

July 15, 1994

Introduced By:

GREG NICKELS

ew

Proposed No.:

94 - 463

MOTION NO. 9429

A MOTION confirming the Executive's appointment of Sherman D. Lohn to the King County Mental Health Board.

BE IT MOVED by the Council of King County:

The county executive's appointment of Sherman D. Lohn to the King County Mental Health Board, term to expire on June 30, 1996, is hereby confirmed.

PASSED by a vote of 13 to 0 this 12th day of December, 1994.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

Kent Pullen
Chair

ATTEST:

Gerald G. Peterson
Clerk of the Council

Attachments: Application
Financial Disclosure Statement

Sherman D Lohn
1613 California SW #102
Seattle, Washington 98116
935-4652

EXPERIENCE:

- 5/93 - present
NORTHWEST AIDS FOUNDATION/MADISON CLINIC
Mental Health Practitioner
Providing psychological assessment and case management services for chronically mentally ill individuals with AIDS. Provide mental health training and AIDS training to community organizations and individuals.
- 8/90 - 5/93
HARBORVIEW COMMUNITY MENTAL HEALTH CENTER
Mental Health Practitioner
Providing crisis intervention, psychological assessment and case management in an emergency walk-in clinic. Screening patients for long term treatment in dual diagnosis program.
- 8/90 - 9/92
UNIVERSITY OF WASHINGTON/DEPT. OF PSYCHIATRY
Research Analyst
Interviewing and tracking psychiatric patients in Dual Diagnosis Intervention Project; performing structured psychological interviews; utilizing SPSS statistical package.
- 8/90 - 12/90
UNIVERSITY OF WASHINGTON/DEPT. OF SPEECH AND HEARING SCIENCES
Research Analyst
Interviewing and performing speech pattern testing on medicated and unmedicated schizophrenic patients at Western State.
- 9/89 - 8/90
UNIVERSITY OF WASHINGTON/DEPT. OF PSYCHIATRY
Clinical Psychopharmacology Study Coordinator
Setting up and monitoring psychopharmacology research studies, screening patients, performing psychological testing, dispensing medications.
- 6/88 - 9/89
HARBORVIEW MEDICAL CENTER 5 CENTER
Mental Health Specialist II
Admitting/discharging psychiatric patients; developing patient care plans; providing education on medication, illness, involuntary

treatment; obtaining psychosocial histories; conducting family conferences; providing behavioral intervention.

- 6/81 - 6/88
 HARBORVIEW MEDICAL CENTER 5 CENTER & 3MH
 Mental Health Specialist I
 Admitting/discharging psychiatric patients; developing care plans and participating in care conferences with interdisciplinary team; participating in individual, group and occupational therapy; providing education on medication and illness
- 1/85 - 3/88
 ST CABRINI HOSPITAL 6 WEST
 Mental Health Specialist
 Admitting/discharging psychiatric patients; developing care plans and participating in care conferences with interdisciplinary team; participating in individual, group and occupational therapy; providing education on medication and illness.
- 6/84 - 6/85
 OVERLAKE MEDICAL CENTER
 Mental Health Specialist
 Admitting/discharging psychiatric patients; participating in care conferences with interdisciplinary team; participating in individual, group, recreational and occupational therapy; providing education on medication and illness.
- 6/82 - 6/84
 CRISIS CLINIC, INC
 Supervisor/Resource Specialist
 Screening and supervising volunteers on emergency telephone lines; developing and implementing training in domestic abuse, crisis intervention and referral; developing and providing community training.
- 6/82 - 1/83
 SEATTLE EMERGENCY SHELTER COALITION
 Resource Coordinator
 Maintaining records and statistics on homeless population; organizing and supervising computerized shelter referral system.

EDUCATION:

- | | |
|--|---------|
| University of Washington
Psychology | 1984-88 |
| University of Washington
Graduate Studies-Russian | 1977-79 |

University of Montana Journalism	BA with Honors	1976
Pushkin Institute of Foreign Study Russian Language and Culture		1976
Pasadena City College Journalism Internship		1975

REGISTRATIONS:

Washington State Registered Counselor
HIV Serologic Test Counselor

APPLICATION FOR APPOINTMENT TO THE KING COUNTY
MENTAL HEALTH BOARD

NOV 02 1993

Dear Interested Applicant:

Please fill out the following application with a cover letter addressing why you would like to serve on the King County Mental Health Board. Please attach your resume to the application. Please return the information to Marty Blair, King County Mental Health, 506 Second Avenue, Room 512, Seattle, WA 98104.

Name Sherman D Lohn Phone 935-4652 860-6296
(Home) (Work)

Business Address * 127 Broadway East Suite 200, Seattle, wa 9810

Home Address 1613 California SW #102 Seattle, Wa 98116
(Note: Please indicate preferred mailing address with an asterisk*)

King County Council District 8 (see attached map)

Education: B.A. - University of Montana

Present Employment or Activities Mental Health Practitioner
Employer (if applicable) Northwest AIDS Foundation / Madison Clinic

Membership on any city and/or county boards, commissions, or committees, and dates of term. _____

Please attach your resume or vitae.

Have you had any involvement with persons who are mentally ill? Yes No

If yes, what has been your personal involvement? _____

Your professional involvement? I have worked with chronically mentally ill individuals in a variety of settings for 13 years.

How did you learn of this opportunity? former employer

Languages spoken fluently _____

What specific areas of interest do you have in mental health?

- | | | | |
|-----------------------------------|-------------------------------------|-------------------------|-------------------------------------|
| adult services | <input checked="" type="checkbox"/> | ethnic minorities | <input type="checkbox"/> |
| children and youth services | <input type="checkbox"/> | gay and lesbian persons | <input checked="" type="checkbox"/> |
| deaf and hearing impaired persons | <input type="checkbox"/> | housing | <input checked="" type="checkbox"/> |
| education | <input type="checkbox"/> | legislative advocacy | <input checked="" type="checkbox"/> |
| elderly | <input type="checkbox"/> | other | <input type="checkbox"/> |

Time Commitment: At a minimum you will be required to attend a full board meeting and at least one committee meeting every month (approximately 4 hours total). Additionally, you will be asked to serve as a liaison to at least one community mental health agency (approximately 1 hr./mo.). Will you be able to make these time commitments for the length of your term? Please indicate yes or no. yes

Appointees to the King County Mental Health Board may not be a staff or board member of any of the agencies with whom the County contracts for services because of the potential for conflict of interest.

The County Executive seeks diverse representation on the King County Mental Health Board. Information in the following section will assist in achieving this goal. It is voluntary on your part.

Thank you for your consideration. If you have any questions or would like additional information, please contact Marty Blair at 296-5210.

AFFIRMATIVE ACTION AND PERSONAL INFORMATION

- | | | |
|---|--|---|
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Hispanic/Chicano/Latino | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> African American | <input type="checkbox"/> Native American | <input type="checkbox"/> Other |

Year of Birth 1954 Sex (F) (M) Person with Disabilities (Y/N) N



King County Board of Ethics
King County Administration Building
500 Fourth Avenue Room 553
Seattle, Washington 98104
206-296-1586

**KING COUNTY
FINANCIAL DISCLOSURE STATEMENT**

All Board and Commission Members

In accordance with Section 3.04.050 of the King County Code, all King County board and commission members are required to complete a financial disclosure statement within ten (10) days of appointment and by April 15 of each year.

For reporting purposes, "immediate family" includes spouse, dependent children, and other dependent relatives residing in the employee's household. "Person" designates any individual, partnership, association, corporation, firm, institution, or other entity, whether or not operated for profit.

**Type or print all information and sign this form on page three.
Use additional sheets if necessary.**

**Return to the Director, Community Relations
King County Executive Office
400 King County Courthouse
516 Third Avenue
Seattle, WA 98104**

DATE: 6/1/94

NAME: Sherman D Lohn

ADDRESS: 1613 California SW #102 Seattle, Wa 98116

BOARD OR COMMISSION: KING COUNTY MENTAL HEALTH BOARD

A. List all sources of income over \$1500.00 (include salary, retirement, and dividend income):

Source of Income	Type of Business	Address
employment	U of Washington	Seattle Washington



9429

B. Do you have a direct financial interest in any mutual fund or other "person" or enterprise in excess of \$1500.00 (insurance issued either to yourself or your spouse, accounts in banks, savings and loan associations or credit unions are not considered financial interest; however, municipal bonds, trusts, and stocks and all other types of financial interest are included)?

YES NO

If you answered yes, please list:

Mutual Fund or Enterprise	Type of Business	Address
Composite Mutual Fund	Murphey-Fairte-Investment	Spokane, Washington
Sprint - stock	telephone - long distance -	Chicago, Illinois

C. List any office, directorship, or trusteeship in any "person" or other governmental entity which does business in King County and which is held by you or members of your immediate family:

Name/Relationship	Type of Business	Position Held

D. List by legal description or popular address all real property owned by you or a member of your immediate family in King County. Include options to buy if the property is valued in excess of \$1500.00.

Address	Name of Owner	Relationship to Employee
1613 California SW #102 Seattle, Wa 98116	S.D. LOHN	self

E. List all real property located in King County and divested by you or a member of your immediate family during the reporting year and valued in excess of \$1500.00:

Address	Name of Owner	Amount Divested

F. This section is only to be completed by attorneys who practiced before state and local regulatory agencies within the preceding twelve-month period:

1. List the name of the "person of which you are a member, partner, or employee:

2. List the name(s) of the agencies that you practice before:

3. List the amount of gross compensation in excess of \$1500.00 received by the "person" and attorney respectively as a result of your practice before such agencies in the past twelve months:

ATTESTATION

I, SHERMAN D LOHN, certify under penalty of perjury that this statement is true, accurate, and complete.

Sherman D Lohn
Signature

Signed this 1st day of June, 1994.