MEDICAID EXPANSION OPENS DOOR TO CARE
FBH SEES INCREASE IN REQUESTS FOR SERVICE

10 THINGS YOU CAN DO FOR YOUR MENTAL HEALTH

HEALTHCARE REFORM DEFINES FBH STRATEGY

SPOTLIGHT: RECOVERY — GIVING PEOPLE HOPE
SEE PAGE 12
MISSION

To provide clinically and culturally appropriate behavioral healthcare and related services to people of all ages in collaboration with community partners.

VISION

We provide behavioral healthcare services which are fundamental to an integrated healthcare system and which positively impact the lives of those we serve and contribute to the health, safety, and quality of life in our communities.

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Frontier Behavioral Health’s Community News Magazine is published quarterly free of charge and available to FBH employees and community partners.

Carla T. Savalli
Editor

If you would like to receive a PDF version of this newsletter, please email csavalli@fbhwa.org.

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Frontier Behavioral Health (FBH) is pleased to publish this first edition of our new quarterly Community News Magazine. We hope you enjoy it and find it interesting and informative.

There were several factors that served as impetus for our desire to develop this magazine and we hope it will accomplish a number of goals.

As many of you reading are aware, the healthcare landscape is changing at an unprecedented pace, driven in large measure by the Affordable Care Act and related state-level initiatives and legislation. Behavioral healthcare, as an integral part of the overall healthcare delivery system, likewise finds itself evolving and adapting in new and different ways. As these changes unfold, it is important we do our best to communicate with community stakeholders regarding significant developments that may have an impact on what services are available and how they are delivered or can be accessed.

We are also keenly aware of how interconnected FBH’s services are with many other resources and systems throughout our community, and how critical it is that we work together in creative ways if we are going to have a positive impact on the lives of those we serve. Toward that end, we would like this magazine to highlight some of the ways in which FBH and others including schools, law enforcement and corrections officers, housing providers, social service agencies, hospitals, and other healthcare providers are partnering with one another to make a difference.

Another goal of our news magazine is to share some of the many amazing and inspiring stories of recovery about individuals living with a mental illness. Although significant headway has been made regarding the stigma associated with mental illness in our society, there is much more that can and must be done and sharing such stories is one avenue for doing so. We also hope that sharing these stories will serve to provide individuals and families affected by mental illness with hope and inspiration.

Finally, and related to all of the above, we hope this magazine will help FBH further connect and engage with the broader community in which we live and work. While each of our partner organizations serves a unique mission, we are bound by the desire to help our Spokane community and one another. At FBH, we consider this a privilege and an honor.
When the state of Washington expanded Medicaid enrollment on Jan. 1, 2014, officials predicted 225,000 Washington residents would sign up for the Apple Health program. A year later, the actual number is more than 450,000. Add to that an estimated 75,000 who were previously eligible and now formally enrolled.

“We doubled our projections out of the water,” said state Medicaid Program Manager Kevin Cornell. “While there have been some system challenges, people have been able to get in and get enrolled and that’s a good problem to have.”

In Spokane County, the story is the same. Nearly 45,000 individuals – significantly more than initially projected – are now eligible for health insurance through Medicaid.

The surge has had a direct effect on Frontier Behavioral Health, the largest provider of mental health services in the Spokane County Regional Support Network (SCRSN).

“The opening of what is frequently called the ‘Coverage Door’ is significant for anyone previously denied access to insurance, but it has the additional benefit of dramatically reducing the stigma and discrimination that has prevented people with mental illness from seeking care,” said Joel E. Miller, executive director and chief executive officer of the American Mental Health Counselors Association (AMHCA).

“Make no mistake,” Miller wrote in a policy paper for the association, “improvements in care for people with mental illness begins with better access to health insurance coverage.”

Meeting local demand

At FBH, new Medicaid beneficiaries are seeking help for a variety of issues ranging from depression to more intense case management needs such as housing, said Suzie Johnson, director of Adult Services.

Under FBH’s Access to Care model, mental health intake assessments are provided by licensed, master’s-level clinicians for Medicaid would seek mental health services and now we’re seeing those numbers.”

By Carla T. Savalli
THE ACA AND MENTAL HEALTH

How does the Affordable Care Act help people with mental health conditions?
The ACA requires most individual and small employer health insurance plans including all plans offered through the Health Insurance Marketplace to cover mental health and substance use disorder services. Also required are rehabilitative and habilitative services that can help support people with mental health conditions. These new protections build on the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) provisions to expand mental health and substance use disorder benefits and protections to an estimated 62 million Americans.

Does Medicaid cover mental health or substance use disorder services?
All state Medicaid programs provide some mental health services and some offer substance use disorder services to beneficiaries, and Children’s Health Insurance Program (CHIP) beneficiaries receive a full service array. These services often include: counseling, therapy, medication management, social work services, peer supports, and substance use disorder treatment. While states determine which of these services to cover for adults, Medicaid and CHIP requires that children enrolled in Medicaid receive a wide range of medically necessary services, including mental health services.

In addition, coverage for the new Medicaid adult expansion populations is required to include essential health benefits, including mental health and substance use disorder benefits, and must meet mental health and substance abuse parity requirements under MHPAEA in the same manner as health plans.

on a walk-in basis with no appointment necessary. Since Medicaid expansion took effect, FBH has averaged 437 intakes per month compared with about 355 per month in 2013. In total, FBH enrolled 5,249 in behavioral health services in 2014 compared with 4,129 in 2013.

Johnson said Access to Care expected an increase in new requests for service, but the pace and volume has been surprising. “I guess what does surprise me is that we have not slowed down. We thought at some point we would saturate the community and we have not and that has been a bit overwhelming.”

To support the influx, FBH has received additional funding from the SCRSN to expand clinical capacity in many of its programs. In addition, FBH has been able to manage peak volume in Access to Care by borrowing staff from other programs to conduct intake assessments, which last about 90 minutes. The average wait time for an initial intake is 1-2 hours.

FBH also partnered with Community Minded Enterprises to train eight Client Account Representatives on the intricacies of the state’s online enrollment site. Now, an individual who requests FBH service but is not insured is able – in many cases – to sign-up for Medicaid and receive an intake assessment in a single day with the help of an In-Person Assistor.

“When someone calls FBH and requests services and they don’t have Medicaid, we schedule a time for them to meet one of our IPA’s first,” said Kelli Miller, director of Compliance and Clinical Support. “It not only means we can bring them into our service, but it allows them to access multiple other resources in the community as well.” On average, FBH’s IPA’s enroll between four and five individuals per week into the state’s Medicaid system.

Medicaid by the numbers
The federal-state partnership that is Medicaid has been providing health-care coverage since Congress enacted the program in 1965. Compared with other coverage, Medicaid has traditionally offered a wider array of what the National Alliance on Mental Illness calls “critical” mental health services including crisis response, medication prescriptions, psychosocial rehabilitation, and recovery supports.

Prior to the 2010 Affordable Care Act, funding was available only to low-income children, pregnant women, parents of dependent children, individuals with disabilities, adults under 100 percent of the Federal Poverty Level (FPL), and those 65 and older. After ACA reforms, Medicaid was expanded to include nearly all adults under age 65 with income at or below 138
percent FPL, making it a much more comprehensive insurance program.

In 2012, however, the Supreme Court ruled that Medicaid expansion was optional for states. As of December 2014, 23 states have either opted out or are actively debating the issue, according to the nonprofit Henry J. Kaiser Family Foundation (kff.org/medicaid), which provides nonpartisan analysis on national health issues. The federal government estimates that 5.7 million people will be uninsured if those states continue to opt out of the program.

“Uninsured Americans with a mental illness who live in these non-expansion states will be left out in the coverage cold,” said the AMHCA’s Miller. “That’s not fair, and it’s not good policy because the cost of untreated mental health problems is high, in both human and economic terms.”

Given that 1 in 5 Americans experience some type of mental illness, advocates argue that access to insurance is a nationwide health-care issue. Research shows that people with untreated behavioral health issues are at a greater risk for poor health, disability, and premature death than those who receive quality care. According to a World Health Organization study, mental illness is responsible for more disability in developed countries than any other group of illnesses including cancer and heart disease.

Analysts with the Kaiser Foundation estimate that altogether Medicaid finances 16 percent of total personal health spending in the United States, a percentage that will only grow as Medicaid’s influence increases. Even in the states that don’t implement Medicaid expansion, the Affordable Care Act requires simplified enrollment procedures such as In-Person Assistors and other reforms.

Still, challenges remain. NAMI reported in a December policy paper that state spending on mental health services decreased in 2014 compared with 2013. In many states, current spending on behavioral healthcare remains below pre-2009 recession levels, creating a significant nationwide disparity between the need for mental health services and the availability of those services.

The disparity is what drives advocates nationwide to lobby for full participation by states. Calling public mental health systems the “funders of last resort” for people without private insurance, NAMI views Medicaid expansion as a proactive way to combat untreated mental illness.

Miller, of the American Mental Health Counselors Association, argues that “Medicaid expansion has the capacity to help states redirect funds from jails, prisons, and crisis-driven services … into community-based programs and evidence-based treatments” that are cost-effective and therapeutic.

For Thomas at Frontier Behavioral Health, access to care is the pathway to hope and recovery. “While mental illness affects each person differently, we firmly believe with appropriate treatment individuals can lead fulfilling and meaningful lives.”
HEALTHCARE REFORM DEFINES FBH STRATEGY

FBH expands role as specialty behavioral healthcare provider

by Carla T. Savalli

With just three months until the planned merger and name change of Spokane Mental Health and Family Service Spokane became official on July 1, 2011, newly-formed Frontier Behavioral Health hired a nationally-recognized consultant to help develop a strategy for navigating the unchartered territory known as health-care reform.

Described as a disruptive force by some and a grand social experiment by others, health-care reform is designed to align payment for services with health outcomes. The new model of better care, improved health, and lower costs – the “Triple Aim” – has had a particularly significant effect on behavioral health care in Washington as record numbers of previously uninsured individuals are now able to access mental health services through Medicaid expansion.

“The principal driver for all of our change has been the Affordable Care Act,” said Frontier Behavioral Health CEO Jeff Thomas. “We’re focused on being nimble, flexible and adaptable. The word ‘strategy’ sometimes has a connotation of being rigid. We’re trying to be focused while also taking advantage of opportunities to expand and improve our services.”

It’s a strategy that remains “right on target,” according to consultant David Lloyd, founder of MTM Services, the company that helped FBH develop its 2011-2014 strategic plan. “I went back and looked at the plan and it’s right on target with everything we’re designing today. Health care reform has candidly moved a lot faster than we originally envisioned in 2010 when the Affordable Care Act was enacted. Even when we were doing (FBH’s) plan in spring 2011 we still thought it would be 2016 before major shifts occurred, but they’re happening already.”

To prepare for the new marketplace, Lloyd said behavioral health care systems need to be able to deliver what reform demands: greater accountability, increased efficiency, better quality of care, measurable outcomes, and improved customer service. They are the goals he helped FBH set in 2011 and are the same benchmarks he works with today.

“It’s exciting,” Lloyd said. “We’ve been invited to be part of health care. We’ve been invited into a world that we’ve been bifurcated from in the past – physical care versus behavioral health.”

The challenge is getting comfortable with the idea of simultaneously “learning and doing,” Lloyd said. “Normally change is sequential, but in this case we’ve had to be more transformational and deal with multiple issues at the same time. Evolution has made us say, ‘Wait a minute. We’re going to have to take action, study the outcome, and learn as we go.’ ”

In recognition of the ever-changing landscape, FBH’s leadership team and board of directors adopted strategic priority areas for 2015 and beyond that build on Lloyd’s previous framework while leaving room for innovation.

“The health care environment is evolving at such a rapid pace and that has to factor into our planning,” said Thomas, who previously was Associate Director before assuming the top leadership position in 2012 with the retirement of David Panken.

Stronger together
Frontier Behavioral Health as it is known today is the result of a decision to combine two long-standing community organizations. At the
time of the merger, Spokane Mental Health’s budget was $30 million and Family Service Spokane, $4.8 million. Both agencies were primarily funded by the Spokane County Regional Support Network (SCRSN), which administers public mental health services in Spokane, Adams, Ferry, Grant, Lincoln, Pend Oreille, Okanogan, and Stevens counties.

Today, FBH has an operating budget of nearly $45 million and a staff of more than 550 to serve 13,000 clients per year. As the SCRSN’s lead service provider, FBH provides 24-hour intervention services and Involuntary Treatment Act evaluations to individuals of any age who are in emotional crisis or experiencing a psychiatric emergency. Beyond Crisis Response and other populations with eligibility exceptions, FBH primarily serves individuals enrolled in Medicaid. The agency provides a broad spectrum of care including outpatient therapy, medication management for adults and youth, psychological assessments, specialized elder care, and case management. In addition, FBH operates two 16-bed inpatient Evaluation and Treatment facilities and a 16-bed Stabilization program.

“We’ve had a deliberate, strategic plan for managing the merger, but that doesn’t mean it’s been without challenges,” Thomas said. “We’ve had to make operational and cultural changes at the same time we’re trying to manage our way through reform.”

Among the post-merger integration projects remaining are new computer systems for human resources and payroll, and an updated and expanded Electronic Medical Records system that will come online in 2016.

**Access to Care**

It would be hard to overestimate the impact of FBH’s decision to change its intake and scheduling systems. Before the merger, both Spokane Mental Health and Family Service Spokane provided mental health intake assessments to new clients by appointment, which often led to long waits. After the merger and in preparation for the state’s Medicaid expansion, FBH adopted an open access model in which assessments are offered on a walk-in basis with no appointment necessary Monday-Friday. The switch – combined with hundreds of newly-insured requesting services locally – has resulted in a more than a 25 percent increase in intakes in 2014 compared with 2013 and a decrease in the number of appointment no-shows.

FBH also switched to a centralized scheduling system managed by customer service representatives instead of clinicians. By redeploying existing staff, hiring new clinicians, and improving workflow efficiencies, FBH has been able to provide several thousand more hours of direct service per year to clients and better maximize service capacity.

For 2015 and beyond, FBH will expand open access to its new Spokane Valley branch at 317 N. Pines, refine centralized scheduling processes, and look for ways to further maximize its medication management capacity.
Community partners

When the board and leadership team crafted mission and vision statements for the new FBH, they deliberately included language about integrated healthcare and collaboration with community partners – both fundamental principles of reform.

“Behavioral healthcare organizations need to become specialty providers that demonstrate value. Partnerships are critical to that,” Thomas said. “We know from research that mental health issues have a significant impact on physical health. Adults living with serious mental illness die on average 25 years earlier than people without mental illness and people with mental illness are also twice as likely to have co-occurring drug or alcohol issues. We’re saying we want to do our part so primary care providers can do theirs.”

To that end, FBH has developed several key partnerships including one with Yakima Valley Farm Workers Clinics – the Spokane-based clinics were recently renamed Unify – which provides medical care to adult FBH clients who don’t have primary care providers. Between 2013 and 2014 the program served nearly 120 FBH clients at a clinic located on the agency’s main campus at 15 E. Pacific Ave.

Through participation in a statewide network called Behavioral Health Northwest, FBH has begun to provide care coordination and post-hospitalization transition support to adults and youth with chronic conditions who need an additional level of support and are referred by their health plans. FBH also provides care coordination under a contract with Better Health Together-Community Choice Network.

Perhaps better known to the general public is FBH’s collaboration with the Spokane Police Department to provide Crisis Intervention Team (CIT) training to officers who encounter people with mental illness. By early this year every SPD officer is expected to have received the weeklong training, which includes mock intervention scenarios, presentations by behavioral healthcare specialists, and an overview of mental health disorders. FBH is also a member of the Police Advisory Committee.

Going forward, FBH hopes to build upon those partnerships and others with schools, housing providers, hospital emergency departments, and other behavioral healthcare organizations locally and statewide.

Thomas said FBH would also like to expand the number of drug trials it conducts through Frontier Institute and is exploring the option of diversifying its payer mix by carefully entering the commercial insurance market. “If we can strengthen our ability to fulfill our core mission by virtue of broadening our payer mix, it’s something we’re interested in doing,” Thomas said.

Community engagement

After the merger FBH prioritized marketing and branding efforts by launching a new website (www.fbhwa.org), redesigning brochures and other materials and in mid-2012 designating the time-limited position of director of community engagement to explain and promote the agency’s new name as well as better educate the community about the local public mental health system. In June 2014 a director of communications was hired and work began on a strategic communications plan and community news magazine.

This year FBH will enhance its website, publish an annual report, and increase the number of Mental Health First Aid classes it offers the public.

“A big part of a communications strategy is influencing perception for the betterment of our clients,” Thomas said. “There’s still so much stigma out there about mental illness. Mental Health First Aid teaches you how to help someone who is experiencing a mental health crisis. That’s important training we can provide the community.”
Measuring value
Of all the goals of healthcare reform, one of the most challenging for behavioral healthcare providers is measuring value, Thomas said. “Are we providing the right amount of care at the right time? How do we show the difference we’re making? With some medical conditions it’s more linear than with mental illness. It’s important that we find ways to provide appropriate episodic care to our clients.”

Enhancing the agency’s IT infrastructure will allow for more data-driven decision-making and make it easier for clinicians and administrators to measure outcomes such as reduced hospitalization rates and increased client participation in care, Thomas said. “Increased scrutiny and accountability is here to stay under reform so we’ve got to be able to show we’re making a difference.”

In addition to developing internal trending reports, FBH will also use client satisfaction surveys, peer reviews, and other benchmarks to measure quality of care. An expanded compliance department already reviews 100 percent of all medical service documentation and 67 percent of all other outpatient services before reporting that data to the SCRSN – the agency’s primary contractor. The agency’s goal is 100 percent compliance reviews across all service areas in 2015.

Recovery environment
FBH is focused on the way treatment looks as well as how it feels. As the merger progressed and programs were expanded or relocated to other buildings, it became obvious that physical environment was an integral part of treatment and recovery. Outdated waiting areas and institutional color schemes were replaced with soothing colors, natural light, and open space. Hard plastic chairs were replaced with softer fabrics. Walls were adorned with carefully-curated photos of natural landscapes.

This year flat screen TV’s will be installed in each of the 13 locations that serve clients to broadcast a continuous loop of instrumental music, scenic photography, and agency and community resource information.

In addition, ongoing training continues to emphasize interaction with clients that is respectful and inclusive. In December, more than 80 non-clinical staff participated in “Bringing Hope to Every Interaction,” a training exercise designed to identify communication skills that instill hope and encourage recovery in each client who walks through the door at FBH.

“Our clients deserve to come to offices that are warm and welcoming, and that convey to them that they are valued and respected,” Thomas said.

FBH STRATEGIC PRIORITY AREAS:
2015 AND BEYOND

- Empower our staff to provide the highest quality care.
- Embody a recovery focus in everything we do.
- Maximize capacity, accessibility and cost-effectiveness.
- Engage with key partners at local, regional and state levels.
- Optimize use of information and data to support meeting our mission.
- Pursue opportunities that align with our mission and vision.
- Develop a communications plan that tells the story of FBH and our clients.
- Measure the quality and impact of our services and always strive to improve.
- Finalize integration of the two former organizations.
Mary Jadwisiak is a nationally-known motivational speaker and recognized expert on mental health recovery and suicide prevention. She is also a mother, a mentor, and a friend with a sharp sense of humor and a robust laugh. Yet, the title that best captures her life’s work is Spokesperson for Hope. The fact that her professional biography identifies her in exactly those words only reinforces her message.

“There was a time in my life that I really thought hope was not a positive thing because it was so connected to despair and pain. Anytime you hoped for something it was connected to pain,” she said. “I realized that what I was calling hope was really fantasy. That ‘if only, if only’ thinking. If only someone would rescue me. Now I talk about hope as being the realistic expectation that things can get better.”

Over the course of three hours, Jadwisiak used humor, plain talk, and personal anecdotes to motivate, educate, and challenge the group of front desk, finance, facilities, and administrative personnel. For a group accustomed to acronyms, computer programs, and regulatory language, Jadwisiak’s presentation was refreshingly simple.

After asking the group to shout out their various strategies for coping with hardship, she furiously filled a blank piece of paper with their ideas, which ranged from therapeutic shopping to prayer and exercise. She circled only two suggestions: counseling and medication.

“Why did I circle those words?” she asked.

“Because they’re part of behavioral healthcare,” someone replied.

“Yes,” Jadwisiak said. “They are part of behavioral healthcare, but they’re also the only things on this list with billing codes. If we’re going to build a system of care that helps people recover, how can we not include all these other things that make a difference?”

“Mental illness can make your world very small and we create a system that perpetuates that smallness because it’s efficient for us. We’ve got to treat the whole person, not just their symptoms.”

The foundation of Jadwisiak’s presentation is the principle of Recovery, which has been cited by the federal government as the “single most important goal” for the mental health service delivery system. In 2004, the Substance Abuse and Mental Health Services Administration and the Interagency Committee on Disability Research, in partnership with other federal agencies, issued a consensus statement on the definition of Recovery, which states: “Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.”

Although she lectures, blogs, and designs organizational programs on Recovery and suicide prevention, Jadwisiak believes her work transcends behavioral healthcare. She has worked with large corporations including Nintendo America and LivingWorks Education, Inc., as well as the governor’s office in Olympia and the Hawaii Department of Health. In mid-December she traveled to Seoul, South Korea, to train suicide prevention trainers.

“I’ve given a lot of thought to what
makes my message applicable,” she said. “People in the mainstream may think hope is a big thing; it’s got such dogma attached to it. But I think hope is small. Hope is opening up a newspaper and reading the want ads if you’re not happy with your job. If we can just take one or two steps forward, that can have a profound effect on your life. That’s where it crosses over into the everyday world. People accept the way things are. We’re breaking through that and saying, ‘Wait. There’s something better.’”

Jadwisiak spends a fair amount of time talking about the power of language. Inherent in language are judgments and assumptions, which are often wrong when it comes to mental illness.

For example:

- **People with mental illness are violent.** In fact, people with mental illness are far more likely to be victims than perpetrators.

- **Depression is a character flaw or a mood that can be controlled.** Depression remains the most common type of mental illness in the United States and affects 26 percent of the adult population.

- **Mental illness has nothing to do with physical health.** Research shows that adults with serious mental illness die on average 25 years earlier than others because their ability to take care of their physical health is compromised.

Jadwisiak said language is also ‘wordless.’ According to a UCLA study, 93 percent of communication effectiveness is determined by non-verbal cues, which means body language, hand gestures, facial expressions and eye contact contribute to whether or not someone feels respected and wanted.

“When someone comes up to you, turn away from your computer and face them. It makes a difference,” she said. “If you’re not happy, smile anyway because it really does change your brain chemistry and the way your face reacts. We’ve all talked on the phone with someone who we know isn’t listening. You can hear it in their voice. Be present. Pay attention. It’s easy to feel invisible when you have a mental illness.”

Jadwisiak, who lives in Battle Ground, Wash., has been an advocate for people with mental illness for nearly 20 years. According to her website, she decided in 2003 to combine her love of speaking and training with her personal recovery journey.

“I don’t have a clinical degree. My degrees are in political science and women’s studies. I come from a place of always just being out of step,” she said. “I come from the other side of the desk. That’s what I bring to the conversation. I can only tell you what it’s like to have received services. It’s those broken parts where we connect with each other and where we begin to see the humanity in each other.”

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FROM MARY JADWISIAK’S BLOG: WORKPLACE SUICIDE PREVENTION

Talking about suicide is tough. It’s a difficult subject that makes people avert their eyes and lower their voices. But the truth is, if we want to stop suicide and make our communities and companies safer, we have to talk about it: Out loud and up close

The good news is that there are proven techniques that can help connect people at risk of suicide with help and support. No company is too small or too big to implement some strategic, uniform suicide prevention efforts that involve the entire company from parking lot attendant to senior management.

**Step 1:** Talk about it

**Step 2:** Educate your workforce

**Step 3:** Create a suicide safer corporate culture

For more information about suicide and other behavioral health issues:

Mary Jadwisiak
[www.holdingthehope.com](http://www.holdingthehope.com)

Frontier Behavioral Health
[www.FBHW.org](http://www.FBHW.org)

National Alliance on Mental Illness
[www.nami.org/](http://www.nami.org/)

Substance Abuse and Mental Health Services Administration
[www.samhsa.gov/](http://www.samhsa.gov/)
IN THE NEWS

Care Cars marks 30 years

Frontier Behavioral Health’s Care Cars program – a one-of-a-kind volunteer transportation service that has been safely delivering at-risk elderly, disabled and isolated residents to essential appointments throughout Spokane County since 1984 – celebrated its 30th anniversary in December.

In honor of the milestone, Washington Trust Bank donated $30,000 to the program and will join FBH in a unique promotional campaign featuring car magnets. Thirty volunteer drivers are already sporting magnets that proclaim “Care Cars fueled by Washington Trust Bank.”

“Frontier Behavioral Health is committed to making a difference in the community,” said Washington Trust President and Chief Operating Officer Jack Heath. “Their Care Cars program provides a vital service in our community and we’re pleased to be able to support their efforts.”

The program, which has logged more than 122,000 trips and 1.2 million miles, also receives support from the Washington State Department of Transportation, the Senior Assistance Fund of Eastern Washington, and Spokane Valley Rotary.

“Care Cars is much more than a transportation service,” said Elder Services Director Pam Sloan. “It promotes continuity of care and makes people feel empowered about their own health and wellness. The program makes people feel important.”

To become one of the program’s 60 volunteer drivers, you must be at least 18 years old, have a valid Washington driver’s license, a reliable vehicle, and insurance. Volunteers are screened for compatibility and receive training in communication, community resources, and aging and disability issues. Drivers are reimbursed for mileage.

For information about the program please contact Elder Services at (509) 458-7450.

Evergreen Club earns perfect score

The Evergreen Club, which FBH sponsors and the Spokane County Regional Support Network (SCRSN) funds, was awarded a three-year recertification in November by the state Division of Behavioral Health and Recovery – earning a rare perfect score for both its employment programs and client documentation. The recertification is the first since the state adopted its oversight program in 2009.

In late summer 2014 the club also was awarded continuing accreditation by Clubhouse International, the governing body that oversees mental health clubs around the world.

“It was a good year for us,” said Program Director Sue Grant. “Both certifications affirm that we are doing a very good job for our members.”

Founded in 1981, FBH’s Evergreen Club is structured around a “work-ordered day” model and serves about 140 members a month from its location at 2101 E. Sprague. Clubhouse members work alongside staff to operate the facility and jobs and tasks are designed to promote both employability and social connectedness. Employment programs that prepare members to return to the labor market are what separate clubhouses from drop-in centers, Grant said.

Since staff began tracking employment rates in 1982, Grant said members have contributed more than $6 million in taxable income to the local community.

To access Evergreen Club services, individuals must be enrolled in mental health services with FBH or with another provider within the Spokane County Regional Support Network. For more information please call (509) 458-7454.

Spokane Valley location expanded

Frontier Behavioral Health is able to serve more adults and youth in the Spokane Valley after remodeling a two-story professional building at 317 N. Pines in 2014.

The building has more than a dozen offices for clinicians who are providing outpatient services, including therapy and case management, to between 150-200 clients each month. Medication management is also provided at the location, which previously was the
site of Elijah House Ministries and a dental office.

**SAMHSA releases strategic plan**

The agency within the U.S. Department of Health and Human Services that advances behavioral health announced a new strategic plan focused on health systems integration.

Over the next four years the Substance Abuse and Mental Health Services Administration plans to expand its focus on the treatment needs of individuals with mental illness, serious mental illness and substance use disorders. At the same time the agency will work with the Health Resource Services Administration (HRSA) and other professional associations “to address training, data, and financing issues for behavioral health professions.”

SAMHSA’s new initiatives, referred to as Leading Change 2.0, include:
- Prevention of Substance Abuse and Mental Illness
- Health Care and Health Systems Integration
- Trauma and Justice
- Recovery Support
- Health Information Technology
- Workforce Development

For more information visit www.samhsa.gov.

**States slow spending**

State legislatures nationwide reduced their investments in mental health services in 2014, according to the State Mental Health Legislation 2014 report from the National Alliance on Mental Illness (NAMI).

In 2014, only 29 states including Washington and the District of Columbia increased funding for mental health services compared with 36 states and the district in 2013, the report shows. In many states, current funding for behavioral health care remains below pre-2009 recession levels.

According to an executive summary of the report, “Between 2009 and 2012, states cut $4.35 billion from their mental health budgets, literally decimating access to services for many people living with mental illness.”

The NAMI report also examines what it calls “mixed progress” on a number of national issues related to behavioral healthcare including the lack of acute inpatient and stabilization facilities, the overrepresentation of people with mental illness in the criminal justice system, and restrictions on psychiatric medications in some state Medicaid programs.

Washington is among the states earning praise in the report for developing an innovation plan that promotes integration of behavioral care into the overall health-care system.

A full copy of the report can be found at www.nami.org.

**BY THE NUMBERS**

**ABOUT FBH:**
- 13,000 clients per year
- More than 550 staff
- Two 16-bed inpatient Evaluation & Treatment facilities
- One 16-bed Stabilization unit
- An average of 437 individuals request outpatient services each month
- Intake assessments are conducted from 9 a.m. to 2:30 p.m., Monday-Friday
- First Call for Help: (509) 838-4428

**ABOUT MENTAL ILLNESS:**
- 1 in 5 individuals experiences some type of mental illness
- Up to 80% of those treated for depression show an improvement in symptoms within 4-6 weeks of beginning medication and therapy.
- People with psychiatric disabilities are far more likely to be victims than perpetrators of violent crime.
- Depression ranks among the top three workplace issues, following only family crisis and stress.
- Serious mental illness costs the U.S. more than $190 billion in lost earnings per year.
- Serious mental illness disrupts the ability of people to carry out essential aspects of daily life and negatively affects physical health.
10 things you can do for your mental health

1. **VALUE YOURSELF.**
   Treat yourself with kindness and respect, and avoid self-criticism. Make time for your hobbies and favorite projects.

2. **TAKE CARE OF YOUR BODY.**
   Taking care of yourself physically can improve your mental health. Be sure to eat nutritious meals, drink plenty of water, and get enough sleep and exercise.

3. **SURROUND YOURSELF WITH GOOD PEOPLE.**
   People with strong connections are generally healthier than those who lack a support network. Make plans with supportive family members and friends, or seek out activities where you can meet new people.

4. **GIVE OF YOURSELF.**
   Volunteer your time and energy to help someone else. You’ll feel good doing something tangible and it’s a great way to meet new people.

5. **LEARN HOW TO DEAL WITH STRESS.**
   Like it or not, stress is part of life. Practice good coping skills and remember to smile and see the humor in life.

6. **QUIET YOUR MIND.**
   Try meditating or reaching out spiritually. Relaxation and prayer can improve your state of mind and outlook.

7. **SET REALISTIC GOALS.**
   Decide what you want to achieve professionally or personally and write down the steps you need to take to realize your goals. You’ll enjoy a sense of accomplishment and self-worth as you achieve your goal.

8. **BREAK UP THE MONOTONITY.**
   Alter your jogging route, take a road trip, take a walk in a different park, or hang some new pictures on the wall.

9. **AVOID DRUGS AND ALCOHOL.**
   Sometimes people use alcohol or other drugs to “self-medicate” the symptoms of a mental disorder.

10. **GET HELP WHEN YOU NEED IT.**
    Seeking help is a sign of strength, not weakness. It’s important to remember that treatment is effective. People who get appropriate care can recover from mental illness and lead full, productive lives.

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We Can Help. Please give us a call at either of our main locations: (509) 838-4651 or (509) 838-4128
WHAT IS MENTAL HEALTH FIRST AID?

Mental Health First Aid is an 8-hour course that teaches you how to help someone who is developing a mental health problem or experiencing a mental health crisis. The training helps you identify, understand, and respond to signs of addictions and mental illnesses.

4 REASONS TO BECOME A MENTAL HEALTH FIRST AIDER

Be prepared
When a mental health crisis happens, know what to do

You can help
People with mental illnesses often suffer alone

Mental illnesses are common
1 in 5 adults in any given year has a mental illness

You care
Be there for a friend, family member, or colleague

Frontier Behavioral Health's nationally-certified instructors offer Mental Health First Aid classes at the Hulskamp Building, 103 E. First Ave. A non-refundable fee of $25 per participant includes a training manual and lunch. Registration is guaranteed once payment is received. Participants must stay for the entire course in order to receive a certificate valid for three years.

For more information about training, email Tracy Duncan at tduncan@fbhwa.org.

Upcoming classes at Frontier Behavioral Health

Feb. 2 – Youth Mental Health First Aid
March 16 – Adult Mental Health First Aid
Q. What is mental illness?
According to the U.S. Department of Health and Human Services, mental illness is defined as “collectively all diagnosable mental disorders or health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning.”

The common types of disorders include neurodevelopmental disorders, schizophrenia spectrum disorders, bipolar related disorders, depressive disorders, anxiety disorders, obsessive-compulsive and related disorders, trauma- and stressor-related disorders such as PTSD, somatic symptom and related disorders, substance-related and addictive disorders, personality disorders, and neurocognitive disorders.

Q. How common is mental illness?
Mental illness is actually common in the United States. Depression remains the most common type of mental illness and affects 26 percent of the U.S. adult population. By 2020, depression will be the second leading cause of disability throughout the world. To put mental illness in perspective, consider these statistics from the CDC:

- 63.3 million people visit a physician’s office, hospital outpatient department, or emergency department with a mental disorder as their primary diagnosis.
- As many as 1.5 million patients are discharged from the hospital each year with psychoses as their primary disorder.
- 66.7 percent of residents in nursing homes – about 996,000 individuals - have mental disorders at any one time.
- Mental illness can have dire consequences including 39,518 suicide deaths per year or 12.7 suicide deaths per 100,000 people.

Q. Once someone has a mental illness, can they get better again?
Yes, many people with mental illness can recover or are able to successfully control their symptoms if they are diagnosed early and treated properly. Statistics show that as many as 8 in 10 people suffering from a mental illness may return to their normal activities if they receive help, although some people do develop chronic or severe conditions.
You are not alone
1 in 5 Americans experience some type of mental illness.

Most don’t get help
Less than 40% of adults and only 20% of children with mental illness receive treatment.

It can be complicated
People affected by mental illness are twice as likely to abuse drugs or alcohol.

It can feel hopeless
Suicide is the third leading cause of death in youth ages 15-24 and nearly 4% of adults contemplate suicide each year.

But we can help
Research shows that early identification and intervention can minimize the long-term effects of mental disorders.