



# RECONNECT & RECHARGE!

2023

Washington Behavioral  
Healthcare Conference  
June 14-16



WASHINGTON COUNCIL  
FOR BEHAVIORAL HEALTH

## WHO WE ARE

*The Washington Council for Behavioral Health (WA Council) is the sponsor and organizer of the annual Behavioral Healthcare Conference. Over the past 41 years, the WA Council and its provider members have offered services that 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 partnerships and provides high quality behavioral health care education.*

## PLEASE JOIN US

Welcome to the 33<sup>rd</sup> annual Washington Behavioral Healthcare Conference (WBHC), **Reconnect & Recharge!** After so many years of Zoom calls and virtual platforms, we could not be more excited to reconnect in person for two full days of learning together. So much has changed since the beginning of the coronavirus pandemic, and there have been many challenges along the way. But as we emerge from these difficult years, we also see promising signs of hope, recovery, and resiliency. There is unprecedented support and recognition of the need for expanded access to behavioral health care, including community-based treatment and peer support services. There is long overdue attention and growing momentum to address structural racism throughout our communities and institutions. There are new and diverse voices helping to shape our path forward.

We'll weave these themes together when we meet in-person in Kennewick in June, hearing from community providers, regional and national experts, and people with lived experience to share their wisdom, knowledge, and tools. We're especially excited to introduce the 2023 WBHC keynote speakers:

- **Nii Addy, PhD**, a neuroscientist, Yale professor, and mental health advocate, who will address racial disparities in mental health
- **Maia Szalavitz**, an expert on harm reduction with personal experience in this area
- **Nathaniel Morris, MD**, a psychiatrist with expertise on mass incarceration and mental illness

This event will highlight 35 workshops, with tracks focusing on recovery & resiliency, race and equity in behavioral health, children, youth & families, corrections & mental health, services and partnerships, and more.

We gratefully acknowledge support for the WBHC from the Health Care Authority/Division of Behavioral Health & Recovery, and the Department of Corrections.

Please join us in Kennewick in June for this outstanding educational event!

Sincerely,

**Ann Christian, CEO**  
Washington Council for  
Behavioral Health

**Richard Stride, Chair**  
Washington Council for  
Behavioral Health and  
CEO, Cascade Community  
Healthcare

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

# LAW & ETHICS – VIRTUAL

TUESDAY, MAY 30 & TUESDAY, JUNE 6

This year Law & Ethics has been divided into **2 virtual sessions**, as described below. You must attend **BOTH** sessions in their entirety to receive the **6 CE clock hours**; the **\$175 registration fee for Law & Ethics includes both sessions**. Instructions for accessing the virtual sessions will be emailed to those who register for Law & Ethics closer to the dates of the training.

## Washington State Law & Ethics for Behavioral Health Professionals

(6.0 CE clock hours) (additional \$175 registration fee required)

*Eric Ström, JD, PhD, LMHC, Ström Consulting*

*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 CE clock hours will be issued to attendees who attend both sessions in their entirety.***

### Session 1, Tuesday May 30, 2023, 9 am – 12:15 pm, VIRTUAL Law & Ethics of Clinical Relationships & Boundaries

Relationship boundary violations are the most common basis for findings of professional misconduct against behavioral health professionals. There are a wide range of ways clinicians and clients may find themselves in dual relationships. In this three-hour workshop, we will examine the applicable ethical standards and Washington State laws regarding dual and personal relationships with clients and discuss a range of case studies based on recent Washington Department of Health discipline decisions. We will also discuss strategies for implementing, and maintaining, appropriate client/clinician boundaries.

Participants will gain an increased ability to implement strategies to maximize clinical effectiveness and minimize liability risk; apply legal guidelines regarding dual relationships; apply ethical standards regarding personal relationships with clients; describe the range and types of inconsistent dual relationships; identify risk factors for personal relationships with clients; and create and evaluate strategies to maintain appropriate clinical relationships.

### Session 2, Tuesday June 6, 2023, 9 am – 12:15 pm, VIRTUAL Law & Ethics of Court Involvement

Balancing the protection of client confidentiality against compliance with subpoenas and court orders can be both challenging and stress-inducing for many clinicians. An effective understanding of the legal and ethical requirements regarding confidentiality, subpoenas, client advocacy and in-court testimony is vital to effective clinical work and is a key part of sound professional practice. In this three-hour workshop, we will examine legal and ethical standards regarding releasing client information within the legal system. We will also discuss best-practices to support effective clinical work with clients while minimizing exposure to liability.

Participants will gain an increased ability to locate and describe legal standards relating to confidentiality of healthcare information; describe the difference between confidentiality and legal privilege; identify and apply Federal and Washington State legal standards relating to subpoenas; create and evaluate strategies for in court testimony and advocacy to best support effective work with clients; and apply best practice standards to responding to subpoenas and other court orders.

## Wednesday Pre-Conference Activities, June 14

### Subject to Change

Location: Three Rivers Convention Center

8:00 am – 5:00 pm

Pre-Conference Programs

## Wednesday Conference Activities

Noon – 5:00 pm

Registration Open

Location: Three Rivers Convention Center

4:30 pm – 6:30 pm

**Welcome Reception** (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.

## Thursday, June 15

7:30 am - 5:00 pm

Registration & Vendor Tables Open

Location: Three Rivers Convention Center

7:30 am – 8:30 am

Breakfast

8:30 am - 10:00 am

Welcome

**Richard Stride**, Chair, Washington Council for Behavioral Health and CEO, Cascade Community Healthcare

**Keri Waterland, PhD**, Director, Division of Behavioral Health & Recovery, Health Care Authority, or a designee



**KEYNOTE ADDRESS** by **Maia Szalavitz**, Author, Journalist & Mental Health Advocate

**How Harm Reduction Saved My Life**  
1 CE clock hour)

Through a warm, moving, emotional narrative, Szalavitz shows how being taught to clean her needles with bleach not only protected her from HIV, but helped her move towards recovery

because of her outrage at the failure of society to care for people with addiction. This presentation explains why harm reduction—far from “enabling” or extending addiction— is actually the best way to spur health and recovery.

## 10:15 am – 11:45 am · Workshops

### T101 Justice-Involved People Living with a Mental Illness & the Role of the Office of Forensic Mental Health Services (1.5 CE clock hours)

*Emily Clouse, BA, Office of Forensic Mental Health Services; Hailey Johnson, Office of Forensic Mental Health Services; Chase Ochrach, MS, Office of Forensic Mental Health Services*

In Washington state, more than 1.2 million adults have a mental health condition, and many are unable to access treatment. Moreover, individuals with mental illness are overrepresented in the criminal justice system: one in four people with a serious mental illness has been arrested in their lifetime and two in five adults who are incarcerated have a history of mental illness. The Office of Forensic Mental Health Services (OFMHS), in the Behavioral Health Administration of the Department of Social and Health Services, serves a crucial role in moderating the relationship between behavioral healthcare and the justice system. Importantly, OFMHS is responsible for evaluating defendants' competency to stand trial and providing recommendations for competency restoration treatment—crucial procedures required for defendants to receive due process. It's not uncommon for a person to be released back into the community after evaluation, and to face extensive challenges to re-entry. Some defendants are re-arrested and later found not competent a second (or more) time and repeat the process, creating a cyclical system and possible decompensation of the person, re-arrest, and a return to jail or hospitalization where the process starts anew. This presentation will illustrate gaps we see in the continuum of care for these individuals and offer suggestions based on alternative models.

### T102 (BE)ing Human Together (1.5 CE clock hours)

*Amy King, BS, Olympia Police Department*

While “showing up” may be a job requirement, showing up as your full self and honoring the full humanity of another is a necessary requirement for longevity, real connection, real relationships, and ultimately, real change for all of us. In this session you'll hear from Amy King, a long-time peace officer, who found herself being changed for the better personally and professionally. Those changes created a lasting impact and provided real world data about change, resilience, connection, the definition of success, grace, truth and love, and about the whole human you are and the whole humans we serve. Amy will share practical, real-life, real-time ideas about how to show up as a whole human, maintain capacity and availability to do this work long term and how to effectively work in the weeds while also working effectively for systemic change.

### T103 Empowering Wellness: Implementing STRIDE from Research to Real Life (1.5 CE clock hours)

*Christina Clayton, MSW, LICSW, SUDP, NW Mental Health TTC, UW Dept. of Psychiatry & Behavioral Sciences; Lydia Chwastiak, MD, MPH, NW Mental Health TTC, UW Dept. of Psychiatry & Behavioral Sciences; Jonathan Olson, PhD, NW Mental Health TTC, UW Dept. of Psychiatry & Behavioral Sciences*

Integrated whole health care has long been identified as a priority topic for our field. For those living with serious mental health conditions and taking antipsychotic medications, there are greater risks of developing obesity and related health conditions like diabetes, which contribute to substantial cardiovascular health disparities. This can result in an average life expectancy

*Continued on next page*

that is 20+ years shorter than the general population. The evidence-based STRIDE program, developed by Kaiser Permanente Center for Health Research (KPCHR), empowers healthy lifestyle choices among people taking anti-psychotic medications and struggling with weight. The Northwest MHTTC partnered with KPCHR and a new Certified Community Behavioral Health Clinic (CCBHC) to develop a roadmap for taking this evidence-based practice from research to real life. This session will explore how our collaboration offers a model for supporting agencies in adopting evidence-based programs like STRIDE. We'll also cover how barriers we identified will inform specific implementation strategies for larger efforts to scale STRIDE and that are generalizable to other intensive training and technical assistance activities within community mental health and CCBHC settings.

**T104 Wraparound with Intensive Behavior Support for Youth with Intellectual/ Developmental Disabilities & Co-Occurring Mental Health** (1.5 CE clock hours)

*Paul Davis, MS, Health Care Authority; Libby Hein, MS, LMHC, CMHS, Molina Healthcare; Jeff Kalles, MS, LBA, BCBA, Lilac City Behavioral Services, PLLC*

Wraparound with Intensive Supports (WIBs) was developed in response to a growing need to support youth with co-occurring mental health and intellectual and/or developmental disabilities in Washington. This home and community-based model is designed to support the caregivers and high-risk youth, providing behavioral support, intensive care coordination, and community collaboration. WIBs was developed by various system partners working together in a unique way to address this unmet need. The model is founded on core principles and in its beginning stages of implementation. Join us for an update on the status of the implementation of WIBs, robust discussion of its possibilities for the future, and to learn about the unique partnerships which brought this exciting model together.

**T105 Growing Our Own: Training Paraprofessionals to Deliver Culturally Tailored, Phone-based CBT to Latinx Adults with Depression** (1.5 CE clock hours)

*Gino Aisenberg, PhD, MSW, Latino Center for Health, University of Washington; Miguel Juarez, EdD, MSW, School of Social Work, Heritage University; Mary O'Brien, MSW, Yakima Valley Farm Workers Clinic*

Depression, accentuated by the pandemic, remains a significant health issue negatively affecting Latinx populations. In particular, rural Latinx communities routinely face barriers in the accessibility and provision of culturally responsive depression care, including stigma, lack of systematic screening for depression, lack of bilingual providers, long distances to health care providers and lack of transportation, as well as economic and migration-related stress. This presentation highlights the ground-breaking work of a community-academic partnership among the Yakima Valley Farm Workers Clinic, Heritage University and the Latino Center for Health at the University of Washington. This partnership addresses many barriers by providing a culturally tailored, manualized cognitive behavioral therapy delivered by telephone for rural Latinx experiencing depression. Significantly, this intervention is provided by trained and supervised paraprofessionals—bachelor of social work students. This presentation highlights our specialized and innovative program that promotes health equity by increasing access to evidence-based depression care that is culturally tailored to rural Latinx communities, increases access and decreases stigma. This program is the first in the country to train

non-degreed Latinx students to effectively deliver evidence based, culturally tailored depression care to rural Latinx adults. Join us to learn more about how this program is expanding the Latinx workforce and helping address the shortage of trained bilingual and bicultural rural Latinx mental health practitioners!

**T106 988 Suicide & Crisis Lifeline: WA State Crisis Center Perspectives** (1.5 CE clock hours)

*Courtney Colwell, BA, Volunteers of America Western WA; Diane Mayes, MA, Crisis Connections; Stacey Okihara, MEd, Frontier Behavioral Health*

The National Suicide Hotline Designation Act of 2020 created a new avenue for reaching the National Suicide Prevention Lifeline; help can now be reached nation-wide by calling or texting 9-8-8. This session discusses how the three Washington State 988 crisis centers leaned in to create a strong network of support for the communities they serve. Participants will hear from leaders at Crisis Connections, Frontier Behavioral Health, and Volunteers of America on the thoughtful 988 implementation process in Washington State and will learn about the mission, scope, and uses of the 988 service. This presentation will provide a discussion on data and trends observed by crisis centers related to the recent 988 launch and anticipated opportunities for expansion in service delivery. Presenters will describe the training and credentialing standards at their respective centers, and will provide an overview of how they have incorporated practices centered around lived experience and diversity, equity, and inclusion into center operations and service delivery.

**T107 Collaboration to Integrate Primary Care for Individuals with Serious Mental Illness in a Community Mental Health Setting** (1.5 CE clock hours)

*Dimitry Davydow, MD, MPH, Comprehensive Life Resources; Kathy Hagen, MSW, Comprehensive Life Resources; Dana Orr, MS, Comprehensive Life Resources*

Individuals with serious mental illnesses (SMI) are significantly less likely to receive primary care and more likely to develop chronic medical conditions. Yet, there have been no community mental health centers (CMHCs) offering integrated, on-site primary care in Pierce County. In collaboration with Community Health Care (CHC), a federally qualified health center, and funded by a SAMHSA Certified Community Behavioral Health Clinic (CCBHC) expansion grant award, Comprehensive Life Resources (CLR) has sought to address this important health disparity through the development of an on-site, integrated primary care and dental clinic. Through their partnership, CLR and CHC have successfully connected 154 individuals with primary medical care and 34 individuals with dental care between January and November, 2022. Presenters will lead an interactive discussion focusing on: disparities in general health care for individuals with SMI and the consequences of these disparities; evidence supporting integration of primary care into CMHC settings to improve health outcomes for individuals with SMI; barriers and challenges inherent in partnerships between different health care agencies; core elements of effective integration of on-site primary care in a CMHC setting; program outcomes; and much more!

11:45 – 1:15 pm



**LUNCH AND KEYNOTE ADDRESS** by  
**Nathaniel Morris, MD**, University of  
California San Francisco

**Mass Incarceration and Mental Illness:  
Rethinking the Frontlines of Mental  
Health Care** (1 CE clock hour)

Over the last several decades, the United States has led the world in placing people behind bars. Incarcerated people in the United States have high rates of

mental disorders and substance use disorders; as a result, jails and prisons now rank among the front lines of mental health care across the country. In this keynote address, Dr. Morris examines the history of mass incarceration and the extensive mental health needs among incarcerated people in the United States. He explores incarceration as a public health crisis and proposes paths forward to reshape the frontlines of mental health care in the United States.

1:30 pm – 3:00 pm · Workshops

**T201 Ethical Dilemmas in Providing Mental Health Care Behind Bars** (1.5 CE clock hours)

*Nathaniel Morris, MD, Department of Psychiatry and Behavioral Sciences, University of California*

This workshop will provide attendees with the opportunity to further explore the topics raised in Dr. Morris's keynote address. In this workshop, Dr. Morris will examine arguments for and against mental health professionals working in jails and prisons. Mental health professionals may have concerns about providing care to "criminals," ethical dilemmas related to dual loyalty, or supporting mass incarceration; as a result, many mental health professionals are hesitant to work with incarcerated patients, which partly explains the shortages of mental health professionals in jails and prisons across the country. At the same time, incarcerated people are people, they have tremendous health needs, and mental health professionals have duties to not only care for but also advocate on behalf of these marginalized populations. This workshop will include group discussion and audience participation in examining the role of mental health professionals behind bars, including paths forward to reshape incarceration and mental health care in this United States.

**T202 Shifting & Expanding Roles for Peers: Beyond the Pandemic** (1.5 CE clock hours)

*Cathy Callahan, CPC, AAC, Sound; Jody Schreven, CPC, AAC, Sound*

The COVID-19 pandemic stressed the framework of our behavioral healthcare system to the breaking point. Certified Peer Counselors (CPCs) have helped fill the gaps left by our workforce shortage by taking on new and expanded roles. With appropriate supervision, CPCs have become de facto Care Managers for groups and individual clients, where they use their lived experience combined with a person-centered approach with clients and meet them where they are. CPCs can assure that both the client and the clinical team are understanding current treatment goals, recognizing unmet needs and setting realistic goals. Plus, their past experiences as consumers themselves allow them to understand the stigma clients face. CPCs also build inclusivity, increase equity and embrace diversity. Come learn more about the expanded role peers can play!

**T203 CBT Care Pathway: Bridging Inpatient & Community-Based Care** (1.5 CE clock hours)

*Margo Somers, MA, Health Care Authority; Shannon Stewart, LMHC, UW SPIRIT Lab; Wenqi Zhang, BA, UW SPIRIT Lab*

Inpatient settings are a prime opportunity to introduce evidence-based interventions during a critical juncture in a patient's care lifecycle. Cognitive Behavioral Therapy (CBT) can be started during an inpatient hospitalization to address psychiatric symptoms, target disease management, and daily living skills, and expedite the hospitalization process by targeting key symptoms. A systematic transition from inpatient to outpatient care would minimize disruptions to treatment upon discharge from the hospital. Unfortunately, there is little guidance on how to optimize the transition from inpatient to outpatient care while maintaining care continuity and reducing the risk of destabilizing the patient. The SPIRIT Lab at the University of Washington launched the CBT Care Pathway in 2022. Funded by the Health Care Authority with federal funds, the CBT Care Pathway provides a critical bridge between inpatient and community-based care for many of Washington's most vulnerable citizens with serious mental illness, including those who are hospitalized involuntarily. The transition model was developed by Dr. Sarah Kopelovich in partnership with HCA and community sites Behavioral Health Resources, South Sound Behavioral Hospital, and Telecare. The model incorporates empirically supported practices for the transition into a 3-phase model: admissions phase; hospitalization phase; and transition phase. Join this session to learn more about the formation and development of the CBT Care Pathway, key elements of the transition model, and preliminary outcomes among our demonstration community mental health centers.

**T204 Practice Considerations for School-Based Activities to Address the Fentanyl Crisis** (1.5 CE clock hours)

*Philip Breitenbucher, EdD, MSW, Wellscreen; Mikaila Gage Pidgeon, MSW, California Baptist University*

In the current crisis of fentanyl poisonings, school-based interventions and overdose prevention strategies must be adapted to the context of fentanyl, and innovative strategies must be deployed. Because students spend most of their day in school, a continuum of school-based prevention and intervention activities can begin to address the current opioid crisis – opioid misuse educational programs, linkages to opioid treatments, Narcan/Naloxone distribution, and fentanyl testing programs. Educational administrators and communities must work together to employ a comprehensive approach to prevent fentanyl poisoning in school-aged youth. This presentation describes a continuum of overdose prevention and intervention activities practiced in educational settings and provides practice considerations for each. Additionally, this presentation utilizes Kotter's organizational change theory as an implementation strategy for large scale fentanyl poisoning response.

**T205 Indigenous Ways & the Indian Health Delivery System**  
(1.5 CE clock hours)

*Kathryn Akeah, American Indian Health Commission for Washington State; Vicki Lowe, American Indian Health Commission for Washington State; Cynthia Jones, MSW, LICSW Yakama Nation Behavioral Health*

We are resilient. Our ways are resilient. Indigenous people have lived on these lands since time immemorial. Our ways of practicing wellness and supporting whole person care have stood the test of time. Our ways continue to be a source of resilience in the face of adversity and apathy. The Indian Health Delivery System, an umbrella term for systems and types of providers, exists within a unique context of law, history and practice. These unique qualities blend with both traditional and western practices to provide services and programs to Native people. This session will introduce audiences to the unique history and political status of Tribes and their members, the legal premises for Tribal Sovereignty as it relates to health, and the structure of how wellness programs and services are delivered. This session will also cover impacts of colonization on the health systems and resilient measures taken by individuals and institutions. As Tribes continue to expand behavioral health crisis response systems, they are faced with numerous barriers to fully implementing their visions of care. This session will highlight recent changes in Tribal BH crisis response systems on a wide continuum of care, from the Native and Strong lifeline to local crisis lines to Tribal Designated Crisis Responders to Tribal Mobile Crisis Teams and the potential for Tribal stabilization facilities and treatment facilities. This session will conclude with shared experiences from an Indian Health Care Provider on lessons learned in serving AI/AN people, expanding crisis response systems, coordinating whole person care, and blending traditional and western practices.

**T206 Co-Designing a Low-Barrier MAT Benefit**  
(1.5 CE clock hours)

*Jeremy Hoog, BSN, RN, MBE, DESC; Alix Van Hollebeke, BSN, RN, MHP, DESC; Courtney Ward, MPA, Community Health Plan of Washington*

The goal in creating a low-barrier MAT bundled payment was to bring together partners representing Medicaid payors (Community Health Plan of WA), a MAT service provider (DESC), and public health and health care stakeholders to research the feasibility, co-design, and evaluate a Medicaid bundled payment prototype that supports the delivery of low-barrier MAT services for people living with opioid use disorder. The project sought to evaluate if an alternative payment model could meet the low-barrier service needs and preferences of DESC MAT consumers, meet the service delivery and operational needs of MAT medical staff and DESC (a community behavioral health agency), the payment coordination and service quality goals for MOUD diagnosed individuals, and the Health Care Authority's goal of achieving a 90% Medicaid value-based payment (VBP) purchasing benchmark. Come learn more about this project, including additional information on the MAT benefit, quality performance measures, and expense data.

**T207 Spirituality in Therapy: Clinical Application and Impact, Cultural Competence and Ethics** (1.5 CE clock hours)

*Casey Garcia, MSW, WA DOC; Valerie Herrington, LMHC, MC, WA DOC*

This presentation will discuss ways in which clinicians and non-clinicians alike can improve their competence and approaches toward their clients with spiritual and religious backgrounds or values. Sometimes, it can be difficult to know if or how to address spirituality and religion in a professional and clinical setting. Spirituality can be a major factor in a person's identity and sense of self, as values and morals are often established in a religious or spiritual context. Religion and spirituality permeate culture, influence change and shape communities. Religions can determine whether or how an individual engages in therapeutic processes. Developing a shared understanding and language of the client's religion and/or spirituality helps to foster rapport and motivation for change. In this presentation, we define spirituality and religion and then discuss the necessity of exploring these with our clients. We will specifically talk about the correlation between spirituality and mental health diagnoses and neuropsychology, forensic/correctional setting risk factors related to recidivism, and individual wellbeing. Evidence-based treatment modalities already provide a structure to ethically discuss spirituality and religion and we will provide ideas and examples for integration into your practice.

**3:15 pm – 4:45 pm · Workshops**

**T301 Tertiary Prevention: Taking a Trauma-Informed Approach to Treating Those who have Sexually Offended**  
(1.5 CE clock hours)

*Faith Golden, PhD, LMHC, WA DOC; Wendy McGourty, MS, WA DOC*

A trauma-informed approach to treatment for people who have sexually offended can help incarcerated individuals make a long-term change. This presentation will identify some specific high risks to sexual offending and review ways in which adverse childhood experiences may contribute to these risks, such as the lack or loss of self-regulation and disrupted characterological development. By understanding these factors, we can understand that trauma-informed approaches may benefit the client. We will discuss how unhelpful thoughts, some of which may be based on core beliefs developed in childhood, combine with their beliefs about themselves as related to their offenses and often lead to shame, which is highly correlated with violence and aggression. When incarcerated individuals can see self-worth and self-value while also being held accountable for their behavior, they are more likely to make long-term change. A trauma-informed approach to treatment appears to allow incarcerated individuals to do just this as the therapist uses empathy and the group context to counter the shame response, allowing a safe place to share, understand and take responsibility for their behavior, and work with the therapist to identify healthy interventions. During this session we'll emphasize using the Pillars of Trauma-Informed Care which apply to both institutional and non-institutional settings. *\*To illustrate how we use trauma-informed treatment we will be describing this from our experience in treating those who have sexually harmed. Please be aware of this should you choose to attend our workshop.\**

**T302 Butterfly Effect: Promoting Resiliency with LGBTQIA+ Participants** (1.5 CE clock hours)

*Cathy Assata, BS, Center for Human Services*

This workshop will take into account the historically negative interactions that LGBTQIA+ individuals have had with social services, healthcare and the legal system, and how substance use has played a role. When people feel devalued, self-disclosure and positive outcomes decrease and they are less likely to seek help. This workshop will look at minority stress and trauma and how not to force open the cocoon but instead to provide safety and security during the participant's movement. We will dive into the impact of minority stress, primarily the trauma response, and look at best practices to incorporate into programs and how to recognize and cultivate resilience.

**T303 Crisis Services Best Practices Guide** (1.5 CE clock hours)

*Matt Gower, BS, MBA, Health Care Authority; Luke Waggoner, MA, Health Care Authority*

In this session participants will learn about the best practice guide developed in accordance with HB 1477 for the roll out of 988 and the crisis system enhancement project. The session will cover the development of the guide and the work done with communities across Washington to develop the toolkit. This includes high risk populations identified as higher risk of suicide and negative outcomes from our crisis system. Participants will get an in-depth dive into the guide and key best practices from it. Participants should expect to leave with an understanding of how the best practice toolkit will affect crisis services and how these changes will be tracked to ensure the changes are improving services.

**T304 Reconnecting Following the Pandemic: What We Know & Don't Know About Youth Suicide** (1.5 CE clock hours)

*Greg Hudnall, EdD, MSW, Hope Squad; Julie Rickard, PhD, Moment By Moment Suicide Prevention*

Suicide and mental health challenges are impacting our students at an alarming rate. The CDC findings for 2020-2021 show a rise in suicide attempts among teens, related to an increase in depression and higher risk factors in students of color and diverse gender identity, and stigma related to mental health appears to be universal. Therapists, social workers, school counselors, educators and students are concerned about school safety and the need for connectedness to influence and create a culture of mental wellness. In 1999, amid growing concerns over suicides in his school district, Dr. Greg Hudnall made it his mission to start a task force, bringing schools, communities, mental health agencies, and students together for suicide prevention, intervention and postvention. This resulted in Hope Squads, which are peer-to-peer suicide prevention teams among students, who are trained to recognize warning signs, be a listening ear and to gently refer fellow students to counselors and caring adults. Advisors, made up of counselors, teachers, coaches and social workers, are trained in the curriculum, based on QPR (Question - Persuade - Refer) and team up with local mental health agencies. Come learn more about Hope Squads as we all come together to reduce mental health stigma, encourage mental wellness, create safe school environments, and promote connectedness.

**T305 Hidden in Plain Sight: How Racism & Bias Demand Effective Training** (1.5 CE clock hours)

*Christina Clayton, MSW, LICSW, SUDP, Northwest Mental Health TTC, UW Dept. of Psychiatry & Behavioral Sciences; Sherronda Jamerson, MA, Harborview Mental Health and Addition Services*

Racism and bias remain a huge barrier to delivering behavioral health care. The history of mental and physical health care in our country, the demographics of our workforce, barriers to access to effective treatments, and widely disparate outcomes even when people do receive care, all have had an immense impact. Let's examine what we've been taught, acknowledging this has centered around whiteness, and reflect on how our interactions affect others or how the labels we place on people influence how we treat them. We can and need to take steps to address racism and bias within our professional education, team and supervisory interactions, service delivery and agency culture. Join us for a journey into how effective training models can move us towards equity. Discover how racism and bias at all levels affect our work and professional relationships, dialogue about our lived experiences, and hear different perspectives that can widen our lenses. Learn from each other and from effective training models how you can actively engage to start undoing racism and bias in our professions.

**T306 Father to Father Peer Support** (1 CE clock hour)

*Nelson Rascon, MPA, Dads MOVE; Paul Brown, Nurse, Dads MOVE; Bryan Jeffers-Atkins, Dads MOVE*

Dads MOVE will talk about our new program of providing peer support to fathers who have lived experience raising a child with behavioral health needs. Statistics clearly show that there are huge societal impacts when fathers aren't involved in children's lives. This inspired Dads MOVE to build a program of training and deploying Father Peers into several regions of Washington to help improve outcomes for families in crisis. We believe it takes a village to raise a child and that village needs to include fathers. Dads MOVE programs strive to address disparities and inequities through increased support and stability for underserved communities. Our father-driven family support network supports all parents and caregivers raising children with behavioral health needs, giving dads the tools to help themselves and their families to break cycles of incarceration, poverty, and intergenerational trauma. Our programs are evaluated across racial and ethnic groups, allowing our team to be informed to make timely improvements as needed. Come learn more about this exciting peer support program!

**T307 Apple Health & Homes: A Prescription for Housing** (1.5 CE clock hours)

*Melodie Pazolt, Dept. of Commerce; Kimberly Castle, BA, Health Care Authority*

Social determinants of health (SDOH) are the environmental conditions where people are born, live, learn, work, play, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDOH include economic stability, education, transportation, nutrition and housing. Housing instability is traumatic and can exacerbate symptoms of a person's mental health and substance use challenges. ESHB1866, which passed in the 2022 Legislative session, spotlights how stable housing is a prerequisite to addressing behavioral health and the lack of

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housing is a precursor to poor health outcomes. It also created the Office of Apple Health & Homes within the Housing Division at the Department of Commerce. Apple Health & Homes is a multi-systemic approach to bring the 3 legs of the housing stool (buildings/capital, rent assistance/housing subsidies, services) together to help individuals obtain and maintain housing. This session will introduce the goals and strategies of Apple Health & Homes as we partner with the Health Care Authority and Department of Social and Health Services to marry evidence-based practice supportive housing services through Foundational Community Supports and permanent supportive housing resources.

### 4:45 pm – 5:15 pm

#### QUICK TAKE SESSION(S)

(Session(s) will be announced on-site)

### 5:30 pm – 7:00 pm

#### PEER SUPPORT RECEPTION (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 16

### 7:30 am – 9:00 am

Breakfast & Vendor Tables Open

### 9:00 am – 10:00 am



**KEYNOTE ADDRESS** by **Nii Addy, PhD**,  
Yale University School of Medicine

***Racial Disparities in Mental Health*** (1 CE  
clock hour)

According to a study by John Hopkins Medicine, about 1 in 4 adults suffer from a diagnosable mental disorder each year. And addiction is equally prolific—killing thousands annually. And yet when it comes to getting help, the stigma of the

illness, how you're treated and the outcome of these illnesses, racial disparities play a huge role. In this dynamic talk, Dr. Nii Addy, Neuroscientist, Yale Professor and Mental Health Advocate, maps out the tragic effects of systemic racism that disproportionately affect the health of racial and ethnic minority groups, and how we can find the courage to address these wrongs and initiate change.

### 10:15 am – 11:45 am · Workshops

#### **F401 Group Therapy-Based Interventions for Incarcerated Individuals** (1.5 CE clock hours)

*Karen Abel, PhD, WA DOC; Kathleen Gallagher, PhD, WA DOC; Kyndra Scott, MSW, LICSW*

Utilizing group therapy models in a large correctional facility allows limited staff to serve a larger number of incarcerated individuals while providing specialized treatment in anxiety, depression, post-traumatic stress disorder, and other targeted diagnoses. The aim of this presentation is to review what was learned about the implementation of group psychoeducation and to identify future directions for treatment. In addition, the presenters will discuss what challenges were identified in transitioning from an individual therapy model to a group therapy model, and conclude with a discussion of strategies for effective group therapy interventions with male incarcerated individuals.

#### **F402 Building Community Advocacy Coalitions for Behavioral Health** (1.5 CE clock hours)

*Michele Gerber, PhD, Benton Franklin Recovery Coalition*

The Benton Franklin Recovery Coalition was founded in June 2018, by 8 people on a back porch, and quickly grew into the largest Recovery Coalition in Washington State. The TriCities was the only metro area of any size in the state that had no detoxification services or inpatient, residential treatment for substance use disorder. This total lack of services imposed a huge burden on people in the region, who had to find, arrange and travel to other places for treatment. Many people could not manage this barrier, and addicted people lost interest in treatment when long waiting periods were imposed. Many died. The BFR Coalition set its goal as establishing a comprehensive recovery center in the TriCities, to provide a full suite of behavioral health treatment and recovery services, on a "No Wrong Door" basis. This ambitious goal required many components: forming a formal non-profit organization, networking in the community, educating about addiction as a disease (to overcome community resistance), fund-raising, advocating with public officials, and using the media to maximize messaging and visibility. The BFR Coalition partnered with Benton County and we have made immense progress! In this session we'll share our successes (the facility is expected to open in 2024), and the many lessons we learned that can be valuable in advocating for behavioral health goals, even if they aren't the same as the Benton-Franklin goal.

#### **F403 New Journeys: A Collaborative Effort to Address Early Psychosis in Washington State** (1.5 CE clock hours)

*Oladunni Oluwoye, PhD Elson S. Floyd College of Medicine, WSU; Maria Monroe-DeVita, PhD, University of WA; Grace Hong, PhD, DSHS Data & Research Analysis*

This presentation aims to provide information and resources on first-episode psychosis in Washington State and the New Journeys early intervention model for individuals experiencing their first episode of psychosis and their families. The presenters hope to bring awareness to the early signs of psychosis, rates of first episode psychosis by county, the New Journeys model and network of programs, and other resources that can be beneficial for providers and family members. Data will be reported on recent incidence rates from the Washington State Department of Social and Health Services, outcomes from the New Journeys 2022 annual report, and current development and implementation efforts to address diversity, equity and inclusion of underserved populations in Washington State.

#### **F404 Washington State Youth Behavioral Health Navigation** (1.5 CE clock hours)

*Vanessa Adams, MSW, LICSW, MultiCare/ Mary Bridge Children's Hospital & Health Center; Gina Cabiddu, MSW, MultiCare/ Mary Bridge Children's Hospital & Health Center*

Kids Mental Health Pierce County (KMHPC) is developing a coordinated, responsive behavioral health system that serves the needs of children, youth, and families at the right time, in the best place, with the best outcome for every family. With Mary Bridge Children's serving as a backbone, KMHPC is a community collaborative that brings together a coalition of people and agencies to address the growing behavioral health crisis among school age children. KMHPC's robust website serves as Pierce County's clearing house for comprehensive pediatric behavioral health information and resources. KMHPC also provides community-based multidisciplinary team (MDT) meetings. Each 60-minute online MDT is community-based and family-focused with representatives from over 100 community stakeholders, providers, and advocates who aim to assist providers and families with complex behavioral health presentations, care coordination and case planning. KMHPC has many positive impacts, and with state funding, KMHPC is expanding into three regions across Washington per year for the next three years with training and technical support. The session will provide tools for developing behavioral health coordination, give an overview of youth mental health Emergency Department data, and explore case examples of creative behavioral health coordination and supports.

#### **F405 DEI + SMI: Where Do We Go From Here?** (1.5 CE clock hours)

*Sasheem Silkiss-Hero, MA, MHP, Sound; Khalfani Mwamba, MSW, University of WA School of Social Work*

This session will consider the historical context of inclusion and justice work, how contemporary diversity initiatives have yet to redress persistent racial and societal inequities in the treatment of psychotic conditions, and other health disparities. The intersecting experience of people with chronic mental health conditions, LGBTQI identities, as well as other cultural and socioeconomic groups (First Nations, refugees, the working poor, individuals receiving federal benefits), will be represented in first-person narrative accounts, along with theory and best practices for community-based interventions and treatment. This presentation will outline systemic considerations related to health training, research disparities, and treatment outcomes. Consideration of diagnostic and care plan discrepancies, the need for consideration of the cultural and racial contexts of clients and providers, as well as power dynamics and cultural humility will be addressed. Participants will connect systemic inequities related to health, housing, and incarceration to the presence and omission of people with SMI in DEI/J paradigms, and critically examine meaningful parity and justice initiatives. Mental health best practices and interventions will be shared from people with lived experience and behavioral health professionals.

#### **F406 An Intimate Look at Aging: A 75 Year-Old GMHS Talks about His Journey in Aging** (1.5 CE clock hours)

*Kenneth Ryan, MC, GMHS*

Typical workshops on aging focus on facts, figures, population studies, and the like. They are useful because they give us exactly that: the factual information to help us best understand our clients. In this workshop, Ken Ryan – a 75 year-old Geriatric Mental Health Specialist who has worked in the field of aging for

over 30 years – will talk about his personal journey in aging: the pain, the struggles, the growth, the joy, the fear, warts and all. By better understanding Ken and his journey in aging, attendees will be better able to look at themselves and thus become better able to serve clients. Participants will consider what they know and don't know about aging, the prejudices (good and bad) that they bring, issues of counter-transference, and what it's like for them to sit with an older person who talks about his struggles.

#### **F407 Virtual Learning Works! Building Resilience, Supporting Leadership & Connecting Our Field** (1.5 CE clock hours)

*Christina Clayton, MSW, LICSW, SUDP, NW Mental Health TTC, UW Dept. of Psychiatry & Behavioral Sciences; Gabrielle Orsi, PhD, NW Mental Health TTC, UW Dept. of Psychiatry & Behavioral Sciences*

The Northwest Mental Health Technology Transfer Center (MHTTC) is part of a SAMHSA-funded network of 13 regional training and technical assistance (TA) centers that were funded in late 2018 and provide free training and TA, promote evidence-based practice implementation and more. When COVID-19 struck, everything changed: in-person events were canceled, providers were navigating how to help others while staying safe for themselves and their families. Recruitment and retention issues left everyone exhausted. Northwest MHTTC pivoted to providing webinars on a multitude of topics, but providers also needed connection, support for their well-being, and acknowledgement of societal disparities and racial injustices. We developed instructional approaches and meaningful learning experiences by weaving together online courses, live webinars, virtual learning communities and ongoing communications to help cement learning and feelings of connection. In this session, we'll share the landscape of training offered by the MHTTC network, how we used equity to lead access to and evaluate these events, and more about the specific training approaches, methods and outcomes used in our training activities, and how these best practices, even virtually, increased workforce resilience at a crucial time in our field.

### **11:45 – 12:45 pm · Afternoon Activities**

**Lunch** (CE clock hours not available)

### **1:00 pm – 2:30pm · Workshops**

#### **F501 Mental Health & the Criminal Justice System** (1.5 CE clock hours)

*Angela Listy, MS, Community Integrated Health Services; Mo Shaaban, BA, Community Integrated Health Services*

This presentation will provide an understanding of forensic mental health, the criminal justice system, the roles of those involved, and services provided in the community and in institutional settings (i.e., jail, prison, or hospital). Participants will learn more about person-centered care, trauma-informed care, crisis de-escalation, and suicide prevention as well as what organizations may need to consider for training, evidence-based practices, and other programmatic elements to ensure that staff providing direct services have the information, policy support, and resources required. Ultimately, individuals will understand the diversity in the justice system, jails, and community partners working together.

**F502 Community Impacts of HCA's Clubhouse Peer-Run, State Opioid Response & Recovery in Community Programs**  
(1.5 CE clock hours)

*Lauren Robbins, MSW, Health Care Authority/DBHR; Kira Schneider, MPH, Health Care Authority/DBHR*

This session will provide information on the origins, missions and outcomes of Clubhouse Peer-Run, State Opioid Response and Access to Recovery Programs. The presenters will cover the prioritization of funding for the Clubhouse Peer-Run program to promote diversification of providers in the community and establish agencies in locations lacking equitable access to Clubhouse Peer-Run program services. There will also be an overview of the Clubhouse Peer-Run expansion efforts, models utilized by providers, and impacts of services in our communities. Then, we'll discuss the Recovery in Community and State Opioid Response programs. Both help to provide recovery support services to those who have substance use disorders and opioid and stimulant use disorders respectively. By providing peer support through peer counselors and recovery coaches, these programs help individuals set recovery goals and provide support to achieve those goals.

**F503 Brief Action Planning: SMART Steps to Support Behavior Change** (1.5 CE clock hours)

*Bill O'Connell, EdD, University of Washington*

Brief Action Planning (BAP) is a self-management support technique developed by the Centre for Collaboration, Motivation and Innovation (CCMI). A visual map guides the helper to invite behavioral health patients (clients, consumers) to set health goals, create specific behavioral focused plans, identify a level of commitment to the plan and indicate how follow up will occur with the helper. When patients are ambiguous regarding health behavior change, the BAP decision making tree guides the helper in changing course to adapt to the patient's level of readiness to change. An assumption in using BAP is that the patient has been assessed for symptoms by a licensed healthcare provider and offered a menu of options to address their concerns. This presentation will describe the model of BAP, demonstrate the process, and discuss its application in various settings.

**F504 B-5 at BHAs: Infant-Early Childhood Mental Health Best Practices & Opportunities in Washington**  
(1.5 CE clock hours)

*Christine Cole, MSW, Health Care Authority; Kiki Fabian, MEd, Health Care Authority*

Approximately 1 in 6 young children has a diagnosed mental, behavioral, or developmental disorder. When identified early and diagnosed appropriately, these disorders can be effectively treated. However, the field of infant-early childhood mental health (IECMH) is relatively new, and many agencies and providers often do not receive training in this specialty area. This can result in limited access to needed mental health care for young children and their families. In response to this need, there have been several recent investments to bolster the field of IECMH in Washington State. This presentation will provide a high-level overview of Infant-Early Childhood Mental Health and share policies supporting best practices for those who serve young children and their families, as well as opportunities and available resources that are designed to support agencies and providers in building capacity to work with this population.

**F505 Cross Cultural Perspectives on Developmental Disabilities** (1.5 CE clock hours)

*Teddy Kemirembe, MSW, Bella Smiles for Developmental Disabilities*

Different cultures have different views of disability, treat children with developmental disabilities in different ways, and have different views of the causes of developmental disabilities. 'Blame' for a disability may be placed on the mother or both parents, or the child's condition may be considered an "act of God," a "curse" and/or "bewitched." Awareness and evidence-based treatment can change the mindset of many parents and caregivers, making it possible for children to receive early interventions and other services that are proven to be helpful to children living with developmental disabilities.

**F506 High Utilizer Case Management** (1.5 CE clock hours)

*Saul Krubally, MACP, MHP, Harborview Mental Health & Addiction Services; Kayla Lovett, MSW, LSWAIC, Harborview Medical Center*

The High Utilizer Case Management (HUCM) program has been providing intensive, person-centered case management services to patients at Harborview Medical Center Emergency Department (ED) and Psychiatric Emergency Services (PES). The program serves individuals who have received ED services at Harborview at least 8 times in the past 6 months or from the PES 4 times in the past 6 months. In most cases, the visits are much higher, including sometimes daily visits. Excessive ED and PES visits cost the County and our community valuable resources while still not addressing the patient's long term, critical needs. HUCM provides creative approaches to address the patient's needs while connecting the patient to more appropriate levels of care providers. Come learn more about how we do it!

**F507 A Regional Approach to Supporting Behavioral Health Workforce Development** (1.5 CE clock hours)

*Rebecca Betts, MSN, RN, CRRN, Greater Health Now; Sharon Brown, JD, Greater Health Now; Dan Ferguson, MS, WA State Allied Health Center of Excellence*

Greater Health Now (GHN) is one of nine Accountable Communities of Health (ACH) across Washington. GHN is the third largest ACH in the state based on Medicaid lives served and the largest based on territory. GHN serves nine counties (Kittitas, Yakima, Benton, Franklin, Walla Walla, Columbia, Garfield, Whitman, Asotin), and the Yakama Nation. In 2020, GHN sought to support organizations willing to precept, supervise, or train professionals seeking careers in behavioral health or having a behavioral health component who need clinical experience to complete their education and certification requirements. In working with these organizations, GHN quickly realized that it was necessary to customize programs based on several factors, including geographic location and ethnicity. For example, the challenges faced in building a workforce to address tribal needs differed from those faced by a rural, predominately Hispanic region. The results of these programs revealed that meeting people where they are is critically important, and one program does not fit all applicants. Come learn more about this project, and hear what GHN has learned in developing these pathways.

# 2023 ACTIVITIES AT A GLANCE

WEDNESDAY, JUNE 14 • PRE-CONFERENCE PROGRAMS

Noon – 5:00 pm Conference Registration  
 1:00 pm – 5:00 pm Vendor Set Up  
 4:30 pm – 6:30pm Welcome Reception

TRACKS

CORRECTIONS & MENTAL  
HEALTH

RECOVERY & RESILIENCY

EMERGING, BEST &  
PROMISING PRACTICES

## THURSDAY, JUNE 15

### CONFERENCE PROGRAMS

**8:30 am – 9:00 am** CONFERENCE WELCOME, **Richard Stride**, Chair, WA Council for Behavioral Health & CEO, Cascade Commu  
**Keri Waterland, PhD**, Director, Division of Behavioral Health & Recovery, or a designee

**9:00 am – 10:00 am** KEYNOTE ADDRESS by **Maia Salavitz**, *How Harm Reduction Saved My Life*

**10:15 am – 11:45 am** **T101** Justice Involved People Living with a Mental Illness & the Office of Forensic Mental Health Services  
**T102** (BE)ing Human Together  
**T103** Empowering Wellness: Implementing STRIDE from Research to Real Life

**11:45 am – 1:15 pm** LUNCH & KEYNOTE ADDRESS by **Nathaniel Morris, MD**, *Mass Incarceration & Mental Illness: Rethinking the Frontlines of Mental Health Care*

**1:30 pm – 3:00 pm** **T201** Ethical Dilemmas in Providing Mental Health Care Behind Bars  
**T202** Shifting & Expanding Roles for Peers: Beyond the Pandemic  
**T203** CBT Care Pathway: Bridging Inpatient & Community-Based Care

**3:15 pm – 4:45 pm** **T301** Tertiary Prevention: Taking a Trauma-Informed Approach to Treating Those who have Sexually Offended  
**T302** Butterfly Effect: Promoting Resiliency with LGBTQIA+ Participants  
**T303** Crisis Services Best Practices Guide

**4:45 pm – 5:15 pm** QUICK TAKE SESSION(S) (ANNOUNCED ON SITE)  
**5:30 pm – 7:00 pm** PEER SUPPORT RECEPTION

## FRIDAY, JUNE 16

### CONFERENCE PROGRAMS

**7:30 am – 9:00 am** BREAKFAST, VENDOR TABLES OPEN  
**9:00 am – 10:00 am** KEYNOTE ADDRESS by **Nii Addy, PhD**, *Racial Disparities in Mental Health*

**10:15 am – 11:45 am** **F401** Group Therapy-Based Interventions for Incarcerated Individuals  
**F402** Building Community Advocacy Coalitions for Behavioral Health  
**F403** New Journeys: A Collaborative Effort to Address Early Psychosis in Washington State

**11:45 am -12:45 pm** LUNCH

**1:00 pm -2:30 pm** **F501** Mental Health & the Criminal Justice System  
**F502** Community Impacts of HCA's Clubhouse Peer-run, State Opioid Response & Recovery in Community Programs  
**F503** Brief Action Planning: SMART Steps to Support Behavior Change

## THURSDAY, JUNE 15 • CONFERENCE PROGRAMS

7:30 am – 5:00 pm Registration & Vendor Tables Open

7:30 am – 8:30 am Breakfast

### CHILDREN, YOUTH & FAMILIES

### RACE & EQUITY IN BEHAVIORAL HEALTH

### GENERAL SERVICES & PARTNERSHIPS

### GENERAL SERVICES & PARTNERSHIPS

Community Healthcare and

#### T104

Wraparound with Intensive Behavior Support (WIBs) for Youth with Intellectual/Developmental Disabilities & Co-Occurring Mental Health

#### T105

Growing our Own: Training Paraprofessionals to Deliver Culturally Tailored, Phone-based CBT to Latinx Adults with Depression

#### T106

988 Suicide & Crisis Lifeline: WA State Crisis Center Perspectives

#### T107

Collaboration to Integrate Primary Care for Individuals with Serious Mental Illness in a Community Mental Health Setting

#### T204

Practice Considerations for School-Based Activities to Address the Fentanyl Crisis

#### T205

Indigenous Ways & the Indian Health Delivery System

#### T206

Co-Designing a Low-Barrier MAT Benefit

#### T207

Spirituality in Therapy: Clinical Application & Impact, Cultural Competence & Ethics

#### T304

Reconnecting Following the Pandemic: What We Know & Don't Know About Youth Suicide

#### T305

Hidden in Plain Sight: How Racism & Bias Demand Effective Training

#### T306

Father to Father Peer Support

#### T307

Apple Health & Homes: A Prescription for Housing

#### F404

Washington State Youth Behavioral Health Navigation

#### F405

DEI + SMI: Where Do We Go From Here?

#### F406

An Intimate Look at Aging: A 75 Year-Old GMHS Talks about His Journey in Aging

#### F407

Virtual Learning Works! Building Resilience, Supporting Leadership & Connecting Our Field

#### F504

B-5 at BHAs: Infant-Early Childhood Mental Health Best Practices & Opportunities in Washington

#### F505

Cross Cultural Perspectives on Developmental Disabilities

#### F506

High Utilizer Case Management

#### F507

A Regional Approach to Supporting Behavioral Health Workforce Development

# INFORMATION

## REGISTRATION FEES (REGISTER ONLINE AT [www.wbhc.org](http://www.wbhc.org)):

Law & Ethics (see page 3 for more info): \$175 (includes both sessions)

Conference: \$325 per person before May 15, 2023; \$300 per person for groups of 3 or more registering at the same time before May 15, 2023; \$350 per person after May 15, 2023

## CONTINUING EDUCATION (CE)

Up to 10.5 clock hours of Continuing Education (for Licensed Social Workers, Licensed Mental Health Counselors and Licensed Marriage & Family Therapists) 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 (separate registration fee required).

The Washington Council for Behavioral Health 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.

## CONSUMER, ADVOCATE & FAMILY ADVOCATE SCHOLARSHIPS

Full and partial Consumer, Advocate & Family Advocate scholarships may be available from DBHR at the Health Care Authority. Please visit the registration website at [www.wbhc.org](http://www.wbhc.org) and click on the Scholarships tab for information on how to apply. ***Please note that scholarships cover only the conference registration fee, but do not cover extra fee for Law & Ethics.***

## HOTEL INFORMATION

Please visit the Hotels page at [www.wbhc.org](http://www.wbhc.org) to view info on hotels with special conference rates

## ACKNOWLEDGEMENTS

The Washington Council for Behavioral Health is the sponsor of the 2023 Washington Behavioral Healthcare Conference. Our system partners are the Health Care Authority and the Department of Corrections. We are grateful for conference funding support from the Health Care Authority and from the Department of Corrections. The Council also thanks the Behavioral Health Advisory Committee for its support of the conference.

The Washington Council for Behavioral Health would like to acknowledge and thank the 2022-2023 Education Committee, who played an invaluable role in the conference planning and decision-making. The Committee Members are:

**Darcell Slovek-Walker**, Chair, Transitional Resources

**Holly Borso**, Telecare

**Jim Novelli**, Discovery Behavioral Health

**Wendy Sisk**, Peninsula Behavioral Health

**Richard Stride**, Cascade Community Healthcare

The WBHC would also like to thank:

**Meghan DeGallier**, HCA, Division of Behavioral Health & Recovery

**Karie Rainer**, Department of Corrections

**READY TO REGISTER?**

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