



# Transforming Behavioral Health through Health Care Reform



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WASHINGTON  
BEHAVIORAL  
HEALTHCARE  
CONFERENCE

June 19-21, 2013  
Yakima Convention Center  
Yakima, Washington

# Who We Are

*The Washington Community Mental Health Council is the sponsor and organizer of the annual Behavioral Healthcare Conference. Over the past 30 years, the Washington Community Mental Health Council (WCMHC) and its provider members have offered services that promote the creation of healthy and secure communities through partnerships. WCMHC is a non-profit, professional association of licensed community mental health centers across the state of Washington who have joined together to create a unified, representative voice that speaks on behalf of community mental health. Advocating in support of community mental health centers and mental health consumers, WCMHC develops public policy initiatives, promotes partnerships and provides high quality mental health care education.*

## Welcome

Welcome to the 24th annual Washington Behavioral Healthcare Conference (WBHC), *Transforming Behavioral Health through Health Care Reform*. As individuals, families, organizations and communities continue to face the realities of a recovering economy, we also are faced with big changes related to implementation of the Affordable Care Act. Against this backdrop, local communities continue to strive for recovery-driven care through integrated behavioral health and health care, evidence-based and data-informed practice and consumer-run services that bring new, effective interventions to our system.

The year's conference will help you prepare for the changes ahead with a program featuring national and regional experts in health and behavioral health reform, consumer leaders and providers of local model programs built on evidence-based and promising practices. These colleagues will offer inspiration, knowledge, tools and resources to take back to your community.

The 2013 WBHC keynote speaker lineup includes:

**Mike Veny**, a professional studio drummer who speaks about his own experiences with mental, emotional and behavioral issues, and how he is working to transform stigma into strength

**William McFarlane, MD**, a national expert on the early intervention and prevention of psychosis, and director of the Portland Identification & Early Referral (PIER) and Early Detection & Intervention for the Prevention of Psychosis (EDIPP) programs in Maine

**Cheryl Sharp, MSW**, an expert on trauma-informed services, presenting on implementing trauma-informed care approaches and being a trauma champion in local agencies and communities.

Other highlights of the three days in Yakima are the 35 workshops, with tracks that focus on integration, trauma-informed care, housing and employment, recovery and resiliency, and advancing clinical skills.

We gratefully acknowledge support for the WBHC from the DSHS Division of Behavioral Health & Recovery and the Department of Corrections.

Please join us in Yakima for this outstanding learning event.

Sincerely,

Ann Christian, CEO  
Washington Community  
Mental Health Council

Eric Yakovich, Chair  
Washington Community  
Mental Health Council and  
CEO, Cowlitz County  
Guidance Association

Faith Richie, Chair  
Washington Community  
Mental Health Council Education  
Committee and Vice President,  
Telecare

**TRAINING, WEDNESDAY, JUNE 19**

Location: Yakima Convention Center

**8:00 am - 5:30 pm · Pre-conference Programs****9:00 am – 4:30 pm · Pre-conference Seminar:****Law & Ethics Training: Dancing with the Risks: Safe Steps, Tricky Steps & Landmines (6.0 CEUs) (additional registration fee required)***A. Steven Frankel, PhD, Esq., Adjunct Professor of Law, Golden Gate University School of Law and Clinical Professor of Psychology, University of Southern California*

This six-hour workshop in law, ethics and regulation emphasizes awareness and management of risk factors in the major areas of high risk practice by focusing on three of the four most frequent causes for actions against mental health professionals, nationwide (the fourth cause, sexual contact between professional and client, was covered in the 2010-2011 version of this workshop). This new version of the workshop focuses on incompetence, criminal convictions and cases involving high-conflict custody problems. Attendees will learn about “substantial relationship” laws, two types of threats that occur between professionals and clients, problem areas for high conflict custody cases, and statutes bearing on minors who can authorize their own treatment.

*This educational program fulfills continuing education requirements required by Washington State for Licensed Social Workers, Mental Health Counselors and Marriage and Family Therapists for the mandatory biennial “Law and Ethics” training requirements. Certificates for 6.0 CEUs will be issued to attendees who attend the program in its entirety.*

**9:00 am – 5:00 pm · Pre-conference Seminar:****From Case to Care: Case Management to Care Management (6.5 CEUs) (additional registration fee required)***Joan King, RN, MSN, CS, Senior Integration Consultant, National Council for Community Behavioral Healthcare*

As healthcare reform advances and as more and more states move to health home models, the critical knowledge and skills of case managers will be needed in new ways. This new marketplace requires case managers to expand their capacity in healthcare navigation, build on their existing skills in health behavior change, and possess a better understanding of the common health problems and basic interventions both for individuals with serious mental illness and those with chronic health problems. A more knowledgeable and better-skilled case manager workforce will also provide organizations with a service that can be marketed across the healthcare system.

Case Manager to Care Manager training is a key strategy in preparing your organization for the future. Training topics include: national forces driving change; conceptual framework for change (health homes, chronic care model); the role of case managers in supporting the navigation of the health care system; the physical health needs of people with behavioral health challenges; diabetes and heart disease (key issues, key interventions; using existing and expanded skills to support health behavior change); applying rapid cycle change principles to working with people on health behavior change, goal planning and documentation; self-assessment of individual practice.

Following the training, case managers will be able to: identify current healthcare trends impacting their role; describe the difference between traditional case management and care management; identify the difference between physical health and behavioral health culture; describe strategies to build strong partnerships with primary care providers; list strategies to help prepare people for primary care appointments and to increase self-management; apply basic chronic care principles to managing heart disease and diabetes; identify and apply strategies to help people change their health behavior; and commit to two immediate changes they will make in their practice post training.

**PRE-CONFERENCE MEMBERSHIP ACTIVITIES FOR WCMHC****MEMBERSHIP MEETINGS****8:00 am - 1:00 pm | WCMHC Board and Membership Meetings***(Details will be sent to WCMHC Agency Directors)***WEDNESDAY CONFERENCE ACTIVITIES****8:00 am - 8:00 pm · Registration Open**

Location: Yakima Convention Center

**4:30 pm – 6:30 pm · Welcome Reception**

Come mingle and network with fellow conference attendees and beat the Thursday morning registration rush! Light appetizers and refreshments will be provided.

**5:30 pm – 7:00 pm · Recovery & Resiliency Roundtable**

Consumers, youth, and families in Washington State – come share your thoughts about recovery and resiliency efforts with the Division of Behavioral Health & Recovery! Let the Division’s Director Chris Imhoff and the Office of Consumer Partnerships (OCP) know what you think is working and not working concerning mental health/chemical dependency programs and services. Join us for an interactive and informative meeting. Refreshments will be provided!

## Thursday

**7:30 am - 5:00 pm · Registration Open**

Location: Yakima Convention Center

**7:30 am – 8:30 am · Continental Breakfast & Vendor Tables Open****8:30 am - 10:00 am · Welcome***Eric Yakovich, Chair, Washington Community Mental Health Council and CEO, Cowlitz County Guidance Association**Chris Imhoff, Director of the Division of Behavioral Health & Recovery, DSHS, or a designee***KEYNOTE ADDRESS by Mike Veny, professional studio drummer****From Stigma to Strength**

In this inspirational keynote presentation Mike Veny, a professional studio drummer and a member of the Board of Directors of the Fender Music Foundation, tells his story. As a child, he was hospitalized in a psychiatric facility three times, was medicated and was also expelled from school three times. Thanks in part to music and drumming, he was able to turn his mental, emotional and behavioral challenges into strengths that have helped him craft a successful career in the notoriously difficult music industry. Mike will also address the stigma attached to mental health issues, connections with colleagues around mental health issues, and offer suggestions that may help others overcome their mental health challenges.

**10:15 am – 11:45 am • Workshops****T101 Partnering to Integrate Primary & Behavioral Health Services**

*Martin Abdo, Certified Peer Counselor, Licensed Massage Therapist, Harborview Mental Health & Addiction Services; Christina Clayton, MSW, LICSW, CDP, DESC; Antoinette Krupski, PhD, University of Washington at Harborview Medical Center*

In 2010, DESC was awarded a SAMHSA grant for Primary and Behavioral Health Care Integration, which is intended to improve the physical health of people with serious behavioral health conditions by integrating primary care services into community behavioral health settings. Since consumers frequently seek and obtain services from community-based behavioral health providers, these organizations must be able to foster integration of primary care services and provide wellness education on-site with the goal of improving health outcomes. DESC Clinical Programs and Harborview's Mental Health & Addiction Services partnered with Harborview Medical Center to integrate primary care into their behavioral health settings, with goals of empowering clients to participate in their health care, improving access to primary care and wellness services, and improving the monitoring of health indicators. This presentation will cover the overall structure of the integrated care programs, including staffing, service delivery, coordination with case management, challenges and strategies. It will also include a description of individuals enrolled in the program, their program involvement, their outcomes, and their satisfaction with the program.

**T102 Psycho-Social Battle Scars: Helping Returning Veterans & Their Families**

*Kevin St. Jacques, PsyD, Sound Mental Health; Declan Wynne, LMHC, Sound Mental Health*

Veterans returning from Iraq and Afghanistan have been exposed to a high intensity of combat trauma, blast injuries and multiple deployments, often resulting in traumatic brain injuries and/or Post-Traumatic Stress Disorder (PTSD); female veterans who experienced sexual trauma are much more likely to suffer from PTSD than other female veterans. In addition, approximately 6,500 veterans (18 a day) commit suicide every year, comprising about 20% of the nation's annual suicides. This presentation will provide attendees with a deeper understanding of issues like homelessness and incarceration facing returning veterans, and the use of trauma-informed care, mental health interventions, treatment for substance abuse, and employment in helping them. We will also provide information on how Sound Mental Health developed its service approach and on including veterans in service development and as employees within the agency as case managers, therapists, and medical and peer staff.

**T103 Working Toward Recovery**

*Mike Donegan, MSW, DESC; Julie Morgan, BA, DESC; Cristine de Melo Wirkala, BA, DESC*

A major component of recovery-based services is assistance in engaging in the community and for many in our society that means going to work. Evidence-based Supported Employment, sometimes known as Individual Placement and Support (IPS) has been shown to be one of the most effective ways of helping people choose, get, and keep jobs. Because of the requirements of this model and since these services are most often funded by the Division of Vocational Rehabilitation, the work of getting a client job-ready needs to occur throughout the mental health service system, not just when the person is referred to the employment staff. In this presentation, service providers will learn practical ways to begin conversations with consumers about employment goals, acquire tools to assist in preparing to go back to work, and participate in a discussion about common barriers to employment and how to overcome them. Consumers will learn various ways to begin to prepare to go back to work, acquiring the skills and references it will take to successfully attain and retain

employment in the community, as well as skills to engage their service providers in helping them achieve their employment goals. Attendees will receive a check list that simply and clearly outlines ways to integrate employment related goals into everyday mental health services.

**T104 Washington State IMR Pilot: Comprehensive Mental Health**

*Greg Aubol, MS, Comprehensive Mental Health; Shannon Blajeski, MSW, Dept. of Psychiatry & Behavioral Sciences, University of Washington; Andrea Ray, MS, Comprehensive Mental Health*

Illness Management & Recovery (IMR) is an evidence-based psychiatric rehabilitation practice intended to empower consumers with severe mental illness to manage their illness, find their own goals for recovery, and make informed decisions about their treatment. IMR involves a variety of interventions designed to help consumers improve their ability to overcome the debilitating effects of their illness. IMR includes core evidence-based components of illness management such as psychoeducation, behavioral tailoring for medication, relapse prevention training, and coping skills training along with psychoeducation to provide basic information about specific psychiatric disorders and principles of treatment. In 2011 DBHR partnered with WIMHRT to provide training, consultation, fidelity assessment and outcomes monitoring at Comprehensive Mental Health. This presentation will include a brief overview of the IMR model followed by a description of the start-up process, first year fidelity/outcome information, a first-hand account of the group process and client success stories.

**T105 The Keys to Success: Getting the Most Out of Supervision**

*Beth Hammonds, MS, Valley Cities Counseling & Consultation; Kate Naeseth, MS; Patti Marshall, Valley Cities Counseling & Consultation*

Your success as a peer employee and the satisfaction and enjoyment you get from work have much to do with your supervisor. This workshop identifies and discusses key elements to ensure your success in developing a healthy relationship with your supervisor. The workshop will focus on the basics of what a supervisor is, the expectations of a supervisor, what supervision looks like, and why one needs a supervisor. It will also help attendees to recognize the value of boundaries when working as a peer, and to appreciate the importance of self-care on the job.

**T106 Transitioning to an Open Access Model: Your Organization Can Do It!**

*Terri L. Card, MA, MHA, Greater Lakes Mental Healthcare; Carolyn Petrich, MA, Greater Lakes Mental Healthcare*

This workshop will arm attendees with the knowledge they need to evaluate how they would go back to their organizations and begin the shift to a model of open access and higher productivity. The specific steps and skills will include: promoting a culture of flexibility and putting consumers first, making the shift from paper appointment books to online scheduling, ensuring that clinical staff have the skills and support to complete a clinical intake in 60 minutes, changing the culture, expectations and performance in regard to productivity, creating a "deeper bench" throughout your organization for intake assessments, solving conflicts and preventing "camps" from developing through a stressful change process and ensuring that all departments in the organization are geared toward the success of this model and supporting it from the top down. The presentation will include details and specifics about what needs to be accomplished at each step, and will provide insights into some of the strategies that both staff and management might use to derail the process, as well as strategies for ensuring that forward progress continues.

### T107 Becoming a Smoke-Free Behavioral Healthcare Organization: From Treatment to Healthy Home Living

*Gretchen Chambers, BFA, LPN, Community Psychiatric Clinic; Cheryl Loving, Peer Support Specialist, Community Psychiatric Clinic; Marty Ruybalid, MSW, Community Psychiatric Clinic*

In 2010, Community Psychiatric Clinic (CPC) launched a Healthy Campus Initiative to formally integrate health and wellness management into our clients' treatment and recovery goals. Phase One of this initiative in part tackled the high rates of smoking among our client population, and tobacco reduction and recovery was made integral to our services by creating a smoke-free environment. This presentation will describe the process CPC is implementing and reveal some of the challenges that have been encountered, including policy and procedure changes, documentation changes, staff training, and client nicotine assessments. We will review resources, treatment methods, and communication formats used, as well as resources that can serve as an example for other providers to use.



### 11:45 – 1:15 pm · LUNCHEON AND KEYNOTE ADDRESS by Cheryl Sharp, MSW, National Council for Community Behavioral Healthcare

#### **From Help to Healing: Creating, Collaborating and Implementing Trauma-Informed Care Approaches**

We know that the prevalence of trauma is over 90% for those being served in behavioral health, and that 51% of the general population

experience at least one significant adverse childhood experience. We must learn how to work together as a community to provide sanctuary and healing environments for those who are at greatest risk of re-traumatization. In this one hour session Ms. Sharp will explore the importance of early screening and assessment; survivor/consumer voice, choice and advocacy; developing a trauma-informed, educated and responsive workforce; implementing evidence-based best practices that are trauma-informed; what it means to become a trauma-informed organization using an overview of the National Council for Community Behavioral Healthcare's Adoption of Trauma-Informed Practices Organizational Self-Assessment; creating safe, secure and healing environments; fostering and maintaining community partnerships; and the importance of organizational wellness and staff self-care.

### 1:30 pm – 3:00 pm · Workshops

#### T201 Behavioral Health Integration: We've Only Just Begun

*Rick Crozier, MA, LMHC, GMHS, Good Samaritan Behavioral Health; Jaime Long, MA, LMHC, Good Samaritan Behavioral Health*

While we don't know what the nation's new healthcare environment will ultimately look like, we do know that it won't be "business as usual!" We also know that mental health professionals are increasingly being asked to adapt their skills to the rapidly changing healthcare world. MultiCare Good Samaritan Behavioral Health began this journey almost two years ago, and now offers a multifaceted service delivery model including a mobile health clinic delivering primary care services to over 500 consumers at community mental health locations throughout Pierce County, 7 therapists located in 8 primary care clinics providing a wide range of behavioral health services, and a recently developed Care Transitions program that has seen remarkable results in lowering the improper use of emergency rooms while improving the transition from hospital care to community care. This realistic, experience-based presentation will cover our service delivery models which are based on national promising practices, demonstrate what true integration looks like, and discuss challenges we have experienced.

#### T202 Are You a Trauma Champion in Your Agency & Your Community?

*Cheryl Sharp, MSW, National Council for Community Behavioral Healthcare*

In this 1.5 hour session, Ms. Sharp will build on her keynote presentation and discuss using a trauma-informed approach in the ongoing process of innovation that responds to the evolving needs of an individual community. She will provide some of the hands-on tools that hundreds of organizations have found useful as they move towards becoming more trauma-informed. In this interactive session, you will have an opportunity to learn how to work with others in your community to determine what you need to move forward with trauma-informed care.

#### T203 The Basics of How Working Affects SSI, SSDI & Work Incentives

*Stephen Kozak, BA, Washington State Health Care Authority; Melodie Pazolt, Division of Behavioral Health & Recovery*

A critical barrier to meaningful employment for individuals with disabilities is the fear of losing state or federal benefits when working. Many people who experience disabilities depend on a variety of federal and state benefits to meet their essential living needs; without them, many would experience crises such as homelessness or hospitalization. In spite of work incentives made available through amendments to the Social Security Act, less than 1% of beneficiaries work. After years of receiving inaccurate or incomplete information, the vast majority of individuals with disabilities have chosen not to work or to limit their work. To allay those fears, community education and outreach, coupled with individualized plans that address the impact of work on benefits, are strongly warranted. Participants in the workshop will learn how benefits planning services can remove barriers for those seeking independence, self-sufficiency, and a better quality of life through working, while maintaining access to critical services.

#### T204 CET: Physical Therapy for the Brain

*Ray Gonzalez, MSW, ACSW, LISW-S, Center for Cognition & Recovery*

Over the last 12 years, Cognitive Enhancement Therapy (CET), a SAMHSA recognized Evidence-Based Practice form of cognitive remediation, has been successfully disseminated to 17 sites in 9 states, helping more than 750 people significantly improve in their recovery from mental illness and in their ability to function in independent community and vocational settings. The presentation will describe the neuroscience research supporting CET, the social, vocational and educational effectiveness of CET, using CET with a wide range of individuals in recovery including adults, transitional youth, persons with high-level autism, and veterans, and how CET is effective with people from many different ethnic and socio-economic backgrounds. It will also demonstrate the hope and practical wisdom that CET offers individuals and recovery, including how acceptance and adjustment to a psychiatric disability can improve the physical health, independence, vocational effectiveness and well-being of individuals.

#### T205 OPA: A Simple, Cost-Effective & Empowering Cognitive Tool

*Martin K. Abdo, Certified Peer Specialist, Harborview Mental Health & Addiction Services; Christine Curry, MD, Harborview Mental Health & Addiction Services; Jeanine Goldsmith, Harborview Mental Health & Addiction Services*

OPA (Organizing random thoughts, Prioritizing them, and then Acting/carrying them out) helps individuals manage overwhelming stress, creates daily structure, acts as a memory aid and assists in achieving short and long-term goals. This workshop will demonstrate how fast and effective this cognitive tool is at supporting someone in need. OPA can also be useful to individuals and agencies to assist in a variety of tasks such as taking medications consistently, creating a healthy

sleep routine, eating healthy, exercising regularly, socializing, and keeping appointments. The discussion will include the perspective of a person who implemented the program in her own life, as well as that of a doctor who has used this tool effectively with some of her clients.

### **T206 Warrior to Civilian: Transforming the Journey Home**

*Bridget C. Cantrell, PhD, Cantrell Counseling & Associates and Hearts Toward Home International*

This presentation is a comprehensive exploration of the impact and core issues associated with military service and deployment as well as the long-term mental health and behavioral ramifications on the individual, their families, and the community. This presentation identifies the issues of Post-Traumatic Stress Disorder, Combat Operational Stress and Traumatic Brain Injury (PTSD/COS/TBI) within and outside the clinical perspective. By examining the diagnostic criteria for all three, Dr. Cantrell's discussion will cover the range of behaviors and attitudes associated with trauma in returning warriors and veterans from different combat eras. She will also identify the psychological and physiological aspects of PTSD/COS/TBI, including an examination of the stigmas and barriers associated with seeking treatment and care within and outside the military sector. The final part of the presentation correlates the long-term ramifications of untreated PTSD/COS/TBI with the growing societal issues of substance abuse, relational breakdown, suicide, and legal issues facing combat veterans. Dr. Cantrell will present tools to build resiliency between the individual and the community, and identify effective and preventative treatments and resources including culturally based interventions.

### **T207 Developing & Implementing Natural Supports for Re-entry into the Community from Institutional Settings**

*Becky Bates, MSW, Passages; Jolene Haskins, MSN, RN, Eastern State Hospital; John Murphy, Certified Peer Specialist, Eastern State Hospital*

This workshop is designed to educate attendees on the Community Links re-entry program that has been implemented in the Spokane area. The presentation will address goals, practices and obstacles in working with patients – and those who work with them – to reintegrating into the community after extended stays in an institutional setting. The workshop will describe the training that has been given to staff, patients and the community, as well as the culture of the state hospital system and the culture of learned helplessness. In addition, two of the presenters will use their lived experience with the system to help attendees understand what happens to individuals when they become trapped in the system.

### **3:15 pm – 4:45 pm · Workshops**

#### **T301 How Use of WRAP Enhances Our New Integrated Healthcare World**

*Helen Nilon, AA, MHRE, PSS, Mental Health Action; Michelle Showalter, MHRE, PSS, Navos*

This presentation will provide participants with practical, real-world examples of how WRAP can be used outside of a behavioral health setting to enhance health and wellness. Those of us who utilize the tools we have developed in our own Wellness Recovery Action Plans (WRAP) are uniquely positioned as our state and nation moves further toward an integrated health care world. We have each identified areas of transition in our lives – how we arrive in those places and how we strive to gain and maintain holistic health. In our WRAPs we have each identified specific yet simple tools which work for us. Regardless of where another may find their challenges, we can provide – or hold onto – hope for them, as we share the values, ethics and key concepts to walk alongside others on their paths toward wholeness, health and resiliency.

#### **T302 Complex Trauma: Integration of Cultural**

#### **Competence & Cultural Safety with Behavioral Health Practice**

*Cornell R. Cebrian, MSW, Harborview Mental Health & Addictions Services; Fransing S. Daisy, PhD, NW Aids Education & Training Center*

Every clinical encounter between an integrated behavioral health and medical care provider team and a consumer and his/her identified support system provides a transformative opportunity to establish a culturally competent and safe clinical relationship. When working with consumers who have experienced a history of complex trauma, particularly HIV, cultural competence and cultural safety become a treatment necessity. In this workshop, participants will be encouraged to assess their current awareness and practice of cultural competence and cultural safety, and to consider effective ways to enhance their treatment approach with consumers experiencing behavioral health challenges. Participants will become aware of the definition of complex trauma and the prevalence of HIV risk and behavioral health needs among diverse consumer populations; develop clinical skills to assess complex trauma, review and strengthen awareness of culturally competent and safe clinical practices, and increase therapeutic skills in providing community-based, collaborative treatment.

#### **T303 There's No Home in Health Home: The Benefits of Housing the Most Expensive Consumers**

*Bill Hobson, MA, DESC*

Seemingly, no one questions the value of creating integrated, consolidated and coordinated healthcare for every American citizen. Unfortunately, housing, and its relationship to healthcare cost containment, has not been sufficiently accounted for in either the Affordable Care Act or its implementation in Washington State where nearly half of all clients discharged from chemical dependency treatment programs become homeless the year following discharge. In addition, over 30% of clients discharged from state psychiatric hospitals become homeless within a year of discharge. Homeless persons living with behavioral health disabilities are disproportionately represented in the 1% of the US population that consumes 20% of all annual healthcare costs in the US. This presentation will examine an evidence-based housing model that targets the 1%, and demonstrate how such housing can dramatically lower healthcare costs for this population. It will also consider ways the housing model can be more fully integrated into the new Washington State healthcare system.

#### **T304 Suicide in Older Adults**

*Judy Canter, LICSW, GMHS, MHP, MSW*

The suicide rate is highest in men aged 65 years and older in this country. As people age, losses increase and relationships end, making at times the quality of life questionable to our elders. It is important that in working with older adults we consider suicide when doing assessments and in our daily work. This workshop will look at suicide statistics in older adults and among older adults from different cultures living in this country, talk about and list warning signs and the risk factors around suicide and older adults, actively discuss prevention and intervention techniques, look at postvention techniques after an attempted or completed suicide, and review self-care activities to address stressors related to this field.

#### **T305 Drum Up Your Feelings**

*Mike Veny*

In this workshop, Mike will be sharing the benefits of drumming, introducing Developmental Community Music (DCM), and facilitating a drum circle. Lots of noise and music will be made with Toca Percussion instruments. Due to the highly interactive nature of this workshop, attendance is limited to the first 50 people.

#### **T306 Crisis Diversion-Crisis Solution: An Alternative to**

**Incarceration & Hospitalization**

*Kathy Ryan, LMHC, MS, DESC; Graydon Andrus, MSW, DESC*

DESC has designed and implemented an innovative Jail and Hospital Diversion facility in King County known as the Crisis Solutions Center (CSC). The CSC is comprised of three programs integrating mental health and chemical dependency services within the Recovery Model tenets. The presentation will include an overview of the three components of CSC from conception to implementation, with a clear description of the therapeutic and economic benefits of jail and hospital diversion for the consumer and the community, including incorporation of evidence-based and promising practices. The presenters will share the barriers, problems, and pitfalls experienced along the way, and how they were overcome. They will also describe the evaluation effort and early indicators of progress toward program goals. Additionally, attendees will learn how to create a multidisciplinary team that embraces a culturally rich, client centered recovery model, while meeting program target goals. Strategies for replication of the CSC, or program components, will be presented.

**T307 Innovative Peer-Based Suicide Prevention for Military Members & Veterans**

*Randi Jensen, MA, LMHC, CDP, CCDI*

To date, the US military has lost more troops to suicide than to combat in both Iraq and Afghanistan; the loss spills into the veteran population with 18 veterans dying by suicide every day. To try and stem this loss, almost every branch of the US armed services has launched exhaustive research into various military risk factors. For all the sincere and dedicated efforts, this devastating progression has not been stemmed – largely because of stigma. Especially within the military, stigma is keenly felt by those who disclose psychological health problems. This stigma carries over to the return to civilian life and creates an ever-growing barrier when coping with the stresses of unemployment and the invisible wounds of war. This innovative, research-based presentation offers a new understanding of the psychobiology of suicidality which removes stigma by plucking suicidal thought and its subsequent behavior from the world of emotional instability and placing it where it should be, in the realm of neuroscience. It also provides a suggested method of community, extended family, and consumer involvement based on the existing battle buddy paradigm instituted by the US Army in 2009.

**4:45 pm – 5:15 pm • Cracker Barrel Session(s)**

(These session(s) will be announced on-site)

**5:30 pm – 6:30 pm • Peer Support Reception**

The Division of Behavioral Health and Recovery's Peer Support Program invites certified peer counselors and those interested in becoming certified peer counselors to a reception. This is an opportunity to meet and network with other certified peer counselors, provide input to the Division regarding your experiences with peer support, and to celebrate the life-changing service certified peer counselors provide across the state. Refreshments will be provided.

**7:30 am – 9:00 am • Continental Breakfast & Vendor****Friday****Tables Open**

**9:00 am – 10:00 am • KEYNOTE ADDRESS by William McFarlane, MD, Maine Medical Center**

**The Portland Identification & Early Referral Project: Preventing the Acute Onset of Major Psychotic Disorders**

William R. McFarlane, MD is the Director of the Center for Psychiatric Research at Maine Medical Center in Portland, Maine, Director of the Portland Identification and Early Referral Program (PIER) and the Early Detection and Intervention for the Prevention of Psychosis Program (EDIPP). Robert Wood Johnson Foundation has undertaken in the United States a multisite effectiveness research project which has focused on interrupting the very early progression of psychotic disorders. The goals are to improve outcomes and prevent the onset of the psychotic phase of illnesses like Bipolar Disorder, Major Depression, and Schizophrenia. Early intervention can help stop or slow the course of a serious and potentially life-long disabling illness, allowing individuals with this condition to make meaningful contributions and have satisfying lives. This is the result of identification of clear premorbid indicators for the likely onset of psychosis and the development of highly effective, yet relatively benign, psychosocial and drug treatments that can be tailored and used at exposure/dosage levels that do not subject young persons and their families to unacceptable risks. This combination of pharmacologic treatments and psychoeducational multifamily groups has a powerful effect on mediating the onset of psychosis. Dr. McFarlane will describe these life-changing interventions and the experience and outcomes of the PIER program. He will also discuss how data from Washington State, which is being used as a control group, compares to areas where the PIER program has been implemented.

**10:15 am – 11:45 am • Workshops****F401 Bridging the Gap: The Integration of Primary & Behavioral Healthcare**

*Sarah L. Adwell, BSN, DESC; Emilio Ramirez, BSN, DESC; Sara Silva, BSN, DESC*

Research indicates that people with severe and persistent mental illness encounter significant barriers in their attempts to access and maintain primary health care. As community mental health service providers, we are in a position to play a key role in facilitating these connections. A sustained partnership in care, which arises when primary care is delivered in a way that emphasizes care integration, coordination, and clinician accountability, holds the possibility of broadening recovery for persons with severe and persistent mental illness. Using aggregate case study examples from both consumers and providers, we will discuss challenges and successful strategies for health care delivery to this vulnerable and under-served population. Several models of integrated care will be presented. Attendees will gain practical skills in identifying barriers on a case by case basis and applying strategies to overcome these challenges.

**F402 Taking Care of Babies: Supporting Traumatized**

### Families with Infants & Young Children

*Megan B. Hale, LICSW, IMH-E (III); Christy L. Kimpo, PhD, Navos*

This workshop will help participants understand the critical importance of early intervention for families that have experienced trauma. We will explore myths and misconceptions about the impact of trauma on infants and young children, and participants will learn about Infant Mental Health and the importance of treating both the caregiver and the child. Attendees will learn the symptoms of trauma in young children and how these symptoms change from infancy through early school age, and we will illustrate the use of the Evidence-Based Practice of Child-Parent Psychotherapy to treat traumatized families at Navos. Finally, we will briefly discuss how Navos established Infant Mental Health/Child-Parent Psychotherapy as a viable practice in the community mental health setting, including accessing Medicaid funding, becoming advocates for very young victims of trauma, and working with policy makers and funding sources to facilitate understanding of the cost benefit (financial and developmental) of early intervention.

### F403 Evidence-Based Individual Placement & Support: Supported Employment

*Melodie Pazolt, Division of Behavioral Health & Recovery; Sandy Reese, BS, Dartmouth Psychiatric Research Center*

Seventy percent of individuals with a serious and persistent mental illness have a desire to work, while the rate of employment for these individuals in Washington State has decreased from 11% in 2009 to 8% in the first quarter of 2012. Based on National Outcome Measures, Washington State is lagging behind the national employment average of 18%. Several studies have found a reduction in community mental health treatment costs for supported employment consumers, while other studies have found a reduction in psychiatric hospitalization days and emergency room usage after enrollment in supported employment. This presentation will focus on the research and fidelity measures of Evidence-Based Practice Individual Placement & Support (EBP IPS), otherwise known as Supported Employment. It will provide implementation strategies and ways that agencies can provide employment supports to not just the underserved group of people with mental illness, but also to people on welfare for long periods and people who are homeless, through partnerships with other systems and funding streams.

### F404 The Portland Identification & Early Referral Project: How It Works

*William McFarlane, MD, Director of the Center for Psychiatric Research at Maine Medical Center in Portland, Maine.*

In this follow up to his keynote address, Dr. McFarlane will discuss in further detail his pioneering efforts in the area of early detection and intervention of psychotic disorders in youth and young adults. He will discuss the evidence that the Portland Identification & Early Referral Project (PIER) is effective, how Washington State (which is being used as a control group for the related research) compares to outcomes achieved by the PIER program, and how communities and states have implemented similar programs. Finally, he will describe the mechanisms for quickly identifying and referring youth at risk, as well as the treatment provided, Family-aided Assertive Community Treatment, which offers intensive support and guidance to family members, support for the young person's education or employment and low-dose medication for symptoms.

### F405 Peer Services in Residential Treatment: Operationalizing the Wellness Recovery Action Plan

*Brook Buettner, MSW, MPA, DESC; S. Naomi Finkelstein, BA, Certified Peer Specialist, DESC*

This presentation will give participants an overview of DESC's Crisis Diversion Interim Service, a short-term crisis step-down program that opened in August 2012 as part of the Crisis Solutions Center. It inte-

grates a peer-driven, client-centered approach into care and discharge planning at a short term, crisis residential setting relying on Peer Support services. The WRAP tool has been honed for use with individuals in crisis and then integrated into all other care and discharge planning to ensure that services are relevant to each client. After completing a WRAP, clients participate in daily discussions about their current short-term goals and how those fit in with their longer-term plans. Upon discharge, clients take an aftercare plan that they've helped craft which includes not only their ongoing goals, appointments, and provider contacts, but a reminder for them of what they've accomplished while at the facility. We will discuss tools for operationalizing this radically client-centered approach to residential treatment, challenges of making client goals primary, and successes we've seen with the peer model.

### F406 Building a Peer Support Workforce: Lessons from Pierce County

*Terri L. Card, MA, MHA, Greater Lakes Mental Healthcare; Ann Rider, MSW, CPRP, OptumHealth Pierce RSN; Don Julian Saucier, Pierce County Recovery Response Center*

Peer support has a specific definition as outlined by SAMHSA and adopted by Washington State. The benefits of peer support are well documented, but Washington has been relatively slow to implement robust integration of peer workers in traditional services. Since 2009, Optum has worked to increase the number of employed peer workers in Pierce County to well over 100 and growing, with a long waiting list for the peer support training offered by the RSN. Optum employed a variety of strategies to effect this change, including incentives for providers and increasing the availability of Certified Peer Counselor Training. In this workshop participants will learn how Optum identified the values of peer support and worked from those values to implement programs that support robust employment of peer workers. A panel of presenters will discuss how to develop training and employment opportunities, the impact of these actions on individuals who have been trained, and the impact on employers who hire peer workers.

### F407 Assertively Engaging Vulnerable People in Chronic Homelessness in Comprehensive, Integrated Care

*Christina N. Clayton, MSW, LICSW, CDP, DESC; Erica Healy, MSW, DESC; Genevieve Rowe, MS, King County – DCHS, Mental Health, Chemical Abuse & Dependency Services Division*

DESC was awarded a SAMHSA grant in 2011 for "Cooperative Agreements to Benefit Homeless Individuals." DESC's program, Multidisciplinary Intensive Support & Treatment (MIST), is intended to help individuals access sustainable, permanent housing and recovery supports through assertive engagement and case management services. MIST identifies candidates who are not connected to ongoing services, and then engages those experiencing chronic homelessness who have the highest crisis system usage and/or the highest scores from DESC's Vulnerability Assessment Tool. MIST assists individuals in their application for and transition to permanent, supportive housing using established processes while offering additional support and connecting them to ongoing, Medicaid-funded treatment and services. The workshop will describe the service elements necessary to make this work, as well as methods of service delivery used to obtain effective outcomes. It will also address common challenges and creative solutions for providing direct service and working with other systems to achieve the goals of the people being served, and will present evaluation data on the impact MIST has on peoples' lives, service utilization, clinical engagement and housing acquisition.

### Noon – 1:15 pm • Afternoon Activities

#### Lunch & Award Presentations

#### 1:30 pm – 3:00pm • Workshops



### **F501 Reverse Integration: Embedding Primary Care Services in a Behavioral Health Setting**

*Paul Tegenfeldt, MSW, Navos*

Navos, in partnership with Public Health – Seattle & King County and with the support of a four year grant from SAMHSA, is in year 2 of an initiative to design and launch a sustainable model of bringing primary care services to an underserved population with serious mental illness, in a manner that is fully integrated with our behavioral health services. This presentation will describe our experience of finding a partner, hiring the team, designing the clinic, marketing services, coordinating care, sharing clinical information, developing and tracking measureable outcomes and making the budget work. It will also describe the differences among different care models, the essential components of integration and the organizational challenges involved in integrating primary care services into the continuum of care.

### **F502 Peers in Trauma Work!**

*Beth Aylard, BA, CPC, Valley Cities Counseling & Consultation; Jody Brown, CPC, Valley Cities Counseling & Consultation; Catherine Hawks Bryson, CPC, Valley Cities Counseling & Consultation*

There is a great need for a trauma-informed perspective in the education and support of those who have survived trauma and for those who provide services to trauma survivors. The perspective shift of trauma-informed services is essential in helping peer support specialists understand trauma so they can support healing and avoid re-traumatization. In addition, peers need to be aware of the effects of trauma on their own lives. Peers who work in trauma receive specialized training, like WRAP for the Effects of Trauma (evidence-based), Essence of Being Real, Risking Connections, and Trauma Stewardship. Participants will gain insight on how a peer could begin trauma services, tools to minimize the effects of trauma exposure, and there will be a discussion of what makes a trauma-informed peer, and why it is important.

### **F503 Integrating Case Management & Housing: Bringing Outpatient Work into Clients' Homes**

*Noah Fay, BA, DESC; Rex Rempel, LICSW, DESC; Lindsay Ward, MS, DESC*

DESC seeks to meet the needs of highly vulnerable adults. Clinical services began with our shelter program and grew from there. We have always strived to bring our services to our clients as needed, and in the past 5 years that has meant reorganizing our case management program to integrate our clinical services with housing. We reorganized how we match clients to case managers, instituting geographic-based caseloads and case manager-building affiliations. Case managers are affiliated with specific housing programs and neighborhoods, assigned a third to one half of their caseload in those settings, and taught to work within those locations. We share goal and service planners (treatment plans), so that housing and clinical staff are on the same page. With all of these efforts, our hope is to develop individualized, inter-disciplinary, inter-program teams for each client. Attendees will leave with tested ideas on building geographic and housing-centered caseloads, developing effective alliances between housing providers and clinical teams, collaborative problem-solving for client/tenant issues, how CD, medical and other teams fit into the collaborative, adapting service plans to facilitate shared goals and plans for clients, clinicians and residential staff, inter-program communication issues, and things that can go wrong.

### **F504 DBT-ACES: Increasing Employment & Self-Sufficiency Among Consumers**

*Adam Carmel, PhD, Harborview Medical Center*

Individuals with mental illness are three times more likely to be unemployed than those without mental illness. However, studies have found that the majority of individuals with mental illness want to work. Recovery requires treatment to both reduce the symptoms of illness and increase the ability to function despite symptoms. When

both are successfully addressed, new vistas are opened, including employment and college, normative social relationships such as marriage and children, and enjoyable leisure activities. As treatment providers at Harborview Mental Health Services, we were forced to address the factors that keep consumers on psychiatric disability, such as listening to negative messages about their capabilities and potential, and allowing others to make major decisions for them. DBT-Accepting the Challenges of Exiting the System (DBT-ACES) is a version of DBT that has been developed by our team under the leadership of Dr. Kate Comtois to target employment and self-sufficiency as a means to decrease psychiatric disability. In our presentation, we will provide an overview of this skills-based program, including training on goal-setting, problem-solving, trouble-shooting, dialectics, and reinforcement to address issues which are common among consumers who wish to enter the workforce.

### **F505 Hope & Advocacy: A Youth Panel Presenting on Living with Mental Illness**

*Mari Antcliff, Hope & Advocacy Youth Panel; Dylan Henry, Hope & Advocacy Youth Panel; Morgan Henry, Hope & Advocacy Youth Panel; Travis Henry, Hope & Advocacy Youth Panel*

This presentation will highlight the experience of 4 young people and their struggles and accomplishments while living with a mental illness. The youth panel offers a strong message of hope to professionals, and to people who struggle with mental illness themselves and their families. The panel members will use digital stories to present their own personal battles with mental illness and messages of hope for their futures, along with short individual presentations on specific issues including suicide, self-harming behaviors, schizophrenia, the advantages of Wraparound, and the portrayal of mental illness in the media and movies. This panel has presented all over the country in an effort to educate others and offer hope.

### **F506 Supervision of Peers: Hiring & Developing Peer Support Specialists**

*Beth Hammonds, MS, Valley Cities Counseling & Consultation; Patti Marshall, AA, Valley Cities Counseling & Consultation; Kate Naeseth, MPA*

Hiring and supervising peer support specialists? Not sure what to do next? This workshop will help you build the necessary skills to provide excellent supervision for peer support specialists and will address your concerns about peer supervision. Using a combination of lecture, discussion, and small group activities the facilitators will address how having a recovery culture in your organization promotes a successful peer support program, benefits your organization and improves access to care; the roles of a supervisor; hiring and other human resources issues; and the part boundaries play in the supervisory relationship as well as in the work of peer support specialists.

### **F507 Pretrial Crisis Support: Partnering to Save Lives**

*Lonnie Kaman, MA, US Probation & Pretrial Services, Western District; Kevin St. Jacques, PsyD, Sound Mental Health*

Statistics indicate that 80% of individuals charged with a federal sex offense attempt suicide. Sound Mental Health and US Probation & Pretrial Services (USPS) partnered to develop a program that addresses the needs of individuals engaged in the federal criminal justice system as a result of sex offenses. Through this partnership, SMH and USPS identified four significant areas of emphasis that are addressed in the program: assessment and intervention of suicidality and homicidality, addressing stressors and anxiety associated with engagement in the federal legal process, developing a social support network, and preparing the defendant for possible incarceration. To date, the program has served over 45 defendants with no incidence of suicide. Attendees will learn about the strategies used to address the needs specific to this population.

# Activities at a Glance

## Wednesday, June 19

### PRE-CONFERENCE PROGRAMS

- 8:00 am – 8:00 pm Conference Registration  
 8:00 am – 1:00 pm WCMHC Board & Membership Meetings  
 9:00 am – 4:30 pm Law & Ethics Training: Greatest Hits (Separate Registration Fee)  
 9:00 am – 5:00 pm From Case to Care Training (Separate Registration Fee)  
 4:00 pm – 8:00 pm Vendor Set Up  
 4:30 pm – 6:30 pm Welcome Reception  
 5:30 pm – 7:00 pm Recovery & Resiliency Roundtable

## Thursday, June 20

### CONFERENCE PROGRAMS

- 7:30 am - 8:30 am Continental Breakfast  
 7:30 am - 5:00 pm Conference Registration  
 8:30 am - 10:00 am Welcome

**Eric Yakovich**, Chair, Washington Community Mental Health Council and CEO, Cowlitz County Guidance Association

**Chris Imhoff**, Director of the Division of Behavioral Health & Recovery, DSHS or a designee

Keynote Address by **Mike Veny**, professional studio drummer who speaks about his own experiences with mental, emotional and behavioral health challenges, *From Stigma to Strength*

### TRACKS

### INTEGRATION

### TRAUMA

### HOUSING & EMPLOYMENT

10:15 am – 11:45 am

#### T101

Partnering to Integrate Primary & Behavioral Health Services

#### T102

Psycho-Social Battle Scars: Helping Returning Veterans & Their Families

#### T103

Working Toward Recovery

11:45 am – 1:15 pm

LUNCHEON & KEYNOTE ADDRESS by **Cheryl Sharp, MSW**, *From Help to Healing: Creating, Collaborating & Implementing Trauma-Informed Care Approaches*

1:30 pm – 3:00 pm

#### T201

Behavioral Health Integration: We've Only Just Begun

#### T202

Are You a Trauma Champion in Your Agency & Your Community?

#### T203

The Basics of How Working Affects SSI, SSDI & Work Incentives

3:15 pm – 4:45 pm

#### T301

How Utilizing WRAP Enhances Our New, Integrated Health Care World

#### T302

Complex Trauma: Integration of Cultural Competence & Cultural Safety with Behavioral Health Practice

#### T303

There's No Home in Health Homes: Benefits of Housing the Most Expensive Consumers

4:45 pm – 5:15 pm

Cracker Barrel Session(s) (announced on-site)

5:30 pm – 6:30 pm

Peer Support Reception

## FRIDAY, JUNE 21 CONFERENCE PROGRAMS

7:30 am-9:00 am

CONTINENTAL BREAKFAST, VENDOR TABLES OPEN

9:00 am – 10:00 am

KEYNOTE ADDRESS by **William McFarlane, MD**, *The Portland Identification & Early Referral Project: Preventing the Acute Onset of Major Psychotic Disorders*

10:15 am – 11:45 am

#### F401

Bridging the Gap: The Integration of Primary & Behavioral Healthcare

#### F402

Taking Care of Babies: Supporting Traumatized Families with Infants & Young Children

#### F403

Evidence-Based Individual Placement & Support: Supported Employment

Noon – 1:15 pm

LUNCHEON AND AWARDS PRESENTATION

1:30 pm – 3:00 pm

#### F501

Reverse Integration: Embedding Primary Care Services in a Behavioral Health Setting

#### F502

Peers in Trauma Work!

#### F503

Integrating Case Management & Housing: Bringing Outpatient Work into Clients' Homes

When making hotel reservations you must mention that you are with the Washington Behavioral Healthcare Conference to obtain these rates. Reservations received after May 15, 2013 will be on a space-available basis and you will need to ask for the Government rate to receive the conference discount.

**HOTELS** – The following hotels in Yakima are offering special rates for conference participants:

#### Red Lion Yakima Center Hotel

607 East Yakima Avenue  
 Yakima, WA 98901

Phone: (509) 248-5900

- \$96.95 + tax single, \$106.95 + tax double
- Adjacent to the convention center

#### Holiday Inn

802 East Yakima Avenue  
 Yakima, WA 98901

Phone: (509) 494-7000

- \$99.00 + tax
- Walking distance to the convention center



**ADVANCING CLINICAL SKILLS**

**RECOVERY & RESILIENCY**

**SERVICES & PARTNERSHIPS**

**SERVICES & PARTNERSHIPS**

**T104**

Washington State IMR Pilot: Central WA Comprehensive Mental Health

**T105**

The Keys to Success: Getting the Most out of Supervision

**T106**

Transitioning to an Open Access Model: Your Organization Can Do It!

**T107**

Becoming a Smoke-Free Behavioral Healthcare Organization: From Treatment to Healthy Home Living

**T204**

CET: Physical Therapy for the Brain

**T205**

OPA: A Simple, Cost-Effective & Empowering Cognitive Tool

**T206**

Warrior to Civilian: Transforming the Journey Home

**T207**

Developing & Implementing Natural Supports for Reentry into the Community from Institutional Settings

**T304**

Suicide in Older Adults

**T305**

Drum Up Your Feelings

**T306**

Crisis Diversion-Crisis Solution: An Alternative to Incarceration & Hospitalization

**T307**

Innovative Peer-Based Suicide Prevention for Military Members & Veterans

**F404**

The Portland Identification & Early Referral Project: How It Works

**F405**

Peer Services in Residential Treatment: Operationalizing the Wellness Recovery Action Plan

**F406**

Building a Peer Support Workforce: Lessons from Pierce County

**F407**

Assertively Engaging Vulnerable People in Chronic Homelessness in Comprehensive, Integrated Care

**F504**

DBT-ACES: Increasing Employment & Self-Sufficiency Among Consumers

**F505**

Hope & Advocacy: A Youth Panel Presenting on Living with Mental Illness

**F506**

Supervision of Peers: Hiring & Developing Peer Support Specialists

**F507**

Pretrial Crisis Support: Partnering to Save Lives

**Holiday Inn Express**

1001 East A Street  
Yakima, WA 98901  
(509) 249-1000

- \$97.00 + tax
- Walking distance to the convention center

**Howard Johnson Plaza Hotel**

9 North 9th Street  
Yakima, WA 98901  
Phone: (509) 452-6511

- \$70.00 + tax single, \$80.00 + tax double
- Walking distance to the convention center

**Guesthouse Inn**

1010 East A Street  
Yakima, WA 98901  
Phone: (509) 452-8101

- \$69.99+ tax single, \$72.99 + tax double
- Walking distance to the convention center.

**Fairfield Inn & Suites**

137 N Fair Avenue  
Yakima, WA 98901  
Phone: (509) 452-3100

- \$77.00+ tax single, \$97.00 + tax double

## REGISTRATION OPTIONS:

Online at: [www.wbhc.org](http://www.wbhc.org)

Fax the WBHC Registration Desk: 206-623-2540

Mail to the Registration Desk:

WBHC c/o SH Worldwide

16 W Harrison Street

Seattle, WA 98119

For Registration Information contact:

Nolan Frame at 206-219-1364 or e-mail

[wbhc@shworldwide.com](mailto:wbhc@shworldwide.com)

Registration cannot be taken via phone.

Sorry, no one-day or split registration available.

NAME \_\_\_\_\_

AGENCY \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

EMAIL: \_\_\_\_\_

Please check here if you do not want your address printed in the final conference register distributed to all participants

## SPECIAL ACCOMMODATIONS

Individuals requiring reasonable accommodations may request written material in alternate format, sign language interpreters, physical accessibility accommodations or other reasonable accommodations by contacting 206-219-1364, or TTY users may call 800-833-6388 (WA Relay Service) **by May 7, 2013.**

Vegetarian meals requested

Dietary Restrictions: \_\_\_\_\_

## AFFILIATIONS

Adm/Mgmt Staff  Consumer  
 Advocate  Peer Counselor  
 Clinical Staff  Other: \_\_\_\_\_

## ORGANIZATION

Advocacy Organization  DSHS: \_\_\_\_\_  
 Community MH Agency  RSN  
 Consumer Organization  Other: \_\_\_\_\_  
 Corrections

## WORKSHOP SELECTION

Select one workshop for each time slot by checking the appropriate boxes. Registrants will receive confirmation of their selection upon arrival in Yakima. Room assignments are based upon the number of persons preregistered for each session. Registrations cannot be processed without workshop selections.

I plan to attend the Recovery & Resiliency Roundtable on Wednesday, June 19

I plan to attend the Peer Support Reception on Thursday, June 20

### THURSDAY, JUNE 20 (Check one for each time slot)

10:15 – 11:45 am  T101  T102  T103  T104  T105  T106  T107  
1:30 – 3:00 pm  T201  T202  T203  T204  T205  T206  T207  
3:15 – 4:45 pm  T301  T302  T303  T304  T305  T306  T307

### FRIDAY, JUNE 21 (Check one for each time slot)

10:15 – 11:45 am  F401  F402  F403  F404  F405  F406  F407  
1:30 – 3:00 pm  F501  F502  F503  F504  F505  F506  F507

## PRECONFERENCE PROGRAMS | Wed, June 19, 2013

**Law and Ethics: Dancing with the Risks (9 am – 4:30 pm)\***

6 CEUs will be offered for this training

\$115 if paid/postmarked by May 24, 2013

\$130 if paid/postmarked on May 25, 2013 or later

**From Case to Care: Case Management to Care Management**

**(9 am – 5:00 pm) – 6.5 CEUs will be offered for this training**

\$90 if paid/postmarked by May 24, 2013

\$115 if paid/postmarked on May 25, 2013 or later

## CONFERENCE PROGRAMS | Wed-Fri, June 19-21, 2013

\$250 per person\* if paid/postmarked by May 24, 2013

**Group Discount: \$215 per person\*** for groups of 3 or more if paid/postmarked by May 24, 2013. **No group discount on or after May 25, 2013**

\$275 per person\* if paid/postmarked on May 25, 2013 or later

\$25 to purchase luncheon for a guest: Name: \_\_\_\_\_

\* Fee includes two continental breakfasts, two lunches, reception, beverage breaks, and conference materials.

\$ \_\_\_\_\_ **total amount** enclosed or authorized by your agency's purchase order (P.O.) number or credit card

## CANCELLATION/REFUND POLICY

- Cancellations must be sent to WBHC c/o SH Worldwide in writing by mail or fax. You may also transfer your registration to a substitute by notifying the WBHC c/o SH Worldwide in writing by mail or by fax.
- Cancellations received before June 1, 2013 will be refunded, minus a \$50 non-refundable fee.
- Cancellations received June 2-15, 2013 will be refunded, minus a \$75 non-refundable fee.
- No refunds will be processed for cancellations received on or after June 16, 2013.

## PAYMENT METHOD

Check  Money Order  Purchase Order\*

\* Attach a copy and write PO number here \_\_\_\_\_

**Please make checks payable to: WBHC c/o SH Worldwide**

Mailing address: 16 West Harrison, Seattle, WA 98119

Visa  MasterCard

CARDHOLDER NAME \_\_\_\_\_

CARD NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

Registration will not be considered complete unless payment, credit card authorization or written purchase order is provided.

## CONTINUING EDUCATION (CE)

Up to **15.5 hours** of Continuing Education are available to participants attending the entire conference. Certificates will be issued to participants based on the number of hours they have attended at the conference. Additional hours are also available through the Law & Ethics course and the From Case to Care course (separate registration fees required). Tracking forms to record and submit continuing education hours will be available on-site at the conference.

The Washington Community Mental Health Council is qualified to provide continuing education credits required by Washington State for Licensed Social Workers, Licensed Mental Health Counselors and Licensed Marriage and Family Therapists. The Washington Community Mental Health Council is also qualified to provide continuing education credits required by Oregon State for Licensed Clinical Social Workers and Licensed Professional Counselors and Therapists. The Washington Community Mental Health Council is recognized by the National Board of Certified Counselors (NBCC) to offer continuing education for National Certified Counselors, and the Council adheres to NBCC Continuing Education Guidelines. The Washington Community Mental Health Council's NBCC approval number is **5849**.

## CONSUMER, ADVOCATE & FAMILY ADVOCATE SCHOLARSHIPS

Full and partial Consumer, Advocate & Family Advocate Scholarships are available from various sponsors. We recommend contacting your local Regional Support Network (RSN), your local state advocacy nonprofit organizations (e.g. NAMI) or your area clubhouse. *Please note that scholarships cover the conference activities, but do not cover extra fees associated with pre-conference activities such as the Law & Ethics or From Case to Care courses.*

### ACKNOWLEDGEMENTS

The Washington Community Mental Health Council (WCMHC) is the sponsor of the 2013 Washington Behavioral Healthcare Conference in partnership with the Department of Social and Health Services' Division of Behavioral Health & Recovery. **WCMHC is grateful for Conference funding support from the DSHS Division of Behavioral Health & Recovery Federal Block Grant, and from the Department of Corrections.** The Council also thanks the Behavioral Health Advisory Committee for its support of the conference.

WCMHC would like to acknowledge and thank the 2012-2013 Education Committee, who played an invaluable role in the conference planning and decision-making. The Committee Members are:

- ◆ **Faith Richie**, Chair, Telecare
- ◆ **Peter Casey**, Peninsula Community Mental Health Center
- ◆ **Jalane Christian-Stoker**, Grant Mental Healthcare
- ◆ **Shirley Havenga**, Community Psychiatric Clinic
- ◆ **Gena Palm**, Navos
- ◆ **Darcell Slovek-Walker**, Transitional Resources
- ◆ **David Stone**, Sound Mental Health
- ◆ **Ronald San Nicolas**, DBHR Liaison
- ◆ **Tim Hunter**, Department of Corrections

## Ready to Register?

**On-line at [www.wbhc.org](http://www.wbhc.org)**

*Or...Open this page, complete the registration form  
and fax or mail it in!*

2013 Washington Behavioral Healthcare Conference  
c/o Washington Community Mental Health Council  
600 Stewart Street, Suite 202  
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JUNE 19-21, 2013  
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2013 WASHINGTON BEHAVIORAL  
HEALTHCARE CONFERENCE

JUNE 19-21, 2013  
Yakima Convention Center  
10 North 8th Street, Yakima, WA 98901

*Transforming Behavioral Health through Health Care Reform*

## Conference Highlights

- ▲ Tracks this year on integration, trauma, housing and employment, advancing clinical skills, recovery & resiliency, and more!
- ▲ National and Local Experts
- ▲ Over 35 Workshops
- ▲ Up to 15.5 Continuing Education Credits Available
- ▲ On-line Registration at [www.wbhc.org](http://www.wbhc.org)

***Read more about these and other exciting conference details inside!  
Don't miss this opportunity.***

### WHO SHOULD ATTEND?

Mental Health Professionals  
Corrections Professionals  
Older Adult Services Professionals  
Vocational Rehabilitation Professionals  
Consumers and Family Members  
Advocates

Chemical Dependency Professionals  
Human Service and Education Professionals  
Executive Directors  
Administrators/Managers  
Those interested in behavioral healthcare