

The Times They Are A-Changin’



WASHINGTON STATE COALITION OF
MENTAL HEALTH PROFESSIONALS AND CONSUMERS

Advocates for Ethical Mental Health Care

www.wacoalition.org

Winter 2012

Update on WAMHTP, the Washington Association for Mental Health Treatment Protection

by Laura Groshong, LICSW, WAMHTP Chair

WAMHTP welcomes our new Treasurer, Susan Hawkins, PhD.

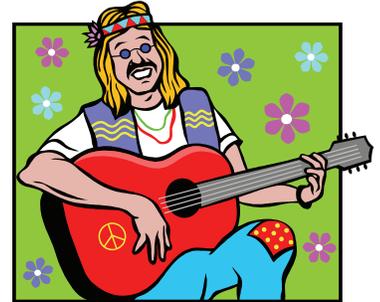
The website for WAMHTP, www.wamhtp.com, is now fully functional and has many of the materials that WAMHTP has created. The PayPal link is now working so individual donations can be made. We hope that all clinicians



will consider donating to WAMHTP to fund our efforts to hire an attorney to file a lawsuit when the right case is found, for D&O insurance, and for legal consultation on becoming a 501(c)(3). As some of you know, WAMHTP also sent me to the Federal Field Hearing, sponsored by former Representatives Patrick Kennedy and Jim Ramstad, where I testified on behalf of WAMHTP to get the final rules for the federal parity law passed.

WAMHTP is also continuing to collect information about denials of mental health treatment at its Survey Monkey Survey, WMHTTP 2011. The link is <http://www.surveymonkey.com/s/GPS3WP3>. It is VERY important that we collect a significant number of cases that have been denied and appealed to have a strong case if we go to court. The number of surveys has dropped off markedly in the past six months. Please

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SAVE THE DATE

“Legal Footprint on Clinical Issues”

(see page 2)

February 8, 2013

“I Googled You!”

Staying Clinically Focused in an Online World

April 27, 2013

“The Frugal Practitioner”

Fall 2013

From the Chair

Happy Holidays to All!

We hope you are enjoying the new online newsletter. This will allow us to save mailing costs while being less restricted in space. We will now offer advertisements such as office space, help wanted, and educational opportunities. Spread the word!

The “Google Me” presentation by our own knowledgeable lobbyist, Laura Groshong, in late September was a huge success. It was very well

Sue Wiedenfeld, PhD
Coalition Chair

attended with important and lively discussions on ethical considerations whenever using media with patients. Please see review on page 5. You will also see that we will be offering the same presentation again (slightly shorter) in April. A great opportunity to earn ethics credits! (See page 2 for details.)

We welcome any new consumers to the Coalition! We will be having a

(Continued on page 4)

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Update on WAMHTP, continued from page 1

CONTACT US

Email:
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Website:
www.wacoalition.org

continue to enter data about denied mental health treatment for your patients so that we can continue to prepare for this possibility. If you have seen a decline in denials, please let me know that as well.

WAMHTP is also looking for any articles on the following:

1) Evidence-based studies that show the

weekly frequency of treatment makes a difference;

2) Expert opinions on why frequency matters and evidence-based analyses that confirm this;

3) Studies that show standards of care are being applied arbitrarily and/or systematically restricting mental health treatment; and

4) Studies that show

treatment is being denied when acute conditions are resolved and chronic conditions remain.

Please send any articles as soon as possible.

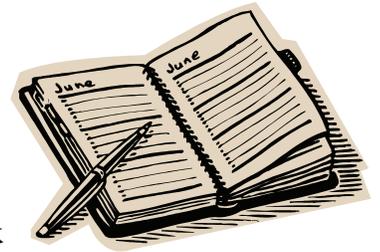
The next General Meeting of WAMHTP will be held at Good Shepherd on January 8, 2013, from 7:30-8:30 p.m. in the Senior Center. WAMHTP hopes to see you there. ◇

SAVE THE DATES!

“I Googled You!”

Staying clinically focused in an Online World
University of Washington School of Social Work
April 27, 2013

Laura Groshong, LICSW



Join the Coalition Dues

Member	\$65
Student	\$15
Consumer	Free

EVERYTHING YOU ALWAYS WANTED TO KNOW ABOUT THE LEGAL FOOTPRINT ON CLINICAL ISSUES

February 8, 3:00 - 4:30

Location: To be determined

The Coalition will be sponsoring a presentation by attorneys Elizabeth Hershman-Greven and Raegan Rasnic of the family law firm Skellenger Bender. They will offer practitioners a chance to learn more about negotiating legal cases safely and ethically. They will speak from their experience with mental health clinicians involved in legal suits and other conflicts. Their guidance will help clinicians become more familiar with practical applications of the law and other related issues. Several hypothetical cases will be discussed and reviewed. Documentation, subpoenas, child custody cases, and much, much, more. This should be most informative and relevant for all mental health practitioners. Do watch for more details to follow.

The Frugal Practitioner

A lively panel discussion of tried and true tips and suggestions to keep your practice running effectively and profitably ... Planned for Fall. Date to be announced. ◇

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Newsletter

Blake Werner, PsyD Editor
Publisher The Word Shop

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Health Professionals and Consumers

MEMBERSHIP POLICY Your Coalition membership is January 1 to December 31. If you join before June, your dues will be for the full year. Those joining in the last quarter of the year, dues will be applied to the upcoming calendar year. **RENEW YOUR COALITION MEMBERSHIP ONLINE** at
<http://www.wacoalition.org/renew.html>

As you know, there will be major changes to the CPT codes for psychotherapy services on January 1, 2013. This article is a complete summary of the codes that apply to individual psychotherapy.

CPT Code Changes

◆ The code for a diagnostic interview, previously 90801, has been changed to 90791.

◆ A code for crisis psychotherapy has been created, 90839 for 60 minutes. Every half hour in addition to initial hour can be billed under the code 90840.

◆ The codes for psychotherapy listed in my last post are detailed here:

90832 (30 minutes – time range allowed: 16 to 37 minutes)

90834 (45 minutes – time range allowed: 38 to 52 minutes)

90837 (60 minutes – time range allowed: anything beyond 53 minutes)

A summary of the changes in CPT codes created by the American Psychiatric Association and the American Academy of

Child and Adolescent Psychiatry can be found at http://www.aacap.org/galleries/default-file/Psychiatric_Services_cross_walk.pdf.

In addition to the changes to codes that we generally use, there is a new category of codes called “interactive complexity,” which refers to four “communication factors” that may complicate psychotherapy and be billed for as a result. **These codes must be used for psychotherapy that is complicated at the time of service delivery.** They apply to communication with guardians of minors; translators; guardians of adults with disabilities; and involvement with representatives of agencies that oversee the welfare of a patient, i.e., child welfare agencies, parole officers, probation officers, or school officials. As you can see, the application of interactive complexity will primarily apply to child and adolescent patients. Please note that the additional code may be used when there is increased *intensity* of treatment, not increased

time.

When the above conditions are met, the code that will apply for reimbursement is **+90785** (the “+” sign must be used). Here is a summary of the way that the interactive complexity concept will be used—at least one of the following conditions must be present:

1. The need to manage maladaptive communication (related to, e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care (may be used with 90791, 90832, 90834, or 90837.)
2. Caregiver emotions/behavior that interfere with implementation of the treatment plan care (may be used with 90791, 90832, 90834, or 90837 0).
3. Evidence/disclosure of a sentinel event and mandated report to a third party (e.g., abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with

(Continued on page 4)



Laura Groshong



Coalition members and friends!

Renew your membership today! Keep yourself up to date regarding changes in mental health related to health care reform, and state issues like the changes in the Uniform Medical Plan. Read the several articles in this newsletter about these topics. Don't miss a future newsletter! This is a time when you will want to track what the Coalition is doing to preserve and protect quality psychotherapy.

Invite a friend to join the Coalition. Forward the on-line newsletter that describes what we do. Remember, the Coalition represents all disciplines. **More members strengthen our message.** ◇

RENEW TODAY!!

Be sure to give us all your information so we can update our membership for the new directory. Renewal form, page 9

Changes to CPT Codes, continued from page 3

patient and other visit participants care (may be used with 90791, 90832, 90834, or 90837).

4. Use of play equipment, physical devices, interpreter or translator to overcome barriers to diagnostic or therapeutic interaction with a patient who is not fluent in the same language or who has not developed or lost expressive or receptive language skills to use or understand typical language (care may be used with 90791, 90832, 90834, or 90837).

Some examples of when +90785 may be used include conditions on the autistic spectrum; conflictual family/caregiver relationships; involvement of state agencies; when caretakers or patient has English as a second language; and when mandated reporting is required. The code +90785 may NOT be used for crisis psychotherapy, which has its own interactive complexity code, +90840, or for family psychotherapy codes, i.e., 90846, 90847, and 90849.

Much of the information in this article was developed by the American Academy of

Child and Adolescent Psychiatry at

http://www.cphs.org/pdf/CPTCodes/Interactive_Complexity_Guide.pdf.

I have received many questions about how these changes will affect the reimbursement that clinicians receive. There is no way of knowing at this time and the decision by CMS on whether to increase the RVUs for psychotherapy. Stay tuned! I will provide more information on this important topic as it becomes available.

In regard to the proposed Medicare rates for 2013, Noridian has published rates that are reduced 2% as part of the funding for the changes in the Affordable Care Act.

However, the rates currently being published may be changed to include the approximately 27% decrease for all clinicians, which will go into effect for all health care providers, if Congress does not delay or otherwise curtail the long-delayed Sustainable Growth Rate (SGR) cuts, postponed 14 times since 1997.

Congress is currently trying to figure out how to avoid this cut, and the 'sequester' that will go into effect without some action. The problem will be if the SGR cut goes into effect, even if the overall sequester is stopped, as most policy analysts think it will be.

One more piece of discouraging news. In the rule that CMS issued in early November, there was a recommended cut to family and group psychotherapy, based on estimated 'practice expense'. I am trying to get more information on why these forms of psychotherapy were seen as having requiring less practice expense than individual psychotherapy. The proposed cuts are in the range of 10-12%. ◇

IF YOU ARE NOT GETTING E-MAILS ABOUT OUR EVENTS, please E-mail us with your CURRENT E-mail address: wacoalition@frontier.com. This is the best way to get Coalition news.



(Continued from page 1)

From the Chair

section of the newsletter devoted to consumer issues from here forward. Please feel free to contact us with any concerns, questions, or suggestions. Also, do invite any consumer friends to join. It's free for consumers! We will do our best to offer updates of concern to all consumers of mental health services.

And loyal Coalition members: We are offering you updates on several issues in this newsletter that will be affecting your

practice (Medicare cuts, CPT codes) as well as the important activities of the "Association" (WAMHTP). Do read on.

This is a time of many changes. May we support each other as we go forward into these new areas which affect the quality and delivery of mental health services. We continue to be vigilant.

Wishing everyone a happy holiday season,

Sue Wiedenfeld ◇



Connectivity vs. Connectedness: The 2012 Ethics Conference

By Melissa Wood Brewster, LICSW

"I Googled You!" *Staying clinically focused in an Online World*

Last September Laura Groshong, LICSW, spoke on a topic that is becoming increasingly more controversial. The following review of the conference appeared in the Washington State Society for Clinical Social Work Fall 2012 Newsletter, which is available at www.wssscsw.org. Melissa Wood Brewster graciously agreed to share it with our members.

This year's ethics conference, sponsored by WSSCSW with WSCMHPC, and titled "I Googled You": Staying Clinically Centered in an Online World, was both critical and timely. We are living in a world in which digital media and electronic communication increasingly shape human relationships. Laura Groshong, LICSW, presented an excellent overview of issues to consider in the context of the clinician's social and professional presence on-line, and the impact that electronic communication with clients can have on the therapeutic relationship.

Like most ethical dilemmas, we discovered that there is no absolute answer, and there are many important factors to consider. For starters, much depends on our age. Laura divided us into digital "natives" and "immigrants" depending on who grew up with the Internet in their daily life.

Several impressive case presentations elucidated the diversity of perspectives and experience clinicians have had using email, text, and video services (such as Skype) with patients. The presentations helped clarify whether and how using electronic communication

can support clients' clinical needs and goals, and what boundaries may be appropriate. Later, participants broke into groups to discuss 16 provocative questions exploring privacy on the Web, therapist websites, encrypted servers, and more. We found there was a lot to learn from one another's experience—or lack of it—with electronic media in a practice setting. Finally, Laura familiarized us with state and federal laws to keep in mind when choosing to engage with clients electronically.

The most popular take-away from the conference was probably the goal to include a Communication Policy in our self-disclosure statements, clearly stating our boundaries for the use of electronic communication in our practices. Perhaps the most meaningful message Laura sent home with us, however, was the reminder that, as clinicians, we are the "keepers of human connectedness." No matter how effective the digital world may be, it will never replace face-to-face human empathic connection. It is our job to model that to others. Here are a few comments from participants:

"I thought the conference was excellent. I

feel more informed about how to handle current technology as it relates to clinical practice, but I also came away from the conference with questions and thoughts that will likely lead me toward further exploration."

"The conference exceeded my expectations. It helped me to see better into the future and how to incorporate the new reality of little or no privacy and the increasing encroachment of regulation on my practice."

"The ethics conference was very helpful in exploring current technological environments being used in clinical social work and providing legal and ethical insights around how we can use these in our work while protecting our clients, ourselves, and the integrity of our profession as social workers."

"Every social worker absolutely needs to know what Laura presented in 'I Googled You'." ◇

Who Ya Gonna Call !?!?!?!?

Coalition Helpline: 206-444-4304

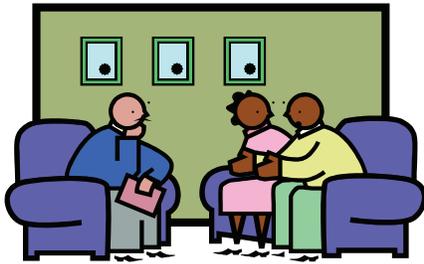
**Who's My Legislator: 1-800-448-4881
(State and Federal)**

Legislative Hotline: 1-100-562-6000

Finding the Right Therapist for You

Research on successful outcomes in therapy has found one consistent finding time and time again: Therapy that has been successful is based on the quality of the relationship between patient and therapist. In other words, the theory-base or therapeutic techniques a therapist uses are less important than the therapist's ability to build a trusting, understanding relationship with you to achieve your goals in therapy.

The most important thing to look for when choosing someone is that you feel you "click" with that person. S/he should be someone with whom you feel really comfortable and sense that s/he is someone with whom you could learn to trust and build a relationship.



The relationship you have with a therapist is an extremely important one: you want to trust this person enough to feel safe sharing intimate details about your life. Thus, you want to choose someone carefully.

Here is a "checklist" for finding a therapist who is a good 'fit.' Of course, this may not cover everything that is of significance to your own situation; feel free to add whatever is important for your own particular needs.

Five Considerations in Choosing a Therapist

1) Whenever possible, get referrals from someone you know.

We know it is not always possible, but better than Internet surfing. Your insurance will

generally have providers listed on their website; however, they usually don't provide much information in the way of clinical focus or therapeutic approach. Other source for referrals is your Primary Care Provider.

2) Is this person licensed as a mental health professional?

Do not overlook this one! To find out if a therapist is licensed through the Department of Health, go to <http://www.doh.wa.gov/home.aspx> and check under "licensure". A licensed clinician is responsible for following Washington State laws and regulations on providing psychotherapy, as well as abiding by their codes of ethics. The therapist presents you with clear office policies, including limits of confidentiality and clients' rights. Does s/he fully explain forms you are to sign? .

3) Do I feel I could work with this person effectively?

The therapeutic relationship is similar in a lot of ways to other intimate relationships that you have: you want to build a relationship with someone who you can relate to, who doesn't judge you and accepts you no matter what you share with him/her. The main difference between this relationship and others in your life is that it is one-way: the therapist is there for you and the relationship is focused on helping you work through issues that are of importance to you only. In finding out if there is a "fit"; you need to rely on your intuition and not your brain. When you first speak to a therapist over the phone, do you feel like this is a person you could trust, feel safe with, and build a relationship with? You should be able to tell this within the first 5-10 minutes of talking with someone.

4) How does the therapist measure progress?

Your therapist should conduct regular evaluations of progress

in therapy, including discussion of treatment plans. Listens to your assessment of what is helpful and what is not during the course of therapy. Is s/he flexible in terms of what is appropriate and helpful?

5) What is the cost of therapy?

You want to make sure that the person you see has fees that you can afford. Psychotherapists of all six licensed disciplines usually charge between \$85-150 per hour on a private pay basis. Insurance coverage may be less expensive. If you use insurance benefits, keep in mind that you may want to be in psychotherapy for a longer period than the benefit provides. Discuss this possibility, and how you will continue, with your therapist at the beginning of the therapy, not when the benefit is ending.

If you have access to an Employee Assistance Plan (or EAP), it means that your employer has contracted a company to provide therapy services to its employees and that you can call the EAP company directly to find a therapist. In these situations, you will typically be offered short-term, brief-solution-focused counseling with a maximum of 3-10 sessions.

A final consideration: If you feel strongly about working with a therapist of a certain gender, look for a therapist of that gender; the same is true for other factors, i.e., ethnicity, sexual orientation, religious beliefs, etc. But a word of caution: just because a therapist may be a certain gender, ethnicity, sexual orientation, or faith as you does not mean that you will necessarily be 'a fit': you still have to trust your intuition when choosing someone who, on paper, may seem like 'a fit'. ◇

Member Profile: Laurie Becharas, MA, LMFT

I have been a board member for the past 12 months and continue to learn the depth and impact of all the work we do! I am relatively new to the field of mental health and appreciate the broad experience of disciplines included in this group.

My educational training includes a Master's Degree in Clinical Psychology from Antioch University in Seattle. My therapeutic approach is derived primarily from Humanistic psychology. I have significant experience working with parents and children in community mental health and school settings.

I started my private practice in the West Seattle neighborhood three years ago. I work with individuals, couples, and families to address a variety of concerns: conflict in relationships, grief and loss, anxiety and depression. I have a passion for working

with adolescents and young adults specifically around issues of identity, transition and getting "launched."

In the past year I have started to work with seniors as part of the PEARLS program developed by the University of Washington. The Program to Encourage Active and Rewarding Lives (PEARLS) is a community-based treatment using methods of problem-solving, social and physical activation, and increased pleasant events to reduce depression in physically impaired and socially isolated adults.

Previous to embarking on a career in mental health, I received a Bachelors degree in Fine Art from the University of Oregon. I spent most of my time studying printmaking and French language. I was fortunate to spend a year studying abroad in France and traveling in Europe. Although I rarely have time to pursue my interest in

printmaking, I consistently find time to make things and have a vast appreciation for most things "crafty." Many friends were thrilled to receive thoughtfully woven loop potholders I was enchanted by making a few years ago!

I have over 20 years of experience as a graphic designer and have worked for a number of local companies on publications and marketing materials for distribution in print and online. I continue to work part-time as a freelance designer and production artist. We are currently in the process of updating the design and content of the Coalition website!

Please consider attending one of our upcoming events.

Laurie Becharas, MA, LMFT
Individual & Family Therapy
laurie.becharas@gmail.com



The Coalition represents a multidisciplinary group of professionals and consumers addressing a broad range of mental health needs in children, adolescents, and adults. Our Board is equally diverse. Board members have included psychiatrists, psychologists, MFTs, LCSW, LMHC, and other professionals. They also bring a wide range of experience and special interests which serve to broaden the knowledge base of our members, such as skills with special populations, use of the Internet, and understanding of legal and ethical issues associated with mental health. From time to time, we have a need to replace a board member.

Are you interested in:

- Preserving choice, confidentiality, integrity, and quality in our mental health

services?

- Lobbying to educate legislators about quality mental health care?
- Educating and supporting mental health professionals and consumers?
- Influencing political and insurance industry policy to include mental health as a vital component of health care?
- Empowering mental health consumers to influence health care reform?

If so, please consider becoming a member of the Coalition board! No pay but great rewards! Please contact Sue Wiedenfeld, Coalition Chair, swiedenfeld@me.com.

Letters

Dear Seasoned Therapist,

I am a newly minted psychotherapist starting a private practice. Do you have any advice for me as I'm getting started?

Thank you, Fresh-faced and Ready to Go

Dear Fresh and Ready, Congratulations for taking this step! Private practice can be rewarding, albeit a little uncertain and scary in the beginning. But if you persevere and give yourself at least a year or two, you should be able to develop a sustainable practice.

My advice involves professional identity development and practice management. Professional identity development involves knowing your expertise, your target client, and your peers. Know the answers to these

questions. What is your clinical approach? Who is your perfect client? What are you good at? Find the local experts in your field and network. Perhaps they have a consult group or a meeting you can join. If nothing else, have coffee or lunch with more experienced peers and pick their brains.

Practice management is an umbrella category for all the nuts and bolts of your practice—your office space, your billing systems, and your more general marketing approach. Decide what is important to you and how you work. What neighborhood do you want to be in, what sort of office you will need? There are always many part-time offices available. Consider your officemates an opportunity for referrals. Develop your forms—consent to treatment including office policies, client information form, acknowledgment of receipt of privacy practices, release of information—to name the basics. Create a simple website. There are several free website development services. For a

few hours and \$25/year, you can create something that includes a picture of yourself, a brief description of your practice and your training, a map to your office, and downloadable forms.

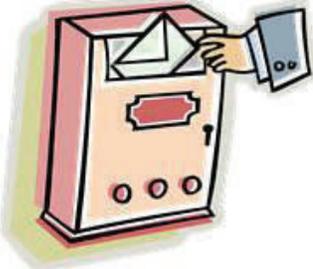
The Coalition will be offering another Frugal Practitioner meeting in the future, which will be a great resource for learning lots of cost-cutting tips and tools for creating a lean private practice.

I found the following book helpful: *Building Your Ideal Private Practice: A Guide for Therapists and Other Healing Professionals* [Hardcover] by Lynn Grodzki.

Additionally, I recently received a flier about a practice development group starting in February, facilitated by Lynn Garvey 206-932-2997.

Finally, be patient and keep at it. Know yourself and know your market. Keep developing your skills and your professional community.

Yours,
The Seasoned Therapist ◇



Have a practice question?
Let us know!

Classifieds



Large, sunny office available in Madison Valley. Share suite with 2 Psych ARNPs in long-term practice. Secure, ADA accessible building. \$565/month includes rent, shared waiting room, 2 shared phone lines, and parking for tenant. Unmetered street parking available for clients. Please call Germaine D'Anniballe at 206-390-7186 if you are interested or have questions.

Coalition members, list your ad in our newsletter for only \$35! Please submit your ad to: Newsletter Editor, wacoalition@frontier.com

It's Time to Renew Your Membership

The Coalition

of Mental Health Professionals and Consumers

P. O. Box 30087 • Seattle, Washington 98113-2087

206-444-4304 • <http://www.wacoalition.org>

Your dues support the Coalition's efforts to preserve ethical mental health treatment. Your dues also provide funding that supports legislative efforts, continuing education programs, our website, a Helpline, the newsletter, brochures, and our on-line member directory.

Thank you for your continued support! It makes possible what we do. Please renew promptly. With this year's renewal, you will be included in our on-line directory.

Send this form to:

THE COALITION, ATTN: MEMBERSHIP

P. O. Box 30087 • Seattle, WA 98113-2087

NAME _____ Degree _____ Type of License _____

ADDRESS (if different from last renewal) _____

City _____ State _____ ZIP _____

PHONE Work (_____) _____ - _____ Email _____

LOCATION OF PRACTICE

City _____

Neighborhood _____

PROBLEMS TREATED

- ____ Abuse
- ____ Addiction
- ____ Anxiety/Depression
- ____ Bipolar
- ____ Grief and Loss
- ____ LBGTQ
- ____ Learning Issue
- ____ Medical Issues/Pain Managements
- ____ PTSD
- ____ Relationships
- ____ Stress
- ____ Work/Career

SPECIALTIES

- ____ Elders
- ____ Adults
- ____ Adolescents
- ____ Children
- ____ Infants
- ____ Family
- ____ Couples

PREFERRED TREATMENTS

- ____ Psychoanalytic
- ____ Cognitive-Behavioral
- ____ Interpersonal
- ____ Eclectic
- ____ EMDR
- ____ Somatic Transformation

____ Please check if you do not want to be included in the directory

____ Please check if you are willing to volunteer for the Coalition

____ occasional time-limited tasks

____ I will help with political efforts

____ ask me about other needs you have

____ I will help with newsletter or membership (circle)

Legislative District: WA: _____ National: _____ Don't know? Call 1-800-448-4881

I/WE can support the Coalition at the following level:

Professional Membership:

____ \$65 ____ \$115 ____ \$250

Student Membership:

____ \$15 ____ \$25 ____ \$65

Consumer Membership: FREE!

Renew Online at <http://www.wacoalition.org/renew.html>

THANK YOU for supporting THE COALITION

THE COALITION of Mental Health
Professionals and Consumers
P O Box 30087
Seattle, WA 98113-2087

RETURN SERVICE REQUESTED

We're Going GREEN!

Dear Coalition Members,

We have moved to an all electronic version of our newsletter. This will help us save valuable resources—financial and environmental! Although many of our members voiced a preference for this format, we will continue to send out a paper version of the newsletter, if requested.



Washington Coalition of Mental Health Professionals and Consumers
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Name _____

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E-mail _____

OK to publish information in the Directory and on Website? Yes _____ No _____

Willing to help with specific tasks? Yes _____