party to the RSN contract must provide 180-days advance notice of any issue which might cause it to voluntarily terminate the RSN contract, and 90-days advance written notice of intent to voluntarily terminate the RSN contract. The NSMHA is the RSN for Island, San Juan, Skagit, Snohomish and Whatcom Counties. This bill directly applies to NSMHA and the other 11 RSNs in the State of Washington.

SB 6665, Regarding intensive case management and integrated crisis response pilots, the Integrated Crisis Response (ICR) pilot program utilizes RCW 70.96B for 72 hour detentions and civil commitments and is limited to the North Sound Region and Pierce County. This civil commitment is used to order the involuntary treatment of an individual who is gravely disabled or a danger to self or others due to chemical dependency and/or both chemical dependency and mental illness. Funding for the ICR programs covers secure detoxification centers that offer a chemical dependency commitment and in the North Sound case management services for those being discharged from the detox center. This legislation has extended the pilot through June 2009.

SB 6791, Clarifying the use of the 1/10th of one percent sales tax for mental health and substance abuse, the legislature has clarified that the money collected from this tax may be used for housing as a component in a coordinated chemical dependency and mental health treatment program or

service. The bill also clarifies that this tax money may not be used to supplant any federal funding for chemical dependency or mental health services, but can be used to replace funding that has been discontinued by the federal funding source.

I've tried to include all the bills that are relevant to the North Sound Region; however I cannot guarantee I haven't missed one or two, so please browse the website above and see what you can find!

The following are budgetary items that the legislature has appropriated and are now before the Governor. We are pleased by the Legislature's direction in the funding of mental health services in the State of Washington.

- + Increased funding for non-Medicaid services, this additional funding will help improve the delivery of non-Medicaid services. The appropriated funding is \$6,250,000 to be allocated between 11 Regional Support Networks based on general population.
- + Consumer Run Clubhouses, this funding is provided for one-time emergency financial assistance. The amount of the individual grants is at the discretion of the Mental Health Division. The appropriated funding is \$250,000.
- + Mental health first aid course, this is one-time funding provided to develop a train-the-trainer mental health first aid program. The program will teach participants how to recognize the symptoms, determine possible causes or risk factors, give appropriate help and support and the ability to recognize a mental health crisis. The appropriated funding is \$160,000.

Overall, this was a good session for mental health. We are encouraged by the support the Legislature has provided to the public mental health system. Be sure to thank your Legislators for their support and be sure to take advantage of opportunities to inform and educate!

## WRAP TRAINING - James Mead, NSMHA Advisory Board Chair

Wellness Recovery Action Planning (WRAP) is a workshop for people who experience psychiatric symptoms and for those who care about them. Topics include:

- Empowerment & Responsibility
- Developing a Wellness Recovery Action Plan
- Changing Negative Thoughts to Positive Ones
- Stress Reduction & Relaxation Methods
- Developing & Keeping Support Systems
- The Importance of Education
- Taking Preventative Action Early
- Taking Responsibility for Wellness
- Building Self-Esteem & Self Confidence
- Peer Counseling

The WRAP workshop is of three days duration, which can be conducted in various ways: three continuous days, one day a week for three weeks, or a combination of days and hours. The workshop is 18 hours in duration, and professionals who attend will receive 18 CEU's when they complete the training. The WRAP workshop is intended for people who experience psychiatric symptoms, substance abuse, post traumatic stress disorders, are polio survivors, have eating disorders and other life debilitating disorders. Workshops will be scheduled throughout the North Sound Region. Dates and times for the workshops will be announced in advance so participants can register early. James Mead, MBA, D.Min. is a Copeland Institute Certified WRAP Facilitator. Any questions can be addressed to him at [jjmead@comcast.net](mailto:jjmead@comcast.net) or by calling (360) 907-0592.

Peer Connections Center:  
"Hope, Understanding & Building Healthy lifestyles for those with mental illness"

Since opening, Skagit County Peer Connection Center (operated by Sunrise Services) has received overwhelming support from the community. The Peer Connection Center is located at 1115 Riverside Drive, Mount Vernon, and is open 10-4 weekdays, with lunch served 12:30-1:30 p.m. Drop on by!

**Congratulations...** to Skagit County and Island County, as their County Commissioners have passed the 1/10th of a percent sales tax. The money which this tax raises will go directly to Mental Health and Substance Abuse services in their respective counties. Kudos!

## RESOURCES FOR PARENTS AND FAMILIES

- Julie de Losada, NSMHA Quality Specialist

NSMHA has funded a Parent Partner, Barbara Andrews, and through her parent-driven network, TRIP (Training Resources In Partnership), families can find resources, connections, supports, and information that will help them parent a child with complex needs.

Please remember Barbara and the services of TRIP if you are part of, or know of a family that needs to be connected to a parent who has "been there, done that". Barbara and her team are a very valuable parent to parent resource in our region. Please check out her website: <http://www.trip-ns.com/index.html> to become more familiar with TRIP.

## SUPPORTIVE HOUSING TRAINING

- Tom Yost, NSMHA Planning Specialist

In April NSMHA will be hosting two, 3-hour trainings on planning and delivering Supportive Housing for people who have mental illnesses. The first training has been developed for administrators and managers and the

## EATING DISORDER TRAINING

- Charissa Fuller, NSMHA Lead Quality Specialist

In September of 2007, a three day training was held at NSMHA on diagnosing and treating eating disorders in children and adults. The training was provided by Dr. Elise Curry and Dr. Terry Schwartz of the University of California, San Diego's Eating Disorders Program.

Training attendees included consumers, advocates, and clinicians. In the treatment portion of the training, evidenced-based approaches were the main focus. There was a lot of great feedback from the attendees, and Dr. Elise Curry is currently providing monthly consultation to clinicians. NSMHA continues to focus on developing and sustaining outpatient eating disorder treatment in the region and determining which options will best accomplish this goal.

second has been developed for direct-service staff. However, both trainings are open to all. There is no charge for this training and each session carries 3 CEU hours. For additional information, contact Tom Yost at 360-416-7013, extension 250.

After months of planning and training, October 2007 marked the launch of wraparound-style teaming, services and support. There is a large national move to bring Evidenced-Based or Promising Practices to children and youth with complex, multi-systems needs and their families.

NSMHA believes that wraparound (a well studied Promising Practice) will bring a significant improvement to the quality of life for enrolled children/youth and their families.

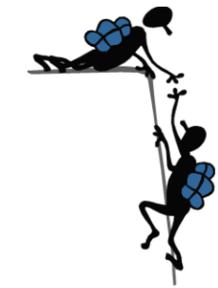
Thanks to a grant received by NSMHA from the Mental Health Division and participation from our partners (Children's Administration, Skagit County, Education Service District 189, Catholic Community Services, and Training Resources in Partnership), the North Sound Wraparound Initiative (NSWI) has been formed allowing us to increase wraparound services and deliver a high fidelity model in Skagit County! (NSWI has also applied for a grant from the federal government that could bring high-fidelity wraparound throughout the region. We eagerly await Substance Abuse Mental Health Service Administration (SAMHSA)'s decision and will keep you posted!)

What is wraparound? Wraparound is a method of coordinating and delivering services and supports following ten specific principles (according to the National Wraparound Initiative):

1. *Family voice and choice.* Family and youth/child perspectives are intentionally elicited and prioritized during all phases of the wraparound process. Planning is grounded in family members' perspectives, and the team strives to provide options and choices such that the plan reflects family values and preferences.

# WRAPAROUND UPDATE!

- Julie de Losada, NSMHA Quality Specialist



2. *Team based.* The wraparound team consists of individuals agreed upon by the family who are committed to the family through community support and service relationships.

3. *Natural supports.* The team actively seeks out and encourages the full participation of team members drawn from family members' networks of interpersonal and community relationships. The wraparound plan reflects activities and interventions that draw on sources of natural support.

4. *Collaboration.* Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single wraparound plan. The plan reflects a blending of team members' perspectives, mandates, and resources. The plan guides and coordinates each team member's work towards meeting the team's goals.

5. *Community-based.* The wraparound team implements service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible; and that safely promote child and family integration into home and community life.

6. *Culturally competent.* The wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child/youth and family, and their community.

7. *Individualized.* To achieve the goals laid out in the wraparound plan, the team develops and implements a customized set of strategies, supports, and services.

8. *Strengths based.* The wraparound process and the wraparound plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family, their community, and other team members.

9. *Persistence.* Despite challenges, the team persists in working toward the goals included in the wraparound plan until the team reaches agreement that a formal wraparound process is no longer required.

10. *Outcome based.* The team ties the goals and strategies of the wraparound plan to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly.

Currently, all North Sound children, youth, and their families enrolled in wraparound are assigned a Wraparound Facilitator, a Parent Partner, and a Youth Mentor (job titles may vary by site) to help families carry out their wraparound plan. Clinicians will carry lower caseloads to allow more flexible and/or intensive services/supports. The high fidelity program in Skagit County (to start July/08) will bring even lower caseloads, increased youth mentoring and parent partnering, increased training, support and monitoring from the University of Washington's Evidenced-Based Practice Institute, and (some say best of all), the ability to serve a limited number of youth who would not otherwise qualify for public mental health services.



1984 marked the beginning of a collaborative effort between the Swinomish, Upper Skagit Communities and the Skagit Mental Health (SMH) Center. This effort was dedicated to sorting out how best to make mental health services meaningful and accessible to a large population of under-utilizing Indian people. The Tribal Mental Health Program (TMHP) was spearheaded by Psychologist, Jennifer Clark, Swinomish Chairman, Bob Joe, SMH Center Director, Jere La Follette, Upper Skagit Health Director, Marilyn Scott, and a team of courageous Tribal women, with the aim of providing "culturally enhanced" mental health services to the Swinomish and Upper Skagit communities. This meant working to create understanding and trust along with the employment and training of at least 4 tribal Tribal members willing to undertake the challenge of serving their people in the mental health field. In the words of the original Cultural Consultant to the TMHP, the late Swinomish Elder, Bertha Dan, "We are caught between two cultures, and this causes emotional upsets. Younger people need to learn more about themselves, their cultural traditions and spiritual life. Elders generally understand their culture, but need reinforcement of their beliefs. It takes all of us to accomplish something in the line of help. My role as Cultural Consultant is to give advice, support and reinforcement." Bert's, (as the TMHP Team knew her) words sum up the formidable task that the TMHP Team saw before them.

Upon my recruitment and employment by TMHP in 1988, I had the privilege of attending classes at Skagit Valley College (SVC) and working closely with "Bert", until her retirement. Needless to say, during that time with her I gained invaluable knowledge. Also on the TMHP Advisory Board during the initial stages of the program were the now deceased Spiritual Leaders, Isadore Tom, Subiyay Bruce Miller, and Grandma Laura Edwards. The wisdom and teachings I, and the TMHP Team gained from these great cultural and spiritual people is immeasurable. I was always inspired by the words of Grandma Laura, "If only one of our people is helped by what you or I do, it is well worth all our work."

*"In my experience as a mental health professional I must emphasize the necessity of cultural competency in the delivery of mental health services to Indian people..."*

My work with TMHP has continued to the present. In 1988, the program had been in operation for three years, so the original team had already laid the basic foundation of the program and was ready to publish "A Gathering of Wisdoms-Tribal Mental Health, A Cultural Perspective". I came on board at a very exciting time; our TMHP Team developed a video and took the MH Program policies and procedures that had been developed during the first 3 years, on the road. We wanted to share what we had learned about making mental health services more accessible and more utilized by our people. The team's wish was to help other Indian people seek out MH services (which all of us are entitled to) in other Washington tribes. The team, upon my entering the picture, consisted of, Dr. Jennifer Clark, Psychiatric consultant, Mark Backlund, the late Bertha 'Bert' Dan, June Boome, the late Pearl Rodriguez, (Upper Skagit Support Counselors) and Jere La Follette.

Our Swinomish mental health program has managed to continue to provide services 32 hours per week despite the dwindling funding and staff turnovers. This has been due in large part to the determination of our leaders and the commitment of Jay Samson, Lummi Indian Health Services psychotherapist and case supervisor at Swinomish since 1994, Jay's supervisor, Gordon Oats, Dr. Mark Backlund, John Stephens, Director of Swinomish Social Services, Marilyn Scott, American Indian Health Commission and collaboration with SMH Center (now known as Compass Health) and in the past 9 years, NSMHA.

For 24 years the TMHP has striven to address mental health needs of Indian people by providing Indian service providers on tribal sites. The program is unique and innovative in that it is based on shared authority and a high level of collaboration by all those involved. TMHP team members increased their individual

self-knowledge and knowledge of one another through their efforts to keep program services relevant and meaningful to the communities in which they serve. Under auspices of the TMHP, I was able to acquire my A.A. Degree from SVC and 1 year of the Human Services Track at Western Washington University.

Today, the TMHP, as I take my leave, consists of Psychiatric Consultant Mark Backlund, Psychotherapist, Diana Lowry and one Tribal person, Jay Samson (Nooksack). Our program continues to work to address the mental health problems found in American Indian populations which are similar to mainstream trends characterized by multiple and interacting family, financial, physical, legal and psychological problems. Alcoholism, juvenile delinquency, violence and at times, differing cultural values. In my experience as a mental health professional I must emphasize the necessity of cultural competency in the delivery of mental health services to Indian people. Cultural competence is the cornerstone of tribal-based programs. Tribal people, as program providers who are tribally-based, are able to effectively assess the mental health needs of Indian clients and provide effective service plans that weave both traditional and western healing ways. We, Indians, similarly to the world at large, seek to have health and to function to our full potentials in our fast-paced and fast-changing societies. Mental health is the important and basic element of total health for all people.

It is of utmost importance to understand, as in the words of Mark Backlund, "as a healing profession, psychiatry has often had the responsibility of bridging such "opposites" as mind/body, emotions/thoughts and male/female. The difference between Coast Salish and mainstream white culture, while perhaps not "opposite" certainly provides enough of a gulf to challenge the best of bridge-builders." I am confident, as I bid farewell to the TMHP, that bridge-builder, Mark will endeavor to continue the TMHP in the spirit in which it was developed over two decades ago, of providing culturally congruent mental health services to Indian people.

FEDERAL BLOCK GRANT FUNDING RECIPIENTS

Federal Block Grants are an innovative and less restrictive stream of funding that allow the NSMHA to provide programs that are not paid for by Medicaid and/or provide programs to persons not on Medicaid. Listed below by agency are programs currently funded by our Federal Block Grant dollars. We are pleased to be able to offer needed programs to so many throughout our region. If you have any questions regarding the Federal Block Grants please call NSMHA.

- bridgeways: Unit 9 Outreach Project (to increase access to service for non-Medicaid adults, develop residential alternatives to hospitalization, and provide support for independent living arrangements)
Catholic Community Services: School & Home Outreach in Eastern Skagit County
Compass Health Island County: School & In-home Services
Compass Health Skagit County: Increased Access to Services
Compass Health Snohomish County: Transition & Prevention Services
Elise Curry/Vroom & Vandenburg: Eating Disorder/Wraparound Services Training Consultation Group
Everett Housing Authority: HOPE Options (in-home intervention/service coordination to vulnerable older adults with mental illness or behavior issues)
James Mead: Wellness Recovery in Action (WRAP) Service Consultation
Northwest Youth Services: Whatcom Resiliency Project
San Juan County Human Services: Access to Children's Mental Health Project
Sea Mar: Integrated Mental Health and primary Care Services in Whatcom County
Senior Services of Snohomish County: Geriatric Depression Screening & Counseling Program
Snohomish County: Short-term Case Management for Non-Medicaid Clients
Stillaguamish Tribe: Behavioral Health Individual Sessions for Low Income Clients
Sunrise Community Services: Sun House Jail Diversion Project
T.R.I.P: Training Resources in Partnership (to form parent groups in four counties, strengthen ties with Native American population, provide Parent Partners to support and mentor families)
The Tulalip Tribes: Increase access to Services for American Indians
Whatcom Counseling and Psychiatric Clinic: DD Skill Building Groups, Gatekeeper program for Elders (to provide mental health services to at-risk older adults), Rainbow Center Staffing, Outreach and Engagement.

2008 BEHAVIORAL HEALTH CONFERENCE

The 2008 Washington State Behavioral Health Conference will take place in Yakima, June 11-13. Registration forms will be available in April 2008. For more information regarding the conference, please go to the Behavioral Health Conference web site at www.wcmhcnet.org. Please know that each respective Regional Support Network (RSN) is given a certain number of scholarships for consumers/advocates. Contact NSMHA for additional information. For those who might be interested, NEW this year is a track for Medical Professionals on Friday, June 13 (CMEs are pending), an excellent opportunity for networking with friends and colleagues. Confirmed Keynote Speaker is Sherman Alexie, renowned author and speaker, winner of the 2007 National Book Award for Young People's Fiction and a Spokane/Coeur d'Alene Indian, will inspire attendees in their lives, their work and their pathways to recovery. Please continue to check the web site (www.wcmhcnet.org) for further information.

Register now for the 2008 North Sound Tribal Mental Health Conference... "Building on Tribal Culture" June 4-5, 2008, the Skagit Resort, Bow, Washington. Featuring presenters Pam & Gordon James, Sharleen Yellowwolf, Bonnie Duran, Niso Frank Caywood, and more! For conference brochure and registration form go to: www.nsmha.org/Tribal/Default.htm or call 360-416-7013.

2007 RESILIENCY & RECOVERY CONFERENCE

On September 26th, 2007, NSMHA held its sixth annual Resiliency and Recovery Conference. The theme was "Empowering Youth & Family", and it was held in the beautiful McIntyre Hall facility in Mount Vernon. Jeff Yalden, who was a teen life coach on MTV's show MADE, was the featured keynote speaker, and received rave reviews from conference attendees. Testimonials of recovery and messages of hope for and by youth were given, as well as information on the wraparound process and community based parent to parent networking with focus on resources for youths, parents caregivers, and people working with youth and family. All in all it was a positive and successful conference! We will keep you posted on information on NSMHA's next Resiliency and Recovery Conference.