

CULTIVATING COMMUNITY SOLUTIONS



2019

Washington Behavioral
Healthcare Conference

June 12-14 | Vancouver, Washington
Hilton Vancouver



WASHINGTON COUNCIL
FOR BEHAVIORAL HEALTH

WELCOME

Welcome to the 30th annual Washington Behavioral Healthcare Conference (WBHC), *Cultivating Community Solutions*. The focus on **community** could not be more timely as our state considers ambitious proposals to resolve crises and lawsuits surrounding the state hospitals, involuntary treatment capacity and the criminal justice system. As community behavioral health providers and people living with behavioral health challenges, we know that whenever possible, community-based treatment works best, costs less, and supports recovery. Let's learn from the experts and each other, share thoughts, ideas and opinions, and have some fun!

We're pleased to bring you an exciting and diverse lineup of inspiring speakers who are creating change, advancing hope, and bringing solutions to their communities. These national and regional experts, consumer leaders, and local providers will share their experience, knowledge, and tools, providing you with new resources to apply in your agencies and communities.

We hope this gathering of the behavioral health community from across the state will strengthen existing partnerships and inspire new ones.

We gratefully acknowledge support for the WBHC from the Health Care Authority and from the Department of Corrections.

Sincerely,

Ann Christian, CEO
Washington Council for
Behavioral Health

Terri Card, Chair
Washington Council for
Behavioral Health &
CEO, GreaterLakes
Mental Health

Darcell Slovek-Walker, Chair
Washington Council for Behavioral
Health Education Committee &
CEO, Transitional Resources

WHO WE ARE

The Washington Council for Behavioral Health (WA Council) is the sponsor and organizer of the annual Washington Behavioral Healthcare Conference. Over the past 39 years the WA Council and its provider members have worked to promote the creation of healthy and secure communities through partnerships. The WA Council is a non-profit, professional association of licensed community behavioral health centers across the state of Washington who have joined together to create a unified, representative voice that speaks on behalf of community behavioral health. Advocating in support of community behavioral health centers and behavioral health consumers, the WA Council develops public policy initiatives, promotes alliances and provides top-quality mental health care education.

The WA Council is grateful for major conference funding support from the Health Care Authority and from the Department of Corrections.

CONFERENCE GUIDE

Conference Locations

Locations are detailed on the fold out page of this program guide. Registration, breakfast and lunches, breakout sessions, receptions, and vendors will all be located in the Hilton Vancouver.

Breakfast and Lunch

Breakfast and lunch on Thursday and Friday will be held in the Heritage Ballroom of the Hilton Vancouver. Please wear your name badge to meals as this will serve as your meal ticket.

Welcome Reception

The Welcome Reception from 4:30 pm – 6:30 pm on Wednesday will be held in Discovery CDE of the Hilton Vancouver. This event is open to all conference attendees.

Workshops

Workshops on both days will be in various locations throughout the Hilton Vancouver. Please refer to the schedule for the location of each session.

Name Badges

All registrants will receive a name badge at the time of check-in. The badge indicates that you are registered and may attend all conference activities. Please wear your name badge during conference hours.

Speaker Check-In

Speakers are asked to check in at Registration, even if only presenting and not attending the rest of the WBHC.



Wednesday, June 12

Wednesday Pre-Conference Activities

Subject to Change

Location: Hilton Vancouver

8:00 am – 5:00 pm • Pre-Conference Programs

9:00 am – 4:30 pm

Washington State Law & Ethics for Behavioral Health Professionals – Heritage C

(6.0 CE clock hours) (additional registration fee required) (lunch on your own)

Dani Myers, MSW, LICSW, CMHS, Private Practice and Employee Training, Behavioral Health Resources

Law and ethics training doesn't have to be boring. Or terrifying. This class is a fresh take on a familiar, sometimes onerous, topic. The liability risks inherent to behavioral healthcare are extensive, but manageable. This six-hour course offers a practical review and application of relevant Washington State laws as well as standards for various behavioral health professions. Beyond meeting the perfunctory training requirements, our goal is to empower participants with the confidence necessary to address real-world practice concerns. During this session we'll address the following topics:

Washington State Statutes: disclosure statements and informed consent; unprofessional conduct; sexual misconduct; recordkeeping & retention; confidentiality vs. privilege; HIPAA, including BAA requirements; mandatory & permissive reporting; duty to warn & implications of recent case law (*Volk v. DeMeerleer*). **Ethical Standards of Professional Practice:** codes of ethics for various behavioral health professions; dual relationships in small and rural communities, and other common practice challenges. **The Dreaded Subpoena & Other Legal Challenges:** responding to a subpoena, including a subpoena duces tecum; professional vs. expert witness roles. **Digital Ethics:** reconciling emerging technology & standards of care. **Ethical Dilemmas:** making peace with imperfect solutions as two or more conflicting values complicate a required course of action; developing a framework for resolving competing imperatives.

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.

Pre-Conference Membership Activities for WA Council for Behavioral Health

MEMBERSHIP MEETING

WA Council Membership Meeting – Cedar
8:00 am – Noon

Wednesday Conference Activities

8:00 am – 6:00 pm • Registration Open – Heritage Lobby

Location: Hilton Vancouver

4:30 pm – 6:30 pm

Welcome Reception – Discovery CDE

(CE clock hours not available)

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 – Discovery B

(CE clock hours not available)

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 and the Office of Consumer Partnerships know what you think is working and what needs to change concerning behavioral health programs and services. Join us for an interactive and informative meeting.

Thursday, June 13

7:30 am – 5:00 pm • Registration Open – Heritage Lobby

Location: Hilton Vancouver

7:30 am – 8:30 am • Breakfast – Heritage Ballroom

Vendor Tables Open

8:30 am – 10:00 am • Welcome

Terri Card, Chair, Washington Council for Behavioral Health and CEO, Greater Lakes Mental Healthcare

MaryAnne Lindeblad, Medicaid Director, Health Care Authority, or a designee



KEYNOTE ADDRESS by **Jason DeShaw**, award winning songwriter & speaker

Serenity in the Storm (1 CE clock hour)

Join Jason DeShaw as he shares his story of hope and recovery, and his music! Jason is a national award-winning mental health speaker and country singer from Montana. For over a decade he has been a professional country singer performing across North America and Europe; he has released five albums and shared the stage with national country music acts including The Oakridge Boys and Little Big Town. In 2010 doctors diagnosed Jason with bipolar disorder and alcoholism. As he began to recover, Jason became an advocate for mental health by combining his story and songs into this presentation, *Serenity in the Storm*. Since 2013, he has presented in theaters, schools and psychiatric hospitals across the nation. Jason's story has touched countless hearts, and in 2014 he received the Champions Award from the National Alliance on

Continued on next page

Mental Illness (NAMI). This award recognizes an individual with a mental illness who reduces stigma by “exhibiting courage, leadership and service on behalf of people with mental illness.” Come listen to Jason’s remarkable story and enjoy some live music to start off your day!

10:15 am – 11:45 am • Workshops

T101 Crisis De-Escalation in Jails, Corrections, & Treatment Settings – Discovery A (1.5 CE clock hours)

David D. Luxton, PhD, Office of Forensic Mental Health Services; Andrew Prisco, Office of Forensic Mental Health Services; Bryan Zolnikov, PhD, Office of Forensic Mental Health Services

This workshop provides training on evidence-based crisis de-escalation techniques for use in jails, corrections, and psychiatric treatment settings. It’s intended for staff of any profession and background, and will provide the basic knowledge and skills to provide a safe, effective, and immediate plan of response for individuals in psychiatric crisis. Suicide and self-directed violence crisis management is also presented. Drawing from national best practices, primarily SAMHSA Practice Guidelines – Core Elements Responding to Mental Health Crisis, this training emphasizes safety and is based on the trauma-informed care approach. Content is designed to fit within local crisis de-escalation policies and procedures. Attendees will also learn about triggers and how to monitor and address them prior to escalation, their role and responsibilities in crisis de-escalation, other crisis de-escalation resources available to them, and practice verbal intervention tools.

T102 Certified Peer Counselors as Legislative Advocates: Cultivating Community Solutions for Behavioral Health Policy Change – Discovery DE (1.5 CE clock hours)

Kristin Gilman, MSW, MultiCare Health System; Ronald J. San Nicolas, MSW, PhD, University of Washington at Tacoma

The evidence is clear: peer support in behavioral health works. Certified peer counselors make a difference in the lives of others by instilling hope, modeling recovery, and advocating for change. Advocating for change at individual, societal and legislative levels is necessary to ensure that stigma is eradicated, and the voices of behavioral health consumers are heard and honored. This interactive presentation focuses on providing a primer for certified peer counselors aimed at increasing their advocacy skills so that they in turn can teach fellow peers, as citizens, how to impact positive outcomes in behavioral health legislation. The presentation will provide an overview of the current behavioral health landscape, and demonstrate effective advocacy skills and strategies when working with elected policy makers in collaboration with existing behavioral health advocacy groups and coalitions in Washington State.

T103 YOU Are a Leader – Discovery C (1.5 CE clock hours)

David O’Neal, MS, LMHC, Sound; Elizabeth Anderson, MA, LMHC, Sound

In community-based services, it’s essential to have good leadership. Leadership is no longer defined by position and authority, it comes in many forms and in many different roles. If you influence someone, you’re a leader. If you are looked to by a peer, you’re a leader. How do you take that responsibility and begin to define yourself? We’ll talk about

that by covering positive and authentic leadership concepts that everyone, including people in positions of leadership, will benefit from. We'll discuss values, strengths, expectations, communication, and what it means to be an authentic leader and how bringing your authentic self to work and to your leadership style is beneficial to personal, team, and organizational growth and connectedness. The presentation will cover some of the research around positive psychology, authenticity, and leadership, and provide a few examples of successes and pitfalls. Participants will be invited to bring their talents and their authentic selves to leadership, to practice healthy vulnerability with their teams and colleagues, and show up in a way that promotes openness, enthusiasm and successful outcomes.

T104 Practical Approaches to Supporting Medical Outcomes in the Behavioral Health Setting – Hemlock/Oak (1.5 CE clock hours)

*John Kern, MD, AIMS Center, University of WA Dept. of Psychiatry & Behavioral Sciences;
Jamie Hilliard, RN/MHP, Catholic Charities Serving Central WA*

The Washington Medicaid Transformation project has provided an important opportunity for behavioral health agencies to address the poor physical health outcomes of their core clientele. The AIMS Center and the North Central Accountable Community of Health collaborated on an educational and implementation support project during 2018 to plan and roll out programs under the bidirectional integration and chronic disease projects. Agencies in this region have begun to assume responsibility for improving health outcomes among those they serve. This has required significant cultural shifts, education in new areas of work and the deployment of often limited resources to meet these goals. We'll highlight how two behavioral health agencies responded to these demands, covering the characteristics of effective programs that integrate physical health support into behavioral health sites. We'll also discuss the ongoing processes of quality improvement and learning and training that these efforts depend on. Join in the discussion and contribute your knowledge of similar efforts, so we can all support improved health care outcomes in behavioral health agencies around the state.

T105 Understanding Co-Occurring Disorders in Teens – Alder (1.5 CE clock hours)

David Flack, MA

Professional helpers working with teens generally have little training or experience when it comes to addressing co-occurring disorders – even though nearly half the teens in mental health services have a substance use disorder and about 80% of teens in substance abuse treatment have a mental health challenge. When these teens don't get effective treatment, they often seem stuck in endless cycles of maladaptive behaviors, experiencing multiple treatment failures and frustrating even the most dedicated professional helpers. This presentation will examine ways that substance use and mental health challenges lead to these endless cycles. We'll start by examining the stages of substance use, reasons teens use, and diagnostic criteria. We'll also identify common co-morbid mental health disorders, with a special focus on the role of trauma in co-occurring disorders among teens, and explore the stuckness that develops. Along the way, we'll consider the impact of attachment-related challenges, developmental considerations, and more.

T106 Do You See Me? Moving from Intolerance to Acceptance – Pine/Spruce (1.5 CE clock hours)

Sherronda Jamerson, CDP, MA, Harborview Mental Health & Addiction Services; Robert Lewis, Harborview Medical Center

Unconscious or unspoken racism compromises clinical discussions and outcomes. Learning to listen for the clues and skillfully bring up race are opportunities to connect meaningfully with your clients of color and provide them with the high quality of care they deserve. Create a safe environment where clients can be seen fully, as they are, without pretense. People of color traditionally don't feel welcomed and tend to avoid mainstream clinical resources, and consequently are unable to access much needed, sometimes critical resources. As a non-topic in therapy it inhibits and deters authentic communication and inhibits therapeutic connections. This session will help attendees detect implicit bias and race-related trauma evidenced in peers and clients, have a greater understanding of how implicit and explicit bias work and the impact they have, and the presenters will share tactics for introducing race into therapeutic conversations, maintaining openness and moving forward.

T107 Brain Injury's Effect on Behavioral Health & What To Do About It – Discovery B (1.5 CE clock hours)

Dan Overton, LMHS, MHP, MC, CBIS, WA Department of Veterans Affairs

While a brain injury is a physical injury, it can complicate many issues related to behavioral health. Because most brain injuries are considered mild, the person often doesn't seek treatment, or the injury is deemed too mild for treatment. This translates to the client not being aware that some of the symptoms they are experiencing may be due to their brain injury. These symptoms often present as the primary problems for which one seeks behavioral health treatment. Due to the organic nature of the condition, however, the brain-injured client will typically not respond in the same way as the non-brain injured client. In addition, many of their symptoms make treatment more difficult or create additional barriers to sustained success. In this presentation, participants will learn how and why a brain injury can complicate behavioral health treatment, how to distinguish clinical approaches that incorporate the brain injured client and the benefits of these approaches, as well as tips, techniques and resources that may be of use.

11:45 – 1:15 pm • LUNCH – Heritage Ballroom



KEYNOTE ADDRESS by Merrill Rotter, MD

The Clinical Impact of Doing Time (1 CE clock hour)

People with serious psychiatric disorders and/or co-occurring substance abuse experience high rates of incarceration. Through their experiences in the uniquely demanding and dangerous environment of jail and prison, many develop adaptations that set them apart from persons who have not been incarcerated. These adaptations can include not sharing information with staff, minding their own business to an extreme, and intimidating shows of strength. In this

presentation, Dr. Rotter will review potential behaviors like these, which are considered adaptive in jail and prison but that seriously conflict with the expectations of most

therapeutic environments and that can interfere with community adjustment and personal recovery. He'll demonstrate how SPECTRM (Sensitizing Providers to the Effects of Correctional Incarceration on Treatment & Risk Management), a cultural competence approach combined with principles of trauma-informed treatment and offender rehabilitation, can help to address these behaviors, creating opportunities for more efficient and effective engagement.

1:30 pm – 3:00 pm • Workshops

T201 Structured Assessment and Introduction to RAP, an Approach to Group Treatment – Discovery DE (1.5 CE clock hours)

Merrill Rotter, MD, Albert Einstein College of Medicine

In this workshop, participants will have the opportunity to delve more deeply into the concepts introduced in the keynote address, *The Clinical Impact of Doing Time*. First, we'll watch a video-taped, semi-structured interview based on the Structured Assessment of Correctional Adaptation (SACA, a measure of the impact of incarceration on people with mental illness in a therapeutic setting). Then, participants will use SACA to rate and then discuss the video. Next, the Re-entry After Prison (RAP) group model for working with clients will be presented. RAP is a psychoeducational and social skills training curriculum informed by cognitive-behavioral techniques, and it focuses on developing an understanding of the effects of incarceration with peers and treatment providers. People in the group learn about emotional triggers and related behavioral patterns that can be unhelpful in community living, and they also begin to learn more effective ways of coping that are more effecting in solving interpersonal and practical challenges in the community. After introducing the RAP model, Dr. Rotter will provide clinical examples of its utility.

T202 Becoming a Recovery Ambassador – Alder (1.5 CE clock hours)

Jennifer Bliss, MEd, CPC, Health Care Authority, Division of Behavioral Health & Recovery; Laura Van Tosh, Companis; Dariya Farivar, Disability Rights WA

Support is a key component of recovery. Relationships with friends, family, and/or community members are informal supports that are vital to feeling happy and fulfilled. Unfortunately, many peers feel isolated, disconnected, and find it hard to build and maintain relationships. These are skills that can be learned, and we talk about how to do just that! Peers and peer supporters can improve their natural support network, develop friendships with peers and non-peers, and increase their involvement in the community. We'll have games, activities, and interactive discussions to help participants develop support skills. We'll also discuss community opportunities that are easy to access and tailored to the individual, the value of networking with and receiving support from other peers, explore self-advocacy as a needed component of developing support and being included in the community, and more.

T203 Implementing a Trauma-Informed System of Care: Leadership Strategies to Prevent & Mitigate Organizational Trauma in Behavioral Health Systems – Hemlock/Oak (1.5 CE clock hours)

Miguel Messina, MS, LMHC, CDP, Comprehensive Healthcare

Organizational trauma can result from internal events like program closures, budget cuts, layoffs, and toxic leaders, or from external events like socio-political changes, loss or reduction of funding streams, competition, or lack of public support. Behavioral health organizations, by the nature of their work and the position they occupy in their communities, are at risk of being impacted by potentially traumatizing events that can change their culture. It's impossible to develop and maintain a trauma-informed system of care within an agency experiencing organizational trauma, and leaders play a vital role in mitigating the trauma by managing their organization's culture, and mitigating the impacts of potentially traumatizing events, which can result in poor service quality, lowered employee morale, and reduced organizational effectiveness. This session will explore the roles and responsibilities organizational leaders have in addressing organizational trauma. Learn about creating an organizational culture that promotes resilience and empowers the organization and its employees to transcend potential internal and external threats. Attendees will learn practical skills and attitudes that can mitigate the potential impacts of this kind of trauma, and promote resilience in the presence of traumatizing events.

T204 Deciding What Type of MAT to Implement in Your Behavioral Health Agency to Combat the Opioid Epidemic – Discovery C (1.5 CE clock hours)

Jessica K. Blöse, MS, WA State Health Care Authority; Sara Multanen-Karr, MBA, WA State Health Care Authority; Julie Tomaro, MPH, WA State Department of Health

This presentation will describe Medication Assisted Treatment (MAT), and the Opioid Treatment Program (OTP) and Office-Based Opioid Treatment (OBOT) models of MAT, including which medications can be offered, frequency of client visits, and how an agency becomes licensed and certified as an OTP or OBOT. It will also cover the billing differences between the two models, provide resources for agencies interested in implementing MAT, and explore feedback received from a questionnaire for behavioral health agencies who already implemented MAT, describing what they wished they had known before starting their MAT program.

T205 Anxiety Disorders in Youth: Evidence-Based Treatment – Pine/Spruce (1.5 CE clock hours)

Kendra Read, PhD, Seattle Children's Hospital/University of WA School of Medicine; Jennifer Blossom, PhD, Seattle Children's Hospital/University of WA School of Medicine

Anxiety disorders are common among youth, affecting roughly 13% of the youth population, and while cognitive behavioral therapy (CBT) has been identified as an evidence-based practice (EBP) for childhood anxiety, only 20% of youth in need of mental health services receive treatment and far fewer receive EBPs. This session will refine clinicians' understanding of current evidence-based interventions for anxiety disorders in youth, especially regarding the use and effectiveness of exposures in treatment for anxiety disorders. We'll discuss barriers to completing exposures and

examples of exposures will be discussed, other treatment models (e.g., individual, group therapy), and the current model used at Seattle Children's in order to inform referrals for services or support clinicians in considering further clinical development at their home institutions, will be covered.

T206 Community Based Crisis Services: Collaborative Interventions – Discovery A (1.5 CE clock hours)

Shanee Colston, AAC, Diversion Coach Specialist, Certified Peer Counselor, DESC; Ashlee-Josephine Blount, BS, DESC; Molly McDonnell, MN, PMHNP-BC, DESC

Staff from DESC's Crisis Solutions Center will lead an interactive discussion on how a county-wide crisis facility collaborates with community partners on mental health and substance use crisis interventions, as we work with King County's most marginalized and vulnerable population. Attendees will learn about the Crisis Solutions Center and its three components (the Crisis Diversion Facility, Crisis Diversion Interim Services, and the Mobile Crisis Team). We'll cover how a team of mental health and chemical dependency professionals helps stabilize a person's crisis in a voluntary inpatient setting, as they also immediately work to refer participants to long-term assistance and housing, tailored to each person's needs. The presenters will describe how they work with community partners across systems to break down barriers to care, why Housing First and harm reduction are an important part of the work, and describe outcomes including improved overall health, a reduction in overall admissions to jails, hospital emergency departments and psychiatric hospital inpatient units, and lower costs.

T207 A New Approach to Clinician Burnout: The Psychological Flexibility Model – Discovery B (1.5 CE clock hours)

Sasha Waring, MD, Coordinated Care of WA & Swedish Medical Group; Josh Cutler, LICSW, Swedish Medical Group/Providence St. Joseph Health

The effect of burnout among health care professionals has been well documented as an urgent public crisis, affecting the health of our society via clinical outcomes, medical errors, workforce attrition, and physician suicide. This session will demonstrate a novel intervention for clinician self-care and wellness, utilizing techniques from Acceptance and Commitment Therapy (ACT), a third-wave form of Cognitive Behavioral Therapy (CBT) that has a strong evidence base as treatment for depression and other mental health conditions. The presenters will lead an interactive discussion and experiential workshop that includes: an overview of burnout and wellness among health care professionals and why it matters; common and previously studied interventions to improve wellness & decrease burnout; an introduction to ACT and the Psychological Flexibility model principles, evidence base, & clinical applications; an experiential/guided practice in clinician self-care, focused on values and mindfulness; and more.

ACTIVITIES AT A GLANCE

Wednesday, June 12

PRE-CONFERENCE PROGRAMS

- 8:00 am – 6:00 pm Conference Registration – **Heritage Lobby**
- 8:00 am – Noon WA Council Membership Meeting – **Cedar**
- 9:00 am – 4:30 pm Law & Ethics – **Heritage C**
- 3:00 pm – 6:00 pm Vendor Set Up
- 4:30 pm – 6:30pm Welcome Reception – **Discovery CDE**
- 5:30 pm – 7:00 pm Recovery & Resiliency Roundtable – **Discovery B**

Thursday, June 13

CONFERENCE PROGRAMS

- 7:30 am-8:30 am Breakfast – **Heritage Ballroom**
- 7:30 am-5:00 pm Conference Registration – **Heritage Lobby**
- 8:30 am-10:00 am Welcome
- Terri Card**, Chair, Washington Council for Behavioral Health and CEO, Greater Lakes Mental Healthcare
- MaryAnne Lindeblad**, Medicaid Director, Health Care Authority or a designee
- KEYNOTE ADDRESS** by **Jason DeShaw**, *Serenity in the Storm*

TRACKS	CORRECTIONS & MENTAL HEALTH	RECOVERY & RESILIENCY	MANAGEMENT, LEADERSHIP & OPERATIONS	INTEGRATED CARE	CHILDREN & YOUTH	SERVICES & PARTNERSHIPS	SERVICES & PARTNERSHIPS
Thursday, June 13	T101 – Discovery A Crisis De-Escalation in Jails, Corrections, & Treatment Settings	T102 – Discovery DE Certified Peer Counselors as Legislative Advocates	T103 – Discovery C YOU Are a Leader	T104 – Hemlock/Oak Practical Approaches to Supporting Medical Outcomes in the Behavioral Health Setting	T105 – Alder Understanding Co-Occurring Disorders in Teens	T106 – Pine/Spruce Do You See Me? Moving from Intolerance to Acceptance	T107 – Discovery B Brain Injury’s Effect on Behavioral Health & What To Do About It
10:15 am – 11:45 am							
11:45 am – 1:15 pm	LUNCH & KEYNOTE ADDRESS by Merrill Rotter , MD, <i>The Clinical Impact of Doing Time</i> – Heritage Ballroom						
1:30 pm-3:00 pm	T201 – Discovery DE Structured Assessment & Introduction to RAP, an Approach to Group Treatment	T202 – Alder Becoming a Recovery Ambassador	T203 – Hemlock/Oak Implementing a Trauma-Informed System of Care: Leadership Strategies	T204 – Discovery C Deciding What Type of MAT to Implement in Your Behavioral Health Agency	T205 – Pine/Spruce Anxiety Disorders in Youth: Evidence-Based Treatment	T206 – Discovery A Community Based Crisis Services Collaborative Interventions	T207 – Discovery B A New Approach to Clinician Burnout: The Psychological Flexibility Model
3:15 pm-4:45 pm	T301 – Pine/Spruce How to Develop & Sustain a Cohesive, Effective Clinical Team in Correctional Healthcare	T302 – Discovery C Expanding Peer Support in Integrated Care	T303 – Discovery B Incentivizing Evidence-Based Practices to Achieve High Value, Whole Person Health	T304 – Discovery A Building a Suicide Safe Culture: Implementing a Zero Suicide Framework into Managed Care	T305 – Discovery DE Collaborating with Parents & Caregivers Through Parent Initiated Treatment	T306 – Hemlock/Oak When Comprehensive DBT Isn’t an Option (Yet): Effective Interventions with People Suffering from BPD	T307 – Alder PreManage in an Outpatient Behavioral Health Setting
4:45 pm – 5:15 pm 5:30 pm – 7:00 pm	Quick Take Session: <i>Trueblood</i> Settlement Update – Discovery DE Peer Support Reception – Heritage E						
Friday, June 14	CONFERENCE PROGRAMS						
7:30 am-9:00 am	BREAKFAST _ Heritage Ballroom VENDOR TABLES OPEN						
9:00 am – 10:00 am	KEYNOTE ADDRESS by Sam Quinones , <i>Dreamland: The True Tale of America’s Opiate Epidemic</i> – Heritage Ballroom						
10:15 am – 11:45 am	F401 – Discovery B Jail Diversion & Recovery through Peer Support	F402 – Pine/Spruce Peer Services & Collaborative Solutions	F403 – Hemlock/Oak Group Clinical Supervision: How to Engage & Retain Staff, Especially Millennials	F404 – Alder Q&A with Sam Quinones	F405 – Discovery C WA’s New Journeys Program: Coordinated Specialty Care for First Episode Psychosis	F406 – Discovery DE Building a More Inclusive Inpatient Behavioral Health Program: Allowing Inpatient SUD Clients to Receive MAT	F407 – Discovery A Bridging the Gap: Transitional Services to Reduce Psychiatric Hospitalization
11:45 am – 12:45 pm	Lunch and Awards Presentation – Heritage Ballroom						
1:00 pm -2:30 pm	F501 – Pine/Spruce The Creation of a Sex Offender Treatment Manual for Individuals w/Intellectual Disabilities	F502 – Discovery DE Exploring Recovery through PeerZone	F503 – Discovery A Transforming Service Delivery by Supporting Behavioral Health Information Exchange	F504 – Alder Consent Management: Exchange of Substance Use Disorder Information to Support Care Coordination	F505 – Discovery C Culturally Relevant Prevention of Youth Substance Use & Misuse	F506 – Discovery B Healthier WA Medicaid Transformation Foundational Community Supports Has Launched!	F507 – Hemlock/Oak ACEs and Behavioral Health Workers: The Case for a Trauma-Informed Work Environment



HILTON VANCOUVER MAP



3:15 pm – 4:45 pm • Workshops

T301 How to Develop & Sustain a Cohesive, Effective Clinical Team in Correctional Healthcare – Pine/Spruce (1.5 CE clock hours)

Rain Carei, PhD, Department of Corrections; Lauren Brodie, PhD, Department of Corrections

The environment of correctional healthcare is one of the most challenging places to build a team, because it requires the integration of public safety and healthcare at each and every turn. Other issues include a high level of trauma in both staff and incarcerated women, challenges stemming from marginalization and serious mental illness, and prison overcapacity. In working toward developing a center of excellence in the correctional healthcare environment, we have developed five key components of organizational development, including: helping employees recognize the value of relevant clinical attributes and providing support to recognize and develop these attributes on the job; a leadership model that is trauma-informed, responsive, organized, and collaborative; creating a supervision process that orients both staff and the supervisor to the job, provides support, and shows a clear path for growth; requiring clinical interventions to be evidence-based; and more. In this session, we'll discuss all 5 components, as well as resources that can be used to develop stronger teams, since this not only benefits the teams but can also contribute to successful patient outcomes. We'll also describe how to utilize both traditional and newly developed organizational tools, such as situational leadership, interpersonal conflict management, True Colors, Crucial Conversations, and provide a supervision and feedback tool.

T302 Expanding Peer Support in Integrated Care – Discovery C (1.5 CE clock hours)

Cathy Callahan, Certified Peer Counselor, Sound; Jody Schreven, Certified Peer Counselor, Sound

In many recovery models, Certified Peer Counselors (CPCs) collaborate on multiple levels to create partnerships between healthcare professionals and populations served. Because of this collaboration, CPCs are no longer seen as “consumers,” but as people engaged in integrated care in a variety of roles. This includes their own care as well as the care of fellow group members, family liaisons, and more. We'll share how Peer Supports are fundamental to fully integrated care, how peers promote whole health and recovery, strategies CPCs use to engage and increase an individual's involvement, and how building capacity and sustainability through less formal and more holistic practices for clients is critical to ongoing wellness in our communities. This presentation will also illustrate why it's vital that consumer voice lead the way in creating, strengthening and maintaining partnerships between consumers, families and professionals, and share tools needed to expand your peer workforce.

T303 Incentivizing Evidence-Based Practices to Achieve High Value, Whole Person Health – Discovery B (1.5 CE clock hours)

Terry Lee, MD, Community Health Plan of WA; Kat Ferguson-Mahan Latet, BA, Community Health Plan of WA

Join us for an interactive discussion around the use of incentives to increase access to effective behavioral health practices! WA State Medicaid health plans are working to increase access to effective psychosocial interventions and have undertaken multi-pronged approaches to increase this, including financial incentives and training.

CHPW's staff will provide a facilitated discussion of issues related to implementing payment models that incentivize effective behavioral health care practices. We'll start by providing a brief overview of the value based payment landscape at a state and federal level, then explain various mechanisms/models for providing financial incentives for providing evidence-based treatments and improved patient outcomes. We'll then describe various definitions of evidence-based practice and challenges to measuring behavioral health outcomes. Finally, we'll facilitate a discussion around what kinds of incentives would be reinforcing, what types of practices should be eligible for incentive payments, what support providers need, and how change can be measured.

T304 Building a Suicide Safe Culture: Implementing a Zero Suicide Framework into Managed Care – Discovery A (1.5 CE clock hours)

Ursula Whiteside, PhD, Now Matters Now, Zero Suicide; Tory Gildred, LICSW, CDP, Coordinated Care

To further suicide prevention efforts, building a suicide safe culture within healthcare is key. Managed care organizations, given their unique population health lens and provider relationships across systems of care, are ideal partners in forging suicide safe best practices within healthcare systems. This presentation will explore how Dr. Whiteside and Now Matters Now partnered with Coordinated Care's Apple Health Core Connections (foster care) program to implement a Suicide Safe Care initiative using the evidence-based Zero Suicide framework. Attendees will learn about innovative and best practices in suicide safe care, including risk screening, brief interventions, crisis response planning, caring contacts, lethal means removal, and how providers and organizations committed to suicide prevention can leverage Zero Suicide to further their efforts.

T305 Collaborating with Parents & Caregivers through Parent Initiated Treatment – Discovery DE (1.5 CE clock hours)

Kathy Brewer, MS, LMHC, Seattle Children's Hospital; Peggy Dolane, MSW

Washington State law currently identifies 13 as the age at which minors can access mental health and substance use treatment without the consent of their parent or legal guardian. This age of consent was not intended to exclude parents from care when they are actively involved with their youth, however that is the reality for some families because of misunderstandings about the age of consent and parent initiated treatment. Parent initiated treatment is an option for parents and legal guardians to use when their youth are in need of evaluation and treatment and are refusing to consent and participate in care. House Bill 2779 required DSHS to convene an advisory group of stakeholders to review the parent-initiated treatment process and develop recommendations about options for parent involvement in youth treatment decisions and information communicated to families and providers about the parent-initiated treatment process. A group of stakeholders including parents, youth, clinicians, and hospitals met over a 5 month period to develop a list of recommendations to address the HB 2779 mandate, and we'll update you on the status of those recommendations and other efforts to improve parent involvement in mental health and substance use treatment of youth

T306 When Comprehensive DBT Isn't an Option (Yet): Effective Interventions with People Suffering from Borderline Personality Disorder or Emotion Dysregulation – Hemlock/Oak (1.5 CE clock hours)

Gail Efroymson, LICSW, Harborview Mental Health & Addiction Services; Antonia Caliboso, LICSW, Kaiser Permanente

Dialectical Behavior Therapy (DBT) is the evidence-based treatment of choice for people with Borderline Personality Disorder (BPD) and/or problems with emotion dysregulation. Clients with these challenges are present in all dimensions of social service organizations from mental health and substance use, to housing, employment, crisis services, and peer bridging – and they need our help! Many of these clients cannot take advantage of participating in a comprehensive DBT program (yet) because of a variety of factors such as cost, insurance coverage, length of waitlist, and lack of readiness to participate in an intensive treatment. Agency staff often don't have the training or support to effectively work with those who suffer from emotion dysregulation and often utilize crisis services. This session will highlight effective solutions to working with those with BPD and/or emotion dysregulation who aren't (yet) in a comprehensive DBT program. Participants will learn how to orient themselves from a DBT/behavioral perspective with special consideration to trauma and cultural factors, and recommendations for case conceptualization, treatment, attention to the environment, and self-care, as well as resources for family members and loved ones, will be provided.

T307 PreManage in an Outpatient Behavioral Health Setting – Alder (1.5 CE clock hours)

Jennifer Neumann, MSW, LICSW, Navos Mental Health Solutions; Theresa Henle, MSc, Navos Mental Health Solutions; Stephanie Eller, RN, BSN, MHP, Navos Mental Health Solutions

Navos Mental Health Solutions has been tracking client emergency department (ED) usage using PreManage since 2016. PreManage tracks ED visits/discharges and generates real-time notifications that can be emailed or sorted into daily, monthly, or yearly reports. In an effort to reduce overall ED visits and improve integration of healthcare, Navos combined PreManage hospital visit data with our own electronic health record database into a dashboard that allows clinicians to track ER usage for their clients, and offers agency leaders the ability to compare program responsiveness over time. The presenters will walk you through implementing PreManage for outpatient departments; tips and tricks for encouraging usage and buy-in; discovering best practices for post-hospitalization follow-up and integration; and creating clinical processes for ED alerts and notifications. We'll also discuss Navos' integrated care efforts, the evolution and utilization of PreManage within the adult outpatient department, and more.

4:45 pm – 5:15 pm • Quick Take Session – Trueblood Settlement Update – Discovery DE (0.5 CE clock hours available)

Dariya Farivar, Disability Rights Washington

Did you track the Trueblood settlement during the legislative session? There are big changes coming to the forensic mental health system, we want you to be informed! Join Disability Rights Washington (DRW) and learn what's new and what's next for the Trueblood settlement. DRW will review the final settlement agreement, explain changes

in Washington State law, inform participants of the implementation process, and offer ways to stay involved and participate in advocacy.

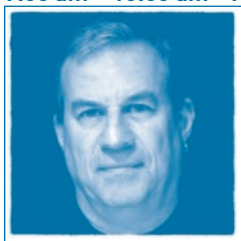
5:30 pm – 7:00 pm • Peer Support Reception – Heritage E (CE clock hours not available)

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.

Friday, June 14

7:30 am – 9:00 am • Breakfast – Heritage Ballroom
Vendor Tables Open

9:00 am – 10:00 am • KEYNOTE ADDRESS by **Sam Quinones**, journalist and author



Dreamland: The True Tale of America's Opiate Epidemic
(1 CE clock hour)

Join Sam Quinones, journalist, storyteller, former LA Times reporter, and author of three acclaimed books of narrative nonfiction, as he chronicles the factors that went into creating America's epidemic of opiate addiction, which is now the deadliest drug scourge in its history: doctor's overprescribing, pharmaceutical marketing, changes in our

heroin market, and new attitudes in American culture. He'll weave together how the unfettered prescribing of pain medications during the 1990s reached its peak in Purdue Pharma's campaign to market OxyContin, its new, expensive—and extremely addictive—miracle painkiller, while a massive influx of black tar heroin—cheap, potent, and originating from one small county on Mexico's west coast, independent of any drug cartel—assaulted small towns and midsize cities across the country, driven by a brilliant, almost unbeatable marketing and distribution system. Together these phenomena continue to lay waste to communities across the country. Quinones will also describe how some of the hardest hit communities are chipping away at the problem, as well as examples of community mobilization and cross-system solutions that are working to turn the corner in the epidemic.

10:15 am – 11:45 am • Workshops

F401 Jail Diversion & Recovery through Peer Support – Discovery B
(1.5 CE clock hours)

Lara Toney, LMFT, Thurston-Mason Behavioral Health Organization; Morgan Black, LMHCA, Thurston-Mason Behavioral Health Organization; Kenna Brooks, Certified Peer Counselor, Thurston-Mason Behavioral Health Organization

This session will introduce this model for individuals with significant behavioral health illnesses who may be incompetent to stand trial. The goals are to divert them prior to incarceration, expedite linkages to treatment in jail, and facilitate re-entry to necessary

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behavioral health treatment, housing, and supports in the community. We'll describe how a systematic approach by Thurston-Mason BHO, and other stakeholders including the County Jail, prosecuting attorney, and defense counsel worked together to implement this jail diversion and peer support recovery-oriented approach to expedite competency recovery for individuals with behavioral health illnesses. The information presented will focus on the stages of community input and acceptance, determination of funding necessary for the program, methodology of the intervention, and discussion of outcomes.

F402 Peer Services & Collaborative Solutions – Pine/Spruce (1.5 CE clock hours)

Shanee Colston, DCS, AAC, Certified Peer Counselor, DESC

This session will highlight how peer counselors' professional roles use their unique perspectives, life experience, and advocacy approaches to help others cope with their mental health and substance use issues, and the benefits of this when connecting clients to outside service providers and in the community. We'll also demonstrate the vital role of peer support services in evidence-based practices like Housing First and harm reduction, and hear a Peer's perspective on the differences between the medical and recovery models.

F403 Group Clinical Supervision: How to Engage & Retain Staff, Especially Millennials – Hemlock/Oak (1.5 CE clock hours)

Stephanie Berg, MSW, LICSW, GMHS, Sound

Sound has been using team-based clinical supervision for many years, but recently expanded and re-developed our model in order to engage more staff and address staff retention. Sound found that employees who attended these groups showed higher levels of engagement – they feel more heard and valued in the workplace, that they have more opportunities to learn and grow, and that they have the opportunity to “do what they do best.” Engaged staff are happier, stay longer, and have improved client outcomes. Given the competitive job market, models with proven outcomes for retaining and recruiting staff are particularly valuable. This session will address research on what employees, especially Millennials, want in the workplace. We'll cover how to structure Supervision Groups, their topics and formats, and their impacts on Sound's participating staff. Attendees will also learn ideas for re-imagining clinical supervision with an eye toward creating happier, more productive staff, and leave with a format for replicating this model at their own agency, as well as ideas for adapting it to differing sites and staff needs.

F404 Q&A with Sam Quinones – Alder (CE clock hours not available)

Sam Quinones, journalist and author

Want to hear more from this morning's keynote speaker, Sam Quinones, author of *Dreamland: The True Tale of America's Opiate Epidemic*? Take advantage of this opportunity to hear more about this important topic from a national expert, and to ask questions!

F405 Washington State's New Journeys Program: Coordinated Specialty Care for First Episode Psychosis – Discovery C (1.5 CE clock hours)

Cammie Perretta, MSW, LSWAIC, Behavioral Health Resources; Bradley Cotter, MS, LMHC, Valley Cities Behavioral Health; Oladunni Oluwoye, PhD, CHES, Washington State University

This presentation will provide information, resources, and data on the Washington State New Journeys early intervention model for treating people experiencing first-episode psychosis in order to guide participants toward a better understanding of this model, its intervention components, and how providers can incorporate components of the model into existing care. This interdisciplinary, team-based model includes Family Education (FE), Individual Resiliency Training (IRT), Psychopharmacological Treatment and Medication Management, Supported Employment and Education (SEE), Peer Support, and Case Management services. The session will also describe the early signs of psychosis, the importance of building early intervention services in Washington State, first-hand accounts of the New Journeys model, data from the Year 4 evaluation findings, and implications for future program development and implementation.

F406 Building a More Inclusive Inpatient Behavioral Health Program: Allowing Inpatient SUD Clients to Receive MAT – Discovery DE (1.5 CE clock hours)

Jessica K. Blose, MS, WA State Health Care Authority; Sara Multanen-Karr, MBA, WA State Health Care Authority; Julie Tomaro, BSN, MPH, WA State Department of Health

Washington State HCA and DOH staff will lead a discussion that includes: a brief history of federal anti-discrimination laws and research related to allowing inpatient clients to receive MAT in an inpatient setting; a review of upcoming contract and WAC changes in Washington requiring inpatient substance use disorder treatment agencies to develop policies and practices allowing clients to seek FDA-approved medication for any substance use disorder during their treatment and ensuring the agency will provide or facilitate the medications; and a review of upcoming contract and WAC changes requiring inpatient substance use disorder treatment agencies to develop policies and practices ensuring they will facilitate a continuation of care for clients who are currently prescribed FDA approved medications for any substance use disorder, prior to admission. It will also cover how inpatient mental health treatment agencies can and should adapt their policy and procedures for these changes, common misconceptions about allowing MAT on-site in an inpatient setting, and informational resources for behavioral health agencies looking to adapt their policy and procedures in the future.

F407 Bridging the Gap: Transitional Services to Reduce Psychiatric Hospitalization – Discovery A (1.5 CE clock hours)

Amy Matheson, PsyD, Telecare Community Alternatives Team; Toby Estler, MA, Telecare Community Alternatives Team

In a lemons-to-lemonade story, this presentation will outline how the unexpected closure of an acute inpatient facility was embraced as an opportunity to design and implement an innovative community-based program aimed at reducing inpatient stays. Telecare Community Alternatives Team (T-CAT) offers two primary services for adults in Pierce County, utilizing a multidisciplinary, wrap-around approach steeped in the recovery model. The Transition Support service provides person-centered discharge planning support and intensive case management for those returning to their community from an inpatient setting. The Crisis Support service provides outreach to

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community hospital emergency departments to offer short-term, intensive, community-based alternatives to psychiatric hospitalization. We'll describe how the services were developed, how barriers were addressed, results achieved so far, lessons learned, and recommendations for future development. Case examples will provide an eye-opening glimpse of the challenges individuals face following a mental health crisis and how offering nimble, responsive, collaborative transitional support can decrease the likelihood of rehospitalization and increase the potential for building a life of recovery and resilience.

11:45 – 12:45 pm • Afternoon Activities

Lunch & Award Presentations – Heritage Ballroom

(CE clock hours not available)

1:00 pm – 2:30pm • Workshops

F501 The Creation of a Sex Offender Treatment Manual for Individuals with Intellectual Disabilities – Pine/Spruce (1.5 CE clock hours)

Christine Gomes, PhD, Department of Corrections; Amanda Fenrich, MA, Department of Corrections; Stephen Donovan, MEd, Department of Corrections

This presentation will shine light on current best practices and treatment approaches for sexual offenders with intellectual disabilities. We'll focus on the modifications and adaptations currently being implemented within a prison-based sex offender treatment program for this population. This approach, while adapted for this population, is based primarily on the tenets of Cognitive Behavioral Therapy. The discussion will include treatment approaches such as the importance of treating this population, information about the Sex Offender Treatment & Assessment Program's "Activity Track" treatment groups, observed differences between clients with intellectual disabilities and neurotypical clients, and examples and information regarding treatment adaptations and activities. We'll also provide practical and useful treatment activities and approaches clinicians and treatment programs can implement in order to reduce recidivism risk for these clients.

F502 Exploring Recovery through PeerZone – Discovery DE (1.5 CE clock hours)

Adrienne Scavera, MSW, Peer Support Specialist, Mental Health Association of OR; Alexandra Koch, Peer Support Specialist, Mental Health Association of OR

PeerZone is a trailblazing practice that incorporates a series of 18 three hour, peer-led workshops for people who experience mental distress and addiction, backed up by online resources and support services. This workshop will explain the innovative PeerZone model and outcomes, in addition to including discussions of activities unique to this program. Developed by mental health consumers in New Zealand, PeerZone adopts a trauma-informed, nonjudgmental method of meeting group participants where they're at. PeerZone workshops explore distress, recovery, and all the major life domains such as lifestyle, relationships, housing, and employment. In this session, attendees will have the opportunity to experience part of a PeerZone workshop firsthand.

F503 Transforming Service Delivery by Supporting Behavioral Health Information Exchange – Discovery A (1.5 CE clock hours)

Jennie Harvell, PhD, WA State Health Care Authority; Dennis Worrell, WA State Health Care Authority

An essential component of service delivery transformation in Washington State is a focus on the integration of behavioral health services and information. It has been challenging for Apple Health (Medicaid) providers to access data on the treatment, health conditions, and prescriptions of their patients as they saw different providers, due to disparate health record systems that didn't connect. To help remedy this situation, the WA State Health Care Authority (HCA) commissioned a secure, cloud-based clinical data repository (CDR) to enable providers to store and share clinical and claims data on Apple Health clients regardless of the electronic health records system the provider uses. Currently, providers can view data in the CDR through a web portal. The CDR accepts clinical data from physical health providers, and HCA is working to develop appropriate rules governing the addition of behavioral health data. This session will also describe a new incentive program for behavioral health providers to adopt and use certified electronic health records, which help support the exchange and re-use of information coordination, integration, and quality of care.

F504 Consent Management: Exchange of Substance Use Disorder Information to Support Care Coordination – Alder (1.5 CE clock hours)

Amber Sexton, MPA, WA State Health Care Authority; Matt King, JD, WA State Health Care Authority; Dylan Oxford, BS, WA State Health Care Authority

Patients benefit when their health care providers have access to complete treatment information and can provide whole-person care. But a complex and often misunderstood set of privacy laws govern how Washington providers and other entities that maintain substance use disorder (SUD) treatment information can share that information. Providers and payers may overprotect this information and not share at all, or may accidentally share more than is allowed by law. This presentation will detail the approach that the WA State Health Care Authority (HCA) has undertaken to support the appropriate exchange of SUD information and SUD consent management. HCA has developed a living guidance document to help create a shared framework for understanding and managing SUD information. We'll discuss why HCA developed this document, the process and feedback received, and how we've been working with the provider community since the development of the document. The session will also discuss our approach to electronic consent management and how it will support electronic health information exchange in Washington.

F505 Culturally Relevant Prevention of Youth Substance Use and Misuse – Discovery C (1.5 CE clock hours)

Sarah Mariani, WA State Health Care Authority DBHR; Kasey Kates, MSW, WA State Health Care Authority DBHR

The Community Prevention & Wellness Initiative (CPWI) is a contemporary and encouraging state-level prevention implementation structure in WA State, designed as an adapted and combined structure of the Strategic Prevention Framework and the Communities that Care System. Presenters will provide interactive training on prevention science and culturally relevant prevention programs provided in WA State

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through CPWI, Community Based Organizations (CBOs), and the Tribal Prevention & Wellness Program utilizing a variety of different funding streams. Presenters will share data on the disparities of youth substance use and misuse in Washington and explain how culturally relevant prevention programs can be successful in your community.

F506 Healthier Washington Medicaid Transformation Foundational Community Supports Has Launched! – Discovery B (1.5 CE clock hours)

Melodie Pazolt, WA State Health Care Authority DBHR

The research is clear – unemployment and job insecurity, homelessness and unstable housing contribute to poor health. Homelessness is traumatic and cyclical; it puts people at risk for physical and mental health conditions and substance use disorders. Similarly, evidence links unemployment to poor physical and mental health outcomes, even in the absence of pre-existing conditions. Foundational Community Supports (FCS) – part of Washington’s federally authorized, 5 year Medicaid Transformation – addresses these factors with targeted benefits for supportive housing and supported employment. These new benefits are effectively serving people throughout the state, people who are often the most vulnerable and have complex care needs. This presentation will provide an overview of Washington’s FCS, describe the target population and eligibility as well as opportunities for behavioral health agencies to add FCS to their book of business, describe the evidence-based practices of Individual Placement & Support (IPS) and Permanent Supportive Housing (PSH), and more.

F507 ACEs and Behavioral Health Workers: The Case for a Trauma-Informed Work Environment – Hemlock/Oak (1.5 CE clock hours)

Melissa Christensen, ACC LMHC, CCHT, Valley Cities Behavioral Health Care; Janelle Gauthier, MA, Valley Cities Behavioral Health Care

This session will present the results and implications of an internal inquiry into the ACEs of employees of Valley Cities Behavioral Health Care, a community mental health organization. The ten-question ACEs questionnaire was provided anonymously to all staff of Valley Cities’ largest site, and 98% of staff responded. The results were astounding, showing a significantly higher prevalence of ACEs to the general population across the board, and underscored the need for a truly trauma-informed work environment. This presentation will review ACEs and their relationship with trauma-informed care principles, and discuss the prevalence of trauma among community mental health providers and the implications of this prevalence (including secondary and vicarious trauma, internal agency communication, relationships and processes). We’ll also identify ways systems can support staff from a trauma-informed care perspective, and provide resources to replicate this inquiry in other organizations.

CONTINUING EDUCATION (CE)

Up to **11 hours** of Continuing Education clock hours are available to participants attending the entire conference. Certificates will be issued after the event to participants based on the number of hours they have attended at the conference that are submitted via the CE tracking form. Additional hours are also available through the Law & Ethics course (separate registration fee required).

If you need Continuing Education clock hours please pick up a **Continuing Education Tracking Form** at the conference registration desk. This form is intended for use by individuals who need to accrue continuing education (CE) clock hours for the purposes of maintaining professional licensure requirements of the Washington State Department of Health or other professional organizations. **ALL conference participants will be given a certificate of attendance. Only those individuals who need a certificate with the specific number of CE hours obtained should fill out the CE Tracking Form.**

Please fill in your name and contact information. This will be used for the purposes of generating your CE certificate and mailing it to you after the conference. PLEASE PRINT CLEARLY. Check the boxes corresponding to the sessions you attend. **Turn this form in to the Registration Desk upon COMPLETION of all the workshops you have attended.** A certificate will be mailed to you within 3 weeks.

Please note this tracking form is not intended to incorporate the Law & Ethics training being offered on Wednesday, June 12th. Separate certificates will be issued to participants who complete that course.

The Washington Council for Behavioral Health (formerly the Washington Community Mental Health Council) (600 Stewart Street, Suite 202, Seattle WA 98101, 206-628-4608, aavery@thewashingtoncouncil.org) has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 5849. Programs that do not qualify for NBCC credit are clearly identified. The Washington Council for Behavioral Health is solely responsible for all aspects of the programs.

Please see the registration staff if you have questions regarding continuing education clock hours.

SPECIAL RECOGNITION

A very special **Thank You** is extended to the following organizations and individuals for their participation, hard work, and generous support. Every effort was made to ensure the accuracy of this list up to the time of printing; we regret if some names were not included.

Conference Speakers and Panelists

As listed in program

Conference Partners

- Washington State Health Care Authority
- Washington State Department of Corrections
- Washington Council for Behavioral Health

Boosters & Exhibitors

- Cascade Behavioral Health
- Coordinated Care
- Credible Behavioral Health Software
- CVAB
- Disability Rights WA
- Division of Vocational Rehabilitation/ DSHS
- DrCloud EHR
- Echo Group
- Feel Good Inc.
- Genoa Healthcare
- Health Care Authority, Division of Behavioral Health & Recovery
- Lifeline Connections
- Molina Healthcare WA
- NAMI Washington
- Netsmart
- Neurocrine Biosciences Inc.
- Northwest Mental Health Technology Transfer Center, UW Dept. of Psychiatry & Behavioral Sciences
- Portland Community College Institute for Health Professionals
- ProtoCall Services
- Quartet Health
- Relias

- Singing Shaman Traders
- Streamline Healthcare Solutions
- Telecare Corporation
- UnitedHealthcare Community Plan
- University of WA Tacoma Social Work & Criminal Justice Program
- WA State ABLE Savings Plan
- WA State Department of Commerce

WA Council Education Committee

- Darcell Slovek-Walker, Chair, Transitional Resources
- Doug Crandall, Community Psychiatric Clinic
- Patrick Evans, Sound
- Brigitte Folz, Harborview Mental Health Services
- Faith Richie, Telecare
- Wendy Sisk, Peninsula Behavioral Health
- Richard Stride, Cascade Mental Health Care

Conference Planners and Advisors

- Alison Avery, Washington Council for Behavioral Health
- Ann Christian, Washington Council for Behavioral Health
- Heather Chan & Brian Dennis, SH Worldwide
- Ruth Leonard, Health Care Authority
- Karie Rainer, Washington State Department of Corrections