

14th Annual Summer Institute

Change the Conversation:

Maximizing Opportunities in the
Emerging Healthcare Landscape



ASU Center for Applied
Behavioral Health Policy
ARIZONA STATE UNIVERSITY

July 16 - 19, 2013 | Sedona, Arizona



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Benjamin Miller, Ph.D.

Director, Office of Integrated Healthcare Research and Policy, and Assistant Professor,
Department of Family Medicine, University of Colorado Denver School of Medicine

The State of Integrated Care and Healthcare Policy: Lessons from Sisyphus and Icarus

Tuesday, July 16, 2013

12:30-2:00 p.m.

Dr. Miller received his doctorate degree in clinical psychology from Spalding University in Louisville, Kentucky. He completed his predoctoral internship at the University of Colorado Health Sciences Center, where he trained in primary care psychology. In addition, Miller worked as a postdoctoral fellow in primary care psychology at the University of Massachusetts Medical School in the Department of Family Medicine and Community Health.

Dr. Miller is a co-principal investigator and co-creator of the National Research Network's Collaborative Care Research Network. He has written and published journal articles and a book chapter on enhancing the evidentiary support for collaborative care models, and increasing the training and education of mental health providers in primary care. Miller often travels speaking on clinical, operational and financial components of integrating mental health and primary care as well as the policy implications for these models.



Lillian Turner Eby, Ph.D.

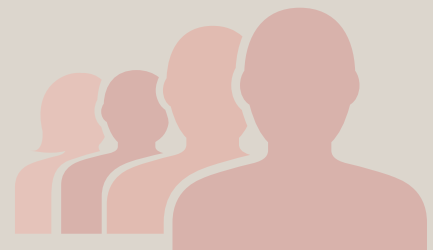
Professor of Psychology, University of Georgia

Creating & Sustaining Healthy Workplaces

Wednesday, July 17, 2013

8:30-10:00 a.m.

Dr. Eby joined the University of Georgia in 1996. She is a Fellow of the American Psychological Association, the Society for Industrial and Organizational Psychology, the Institute for Behavioral Research at the University of Georgia, and the Center for Gambling Research at the University of Georgia. Her research interests center on workforce development in substance use disorder treatment with a particular interest in clinical supervision, workplace stress, well-being, and the intersection of work and family life. She has published 97 peer-reviewed journal articles and book chapters and this work appears in scholarly outlets such as the Journal of Applied Psychology, Personnel Psychology, the Journal of Vocational Behavior, Organizational Behavior and Human Decision Processes, and the Journal of Management, among others. Dr. Eby also co-edited two books, one on mentoring in organizational, educational, and community settings (Allen & Eby, Blackwell Press) and one on the effect of relationships on employee attitudes, behavior, and well-being (Eby & Allen, Taylor/Routledge Press). She serves on the editorial board of several scholarly journals and is former Associate Editor of Personnel Psychology. In addition to her active scholarship, Dr. Eby has substantial experience serving on scientific review panels for the National Institutes of Health's Office of Extramural Research. To support of her research, she has received various sources of grant support and is the Principal Investigator on three multi-year research grants under the R01 mechanism from the National Institute on Drug Abuse to study workforce development issues in substance use disorder treatment organizations.





Ron Manderscheid, Ph.D.

Executive Director, National Association of County Behavioral Health and Developmental Disability Directors

Fulfilling the ACA Vision of Whole Health and Recovery

Wednesday, July 17, 2013

12:00-2:00 p.m.

Dr. Ron Manderscheid serves as the Executive Director of the National Association of County Behavioral Health and Developmental Disability Directors. Concurrently, he is Adjunct Professor at the Department of Mental Health, Bloomberg School of Public Health, Johns Hopkins University, and President of ACMHA—The College for Behavioral Health Leadership. Dr. Manderscheid serves on the boards of the Employee Assistance Research Foundation, the Danya Institute, the FrameWorks Institute, the Council on Quality and Leadership, the International Credentialing and Reciprocity Consortium, and the National Research Institute. He also serves as the Co-Chair of the Coalition for Whole Health. Previously, he served as the Director of Mental Health and Substance Use Programs at the Global Health Sector of SRA International and in several federal leadership roles in the U.S. Department of Health and Human Services. Throughout his career, he has emphasized and promoted peer and family concerns.

Dr. Manderscheid is a former Member of the Secretary of Health and Human Services Advisory Committee on Healthy People 2020, Past President of the Federal Executive Institute Alumni Association (FEIAA) Foundation, past Chair of the American Public Health Association (APHA) Mental Health Section, and a past member of the APHA Governing Council. He has also served as the Chairperson of the Sociological Practice Section of the American Sociological Association, and as President of the Washington Academy of Sciences and the District of Columbia Sociological Society.

Earlier, Dr. Manderscheid served as Branch Chief, Survey and Analysis Branch, for the Federal Center for Mental Health Services (CMHS), SAMHSA. During the Clinton National Health Care Reform debate, Dr. Manderscheid served as Senior Policy Advisor on National Health Care Reform in the Office of the Assistant Secretary for Health at the U.S. Department of Health and Human Services. At that time, Dr. Manderscheid was also a member of the Mental Health and Substance Abuse Work Group of the President's Task Force on Health Care Reform. He has continued this work in support of the implementation of the Affordable Care Act of 2010. Dr. Manderscheid also worked in a variety of positions with the National Institute of Mental Health (NIMH). While there, he served as NIMH's Chief, Statistical Research Branch, where he provided strong leadership in implementing the National Reporting System (NRP) and the Mental Health Statistics Improvement Program (MHSIP).

Recently, he co-edited a new text, *Outcome Measurement in the Human Services: Cross-Cutting Issues and Methods in the Era of Health Reform*, and contributed to a new text, *Public Mental Health*. Previously, he served as principal editor for eight editions of *Mental Health, United States*. He has also authored numerous scientific and professional publications on services to persons with mental illnesses. Each month, he prepares a commentary, the Manderscheid Report, for *Behavioral Healthcare*.

Dr. Manderscheid received a B.A. degree (with highest honors) in Sociology from Loras College; an M.A. degree in Sociology-Anthropology from Marquette University; and a Ph.D. in Sociology, with a specialization in Social Psychology and Statistics from the University of Maryland. He is also a graduate of the Federal Executive Institute.





Karol Kumpfer, Ph.D.

Professor, Department of Health Promotion and Education, University of Utah

Evidence Based Family Interventions for the Prevention of Substance Abuse and other Adolescent Impulse Disorders

Thursday, July 18, 2013

8:30-10:00 a.m.

Dr. Karol L. Kumpfer is an American Indian (Pawnee) psychologist and Professor of Health Promotion and Education at the University of Utah specializing in cross-cultural research and dissemination of family evidence based interventions, including her Strengthening Families Program to prevent substance abuse, delinquency, child maltreatment, and improve child outcomes. Until 2000 she was the DHHS/SAMHSA Center for Substance Abuse Prevention Director. She has over 450 publications on substance abuse prevention including publications for US government agencies (NIDA, CSAP) and the United Nations Office of Drugs and Crime (UNODC) in Vienna, Austria.



Blake Jones, Ph.D, MSW, LCSW

University of Kentucky College of Social Work; Program Coordinator,
Citizen Review Panels of Kentucky

The Dangerous and Promising Path: Using Citizen Panels to Enhance Outcomes for Behavioral Health Agencies

Friday, July 19, 2013

10:15-11:45 a.m.

Dr. Blake Jones serves as adjunct faculty at the University of Kentucky College of Social Work, and is the Program Coordinator for Kentucky's Citizen Review Panels. He has authored or co-authored numerous articles in peer-reviewed journals on such topics as Human Behavior in the Social Environment and citizen participation. He is a leading authority on citizen participation as it relates to child welfare, and specifically Citizen Review Panels. Dr. Jones is the Chair of the National Citizen Review Panel Advisory Board. He is a Licensed Clinical Social Worker and maintains a private practice in Lexington, Kentucky.



sessions at a glance

Wellness and Mindfulness

Session 7: The Practice and Teaching of Mindfulness

Session 13: Camp Wellness: The Creation of an AHCCCS-funded, Self-sustaining Wellness Program for Adults with Serious Mental Illnesses

Session 16: Mindfulness: Utilizing an Age Old Practice for the Emerging Integrated Healthcare Model

Session 19: Mindfulness-Based Relapse Prevention: An Evidenced Based Group Approach

Session 30: Wellness Management and Recovery: An Evidenced Based Tool for the Integrated Healthcare Community

Session 31: Recovery, Resilience and Well Being

Session 43: Grief and Recovery: The Healing Journey Toward Wholeness

Children, Young Adults and Families

Session 2: Community Based Collaboration: iTEAM's Wrap-Around Care for LGBTQ Youth

Session 14: Creating an LGBT Welcoming and Affirming Agency for Children and Families

Session 20: Rally Point Tucson: Developing Appropriate and Effective Resource Connections for Veterans, Service Members and their Families in Pima County

Session 32: Step Forward: A Collaborative Effort to Reduce Health Disparities Impacting Latino Youth

Session 37: Examining the Mental Health Symptoms in Male and Female

Session 38: Building Healthy Families within the Gila River Tribe

Program and Practice Improvement

Session 3: The L.E.A.D.E.R.S. Project: Lead, Explore and Assist in Developing Educated Recovery Strategies

Session 5: Utility and Benefits of Gathering Data for Funders, Clients, and Clinic or Consumer Operated Programs

Session 23: Hybrid Models of Mutual Aid: Integration of Mutual and Professional Practices

Session 29: Navigating and Developing a Comprehensive Peer Workforce in an Integrated System

Session 35: Brain Injury in Vulnerable Populations

Session 41: Peer Support as Evidence for Improved Quality of Life in the Hard of Hearing Person

Session 44: Implementing Evidence Based Mental Health & Substance Treatment in Jail: Early Treatment & Community Integration

Session 45: Coaching for Recovery

Administration and Leadership

Session 17: Addressing Community Need: The Struggles and Successes to Finding Adequate Funding in Complex Public Systems

Session 21: Accommodating Persons with Mental Disorders in the Workplace

Session 25: How to Reduce Staff Turnover in Substance Use Disorder Treatment

Session 27: Assessing Risk and Limiting Liabilities

Session 28: Doing Good, Forever: The Power of Endowment and Planned Gifts

Session 33: Telehealth: It's Not about the Technology - It's About Expanding Access and Improving Care

Session 34: Identifying Health Needs at the Community Level: Data-Driven Decision-Making Using the Community Data Project

Session 46: Health Information Exchange

Session 47: Advocacy: Peer Citizen Action



sessions at a glance



Integrated Care

- Session 6:** Integrated Behavioral Health Interventions for Depression and Anxiety that Deliver Return on Investment in the Accountable Care Organization
- Session 11:** Integration of Self-Management Programs into Clinical Settings
- Session 12:** Creating the Framework for Successful Integration
- Session 15:** Patients with a Serious Mental Illness and Metabolic Syndrome: Lifesaving Information and Strategies for the Behavioral Health Professional
- Session 18:** The Health Integration Collaborative
- Session 24:** Using Information Technology to Support Collaborative, Integrated Health Care
- Session 26:** The Interwoven World: Reframing How We Address Social Determinants of Health in an Integrated World
- Session 36:** Dismantling Silos of Care: The Role of the DBH and Behavioral Health Consultant in Integrated Health
- Session 42:** Collaboration & Implementation: Integrating Healthcare – Engaging SMI Adults to Improve Outcomes
- Session 48:** The Arizona Integrated Health Model of Care: Improving Health Outcomes for All Members Served in our Behavioral Health System

Prevention and Crisis Intervention

- Session 9:** Playing Together in the Sandbox: Collaborating to Achieve Health Outcomes
- Session 10:** Reduction of Crisis Service Recidivism Using the Adaptive Interaction Model
- Session 22:** Mental Health First Aid ARIZONA
- Session 40:** Can We Prevent We Prevent Substance Abuse? Evidence Based Family Strengthening/Substance Abuse Prevention and Competent Prevention Staff

Collaboration and Interagency Coordination

- Session 4:** Connect to Care: An Innovative Model for Serving Hospitals
- Session 8:** Integration of Care Through Community Partnerships: Housing First, What's Second?
- Session 39:** Treatment Mapping: Using Collaboration to Maximize Community Based Treatment for Offenders



Breakout Sessions

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tuesday, july 16 | 2:15 - 3:45pm

Session 1

Multidimensional Wellness: True Integration of Mind and Body

Jack Beveridge, President & CEO, Empowerment Systems, Inc.

The multidimensional wellness approach addresses virtually every aspect of life: physical, emotional, intellectual, environmental, social, occupational and spiritual. The Healthy Living Chronic Disease Self Management Program (CDSMP) enables participants to design and implement their own wellness plan to address their individual needs. An evidence based program, CDSMP has been shown to help people improve their lives well beyond dealing with chronic conditions. The system's coaching component involves highly interactive group participation. It is truly empowering people to improve lives. CDSMP has been adapted and used along with the peer and family operated recovery models, with peer support specialists trained as CDSMP workshop facilitators. And it is billable as a Medicaid covered service. In this session, we will demonstrate how the program works and provide participants a taste of what can be accomplished with it.

Session 2

Community Based Collaboration: iTEAM's Wrap-Around Care for LGBTQA Youth

Ian Ellasante, Assistant Research Social Scientist, University of Arizona, Southwest Institute for Research on Women (SIROW)

A six-agency collaboration, iTEAM (Treatment Empowerment for Adolescents on the Move) aims to increase housing stability, improve mental health status, increase linkages to community resources, decrease substance use, and reduce HIV risk behaviors among its participants, 60% of whom identify as non-white and 74% as LGBTQ. This session will describe the strategic development of a community-based network of care, inclusive and supportive of LGBTQA youth. It will also outline iTEAM's participant demographics (self-identified ethnicity, sexual orientation, gender identity, and age) and will use preliminary outcome data to examine improvements in housing stability, physical and mental health, and pro-social behaviors.

Session 3

The L.E.A.D.E.R.S. Project: Lead, Explore and Assist in Developing Educated Recovery Strategies

Bobby De Batt, Substance Abuse Program Coordinator, WestCare

The LEADERS Project identifies drug courts and probation departments as providers to realize the capacity to provide probationers an efficient and effective intervention toward substance abuse. Substance abuse intervention is identified by providing a viable resource to place probationers in a safe, secure, and programmed sober living environment that is described and enhanced by the use of evidence-based practices within a true Intensive Outpatient Program.

Session 4

Connect to Care: An Innovative Model for Serving Hospitals

Marlena Gonzales-Gabaldon, Connect to Care Manager, TERROS, Inc.; and Patti Ritchie-Williams, Director of Innovation for Crisis Services and Collaboration, Crisis Response Network

Given the shifting healthcare landscape, there will be increasing opportunities for creativity and innovation concerning ways to improve healthcare outcomes while reducing visits to the hospital. This session describes a new, evidence informed service that helps emergency departments get patients connected, in a very real way, to care needed. It describes how the factors contributing to hospital readmission rates can be offset in program design and execution. It is also the story of how compelling outcomes can be used to shift a culture to inspire change for life.

Session 5

Utility and Benefits of Gathering Data for Funders, Clients, and Clinic or Consumer Operated Programs

Dr. Michael Shafer, Director, and Richard "Rico" Rivera, MA, Senior Research Specialist, ASU Center for Applied Behavioral Health Policy, and Suzanne Legander, CEO, S.T.A.R. - Stand Together And Recover Centers, Inc.

Stand Together and Recover (S.T.A.R.) Centers, a consumer operated service program (COSP) that provides non-clinical peer-run support services through three locations in Maricopa County, recently partnered with ASU. This presentation will describe the process and outcomes of this partnership, including a description of the motivation of STAR to seek outside evaluation services from the University and a discussion of how effective partnerships between COSPs and University researchers can be developed and strengthened. We will also present the results of our ongoing survey of STAR program participants, and how the resulting information is used to improve STAR services and add to our knowledge of COSP program participation and impact.

Session 6

Integrated Behavioral Health Interventions for Depression and Anxiety that Deliver Return on Investment in the Accountable Care Organization

Ronald R. O'Donnell, PhD, Director, Nicholas A. Cummings Doctor of Behavioral Health Program, Arizona State University

The emerging Primary Care Medical Home and Accountable Care Organization models demand integrated behavioral health interventions that meet the "Triple Aim" of improvement: improved patient experience of care, clinical outcomes, and cost-savings. Innovative new models of treating depression and anxiety with co-morbid chronic medical conditions are now showing clear evidence of achieving medical cost-offset, reduced use of unnecessary medical services and a net savings or return on investment (ROI). This session will cover the collaborative care and transdiagnostic models of treating depression and anxiety and the use of eHealth and mHealth behavior change technology as an adjunct to treatment. This session is designed for both clinicians and managers interested in defining the critical role of integrated behavioral health in 21st century healthcare reform.



Breakout Sessions

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tuesday, july 16 | 4:00 - 5:30pm

Session 7

The Practice and Teaching of Mindfulness

Pedro Choca, PhD, LISAC, Clinical Associate Professor, Nicholas A.

Cummings Doctor of Behavioral Health Program, Arizona State University

The primary focus of this session will be on learning and teaching a variety of methods of practicing mindfulness that can be adapted to a number of settings, including integrated health care settings. These will range from the basic practice of mindfulness to more involved approaches. The presenter will briefly discuss the history of mindfulness practices, the benefits of regular practice, and a variety of methods. The presenter will also cover distinctions between spiritual, religious, and secular approaches, as well as Eastern and Western applications. Participants will have opportunities to experience and practice several methods through the use of demonstrations and exercises. Methods of teaching others, both children and adults, will be discussed, as well as applications to integrated health care settings.

Session 8

Integration of Care Through Community Partnerships: Housing First, What's Second?

Michael A. Leon, Health Care for Homeless Coordinator, Phoenix VA Health Care Systems; Melissa Meierdierks, LCSW, CRRS Coordinator, PVAHCS; and Penny Miller, LMSW, Veterans Justice Outreach Specialist

This workshop is designed to provide participants with a greater understanding of three elements critical to effectively providing healthcare services to homeless veterans. These include combining case management and community partners navigational systems, embedding VA providers within the community partner networks, and effectively utilizing community veteran transitional homeless veterans programs within the assessment process. Participants will learn that the process begins within a "one-stop shop" called the Community Resource and Referral System that is a collaboration of community providers and VA Medical Center providers. A compare and contrast of brief therapy versus assessing developmental history on the homeless veterans will provide a greater understanding of intervention processes.

Session 9

Playing Together in the Sandbox: Collaborating to Achieve Health Outcomes

Suzanne Rabideau, CEO, and Leon Boyko, Chief Clinical Officer, Crisis Response Network, Inc.

This workshop maps the development of a comprehensive crisis services model including mobile crisis teams, transportation services, response for special populations and to emergency rooms, walk-in services, crisis stabilization, sub-acute facilities, a Connect to Care program, and a Warm Line. Creating an effective crisis system and crisis response culture involves research, data, information exchange, coordination of system partners and healthcare providers, and the involvement of peers and family members who understand the challenges in crisis. Representing the clinical and business perspectives, presenters will share their discoveries and conclusions from the analysis of information supporting the crisis system blueprint.

Session 10

Reduction of Crisis Service Recidivism Using the Adaptive Interaction Model

Amy Munoz Mendoza, MC, NCC, Utilization Management Director; Eddie Ornelas, PhD, LISAC, Behavior Intervention Coach, Supervisor, Developmentally Disabled Teams; and Melissa Griebel, LMSW, Utilization Management Coordinator, CODAC Behavioral Health Services, Inc.

Since 2009 CODAC Behavioral Health Services has successfully focused on reduction of hospital and crisis service recidivism through specialized case review utilizing interdisciplinary and team-focused reviews. After collecting three years of data, a practical tool was developed utilizing common recommendations from clinical case conferences. Utilizing this tool, clinicians have a functional document to support complex and high-risk consumer symptom management. Adaptive Interaction concentrates on consumer-focused clinical practice that supports outcome-based quality care. Specific recommendations analyze topics ranging from the case manager-client dynamic and monetary restrictions to therapeutic confrontational approaches and examining secondary gains and motivations. This presentation explains the Adaptive Interaction Model using these common recommendations that are supported by years of positive outcomes and reduction of unnecessary hospitalizations.

Session 11

Integration of Self-Management Programs into Clinical Settings

Melanie Mitros, PhD, Director, Arizona Living Well Institute

People with chronic conditions must deal not only with their disease(s), but also with the impact on their lives and emotions; therefore, the goal is to enable patients and community members to build self-confidence to take an active role in maintaining their health and managing their chronic health conditions. Lay people with chronic conditions, when given a detailed leader's manual, can teach these workshops as effectively as health professionals (Lorig et al, 1999). Coping strategies such as action planning and feedback, behavior modeling, problem-solving techniques, and decision making are applicable to all chronic diseases.

Session 12

Creating the Framework for Successful Integration

Benjamin Miller, PhD, Director, Office of Integrated Healthcare Research and Policy, and Assistant Professor, Department of Family Medicine, University of Colorado Denver School of Medicine

Collecting the right data to support integration is critical. Organizations must begin to demonstrate how their integration efforts help achieve the Triple Aim (decrease cost, improved outcome, and enhanced patient experience). This breakout session will walk through very specific data that organizations can start to collect to support their efforts. Using a clinical, operational, and financial framework, this session will offer very practical examples of data for practices to collect. Starting with asking the audience what data are currently being collected, this session will work with the participants on how best to position themselves to be useful to payers and policy makers with their data.



Breakout Sessions

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wednesday, july 17 | 10:15 - 11:45am

Session 13

Camp Wellness: The Creation of an AHCCCS-funded, Self – sustaining Wellness Program for Adults with Serious Mental Illnesses

Nicole Harwell, MPH, Health Promotion Specialist, Community Partnership of Southern Arizona, and Cheryl Glass, MBA-HCM, CHES, CPRP, Director, UA RISE Health and Wellness Center

In December 2009, Community Partnership of Southern Arizona (CPSA) contracted with the University of Arizona Department of Family and Community Medicine to provide comprehensive wellness services for adults with serious mental illnesses enrolled with CPSA and receiving AHCCCS. This session will explain the history behind this partnership and the elements of the program, including the research design. This workshop will detail preliminary outcomes, implementation barriers and successes, and the lessons learned for future programming.

Session 14

Creating an LGBT Welcoming and Affirming Agency for Children and Families

Yvette Jackson, Director of Operations, and Paul Davis, Director of Foster Care Services, Devereux

This workshop will provide the business, legal, development, ethical, and clinical perspectives on why social service organizations should ensure their agency is welcoming and affirming for LGBT individuals. The experiences of Devereux Arizona's foster care programs in achieving the All Children – All Families (ACAF) Seal of Recognition from the Human Rights Campaign Foundation and additional organizational efforts to enhance LGBT cultural competence will illustrate how a service provider can become welcoming and affirming to LGBT individuals. Participants will learn step-by-step practical tips and will leave with more than 25 useful resources to assist in developing their own organizational efforts.

Session 15

Patients with a Serious Mental Illness and Metabolic Syndrome: Lifesaving Information and Strategies for the Behavioral Health Professional

Dr. Michael Shafer, Director, Vicki Staples, Associate Director for Clinical Initiatives, and Adrienne Lindsey, Research Specialist Senior, ASU Center for Applied Behavioral Health Policy

Persons with a serious mental illness are disproportionately affected by chronic disease, resulting in increased mortality rates when compared to the general population. Many chronic conditions have modifiable behavioral components (i.e. obesity, tobacco use), that when attended to, can prevent premature death and improve health outcomes. Behavioral health professionals, including peers, can play a vital role by encouraging behavior change and self-management strategies. In this presentation, we will provide an overview of metabolic syndrome, diabetes mellitus, and other common chronic conditions that affect the SMI population, along with specific, evidence-based strategies that behavioral health professionals can provide that reduce modifiable chronic illness risk factors.

Session 16

Mindfulness: Utilizing an Age Old Practice for the Emerging Integrated Healthcare Model

Daniel Rock, Clinical Supervisor, Dena Omar, Clinical Supervisor, and Adrienne Sainz, Clinician, La Frontera Center, Inc.

This session will teach the skill of mindfulness including its appropriateness, effectiveness, and application within the integrated healthcare model. Core mindfulness skills will be introduced, taught, and practiced by clinicians trained in dialectical behavioral therapy, acceptance and commitment therapy, and EMDR. We will also explore using DBT and ACT to treat chronic health problems. Specifically, we will cover utilizing mindfulness as an effective treatment in working with the debilitating effects of chronic pain.

Session 17

Addressing Community Need: The Struggles and Successes to Finding Adequate Funding in Complex Public Systems

Heather McGovern, MPA, CPRP, Chief Financial Officer, HOPE, Inc; and Sybil Tiedemann, Recovery Program Specialist, and Cyndi Deines MS, LPC, Senior Director, Clinical Initiatives, Community Partnership of Southern Arizona

This session is designed as an overview of basic principles of navigating funding sources to address complex service needs in multifaceted systems. The presenters will demonstrate how funding streams can be "braided" among multiple systems to address specific community needs. Barriers to innovative funding will be addressed. A case study will be presented that is currently being utilized in Pima County which demonstrates the ability for complex systems to utilize resourceful funding patterns to address crisis system needs. The session will discuss how the effective utilization of peer support in all levels of organizations can be a cost-effective measure in addressing service gaps.

Session 18

The Health Integration Collaborative

Mary Jo Whitfield, Vice President of Behavioral Health, and Cherilyn DeBree, Director of Integrated Health, Jewish Family & Children's Service

Preparing for the changes coming with the Affordable Care Act, Jewish Family & Children's Service began an evidence-based model of integrated care through partnering with Maricopa Integrated Health System, focusing on persons with co-morbid mental and medical conditions. This workshop will address service delivery, especially by Peer Navigators, as well as electronic information sharing critical to healthcare integration. It will describe the process of facilitating transitions of care by sharing patient care summaries, implementation of the Stanford Chronic Disease Self-Management program (and other health promotion activities) at behavioral health clinics, and the development of a Community Behavioral Health Information Exchange.



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Session 19

Mindfulness-Based Relapse Prevention: An Evidenced Based Group Approach

Rachel Abrams, M.A., Pre-doctoral Intern, Southern Arizona Psychology Internship Center (SAPIC), and Pat Penn, PhD, Director of Research and Program Evaluation, La Frontera Arizona

Dr. Alan Marlatt dedicated the last decade of his research career to the development of mindfulness-based treatments for addictive behaviors. With colleagues, he developed Mindfulness-Based Relapse Prevention (MBRP). MBRP integrates cognitive behavioral relapse prevention methods and training in mindfulness meditation practices. It offers a nonjudgmental, client-centered, acceptance-based approach in a group format. MBRP is designed to help people increase awareness of triggers and management of subsequent physical, emotional, and cognitive experiences, thus teaching them to respond skillfully rather than react habitually. This interactive presentation will introduce participants to MBRP. Participants will also learn and practice at least one meditation from MBRP.

Session 20

Rally Point Tucson: Developing Appropriate and Effective Resource Connections for Veterans, Service Members and their Families in Pima County

Lauryn Bianco, Network Development Coordinator, Community Partnership of Southern Arizona, and Lyle Ford, Rally Point Tucson Coordinator, Community Partnership of Southern Arizona

This session will discuss the importance of appropriate, nuanced resource connections for service members, veterans and their families, particularly as service member and veteran suicide rates continue to climb. Facilitators will discuss CPSA's veteran initiative, including the qualitative and quantitative analysis of veterans penetrating the public behavioral health system (trended over four years), which lead to the development of Rally Point Tucson. Facilitators will review Rally Point Tucson's mission, community partnerships, success stories, challenges and the importance of using peer navigators to assist service members, veterans and their families with navigating local resources.

Session 21

Accommodating Persons with Mental Disorders in the Workplace

Marjorie L. Baldwin, PhD, Department of Economics, W.P. Carey School of Business, Arizona State University

The ADA mandates that employers provide reasonable accommodations to workers with mental disorders, but there is little empirical evidence on the types of accommodations that help persons with mental disorders succeed in competitive jobs. This presentation reports results from an exploratory study in which we conducted in-depth interviews with 20 persons with mental illness and recent employment, and 14 supervisors of employees with mental illness. During the interviews, we inquired about typical days at work and the use of workplace accommodations.

The data identify specific workplace accommodations that can support employees with mental illness, but also reveal that many workers are reluctant to disclose a mental illness to their employer. In addition to employer-provided accommodations, however, our data indicate that employees with mental illnesses are implementing their own informal accommodations, without the necessity of disclosing their illness.

Session 22

Mental Health First Aid ARIZONA

Claudia Sloan and Jenna DePeal, ADHS Division of Behavioral Health Services, and Steve Nagle, Community Partnership of Southern Arizona

Learn about Mental Health First Aid ARIZONA, a statewide campaign to assist persons with a behavioral health challenge and to engage the community to help reduce stigma associated with mental illness. The purpose of this effort is also to empower the community to take action in achieving and maintaining good mental health.

Session 23

Hybrid Models of Mutual Aid: Integration of Mutual and Professional Practices

Thomas M. Litwicky, M.Ed., LISAC, Center for Applied Behavioral Health Policy

Professionally-directed addiction treatment and peer-based addiction recovery mutual aid societies have evolved in tandem for more than two centuries in the United States. Historically, resources for these organizations have been conceptually and practically separated. Recent developments now integrate these divergent practices in a way that challenges this historical dichotomy. SMART Recovery and Moderation Management are two relatively new organizations that currently rest outside of this traditional paradigm. This presentation reviews both organizations utilizing seven theoretically based mutual aid practices to explore their classification, as well as the ethical dilemmas that may arise from this integration and pertinent future research questions.

Session 24

Using Information Technology to Support Collaborative, Integrated Health Care

Michael R. Zent, PhD, President & CEO, Jewish Family & Children's Service, and Kurt Sheppard, CEO, Valle del Sol

Jewish Family & Children's Service (JFCS) and Valle del Sol, two large Maricopa County behavioral health providers, are each implementing new but different models of collaborative, integrated health care combining behavioral and primary health care. Essential to these models is an Electronic Health Record that allows for both behavioral health and primary care providers to see complete medical records when providing and coordinating care. In addition to reviewing the value of sharing health information, this session will speak to several methods of data exchange, describe how Electronic Health Records are related to Health Information Exchanges, and address confidentiality/privacy issues.



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Session 25

How to Reduce Staff Turnover in Substance Use Disorder Treatment

Lillian Turner Eby, PhD, Professor of Psychology, University of Georgia

Staff turnover is a recognized problem in the field of substance use disorder treatment, yet surprisingly little is known about the actual turnover rates of clinicians, the characteristics of those leaving the field, and the factors that predict clinician turnover. Based on longitudinal data collected from several hundred clinicians working in treatment programs throughout the United States, this session answers these important questions and provides practical suggestions for stemming the tide of turnover in substance use disorder treatment. The unique challenges associated with retaining counselors and clinical supervisors are also discussed. This session is geared for program administrators and managers interested in reducing turnover among clinical staff.

Session 26

The Interwoven World: Reframing How We Address Social Determinants of Health in an Integrated World

Diana Kramer, Cultural Competency and Workforce Development Manager, ADHS Division of Behavioral Health Services, RJ Shannon, HIV/AIDS Minority Liaison & Community Engagement Coordinator, ADHS BTCD, and Zipatly Mendoza, Office Chief, ADHS/Arizona Health Disparities Office

This session will illustrate the impact of social determinants and address the reality of the populations accessing and receiving services within the Arizona system. Data will focus on health disparities within Arizona and the importance of a culturally competent system to meet the needs of the individual, with an emphasis on culture and cultural beliefs in a healthcare setting. The goal is to understand the value of demographics, health disparities and social determinants that impact Arizona to better address the needs of individuals. Participants will be provided examples of applicability and the importance of creating partnerships for success in the evolving integrated world.

Session 27

Assessing Risk and Limiting Liabilities

Jim Gill, VP of Risk Management, and Eric Duthie, Loss Control Manager, Social Service Contractors Indemnity Pool (SSCIP)

This session will focus on how social service providers can identify risk exposures and implement programs to avoid or mitigate losses. Attendees will learn the most common--and preventable-- types of potential loss exposures they face, common sense ways to prevent claims from happening, and how to reduce claim liability after a loss occurs.. In an era of tightening social service budgets, this session will provide insights on how to identify the drivers behind your annual premiums, the operational impact of an effective risk management program and how it can save money on your agency's bottom line.

Session 28

Doing Good, Forever: The Power of Endowment and Planned Gifts

Tony Banegas, MPA, Philanthropic Advisor, Arizona Community Foundation

The Arizona Community Foundation (ACF) and its statewide affiliate network connect donor interests with community needs throughout Arizona. Strengthening the nonprofit sector is a fundamental aspect of our philanthropic endeavors as we develop partnerships and seek solutions that will serve Arizona's future. In addition to providing grants, building nonprofit capacity, sponsoring special projects and collaborating with community organizations, ACF offers the opportunity for nonprofits to build a dedicated endowment for long-term sustainability.

Nonprofit endowments provide a permanent source of support for the organization. A nonprofit endowment can be started with contributions of your organization's unrestricted dollars or with funds raised specifically for endowment. Come and learn valuable information to enhance your awareness and capacity for fund development through endowment building and planned gifts.

Session 29

Navigating and Developing a Comprehensive Peer Workforce in an Integrated System

Heather McGovern, MPA, CPRP, Chief Financial Officer, HOPE, Inc, Chris Zabramny, Employment Specialist, Community Partnership of Southern Arizona and Betty Seery, Program Director, DKA

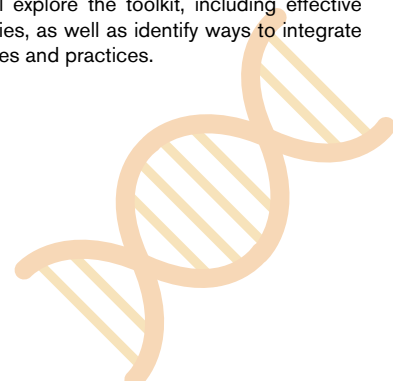
This session will provide an overview of barriers to employment and navigation for peer support specialists in Arizona. It will address complex service needs in comprehensive systems as well as vocational workforce development to create a sustainable highly qualified labor force. The session will present and demonstrate how funding streams can be managed to address specific community needs. Innovative community collaboration in Pima County will be addressed. The presenters will review case studies that are currently being utilized and which demonstrate overall system shortages as well as the ability for peers to navigate and engage in training options, and gain employment. We will cover the role of peer support as a cost-effective measure to address service gaps, demonstrate the improvement of the continuum of care as it relates to creating a sustainable workforce, and discuss how support services can help reduce system costs. We will also discuss the importance of effectively utilizing peer support in all levels of organizations.

Session 30

Wellness Management and Recovery: An Evidence Based Tool for the Integrated Healthcare Community

Daniel Rock, Clinical Supervisor, Dena Omar, Clinical Supervisor, and Leslie Ulloa, Clinician, La Frontera Center, Inc.

This session will introduce and teach Kim Mueser's evidence based illness management and recovery toolkit to providers working toward an integrated health care model. The session will explore the toolkit, including effective components, techniques, and strategies, as well as identify ways to integrate the toolkit into already existing agencies and practices.



Breakout Sessions

14th Annual Summer Institute
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thursday, july 18 | 10:15 - 11:45am

Session 31

Recovery, Resilience and Well Being

Michael Franczak, PhD, Marc Community Resources and Christy Dye, MPH, CEO, and Hoa Mai, MA, Partners in Recovery

The Health in a New Key program funded by St. Luke's Health Initiative defined health as "the harmonious integration of mind, body and spirit within a responsive community." Diagnosis and treatment, yes, but the focus shifts to strengths and assets first – not just deficits. While there has been a significant development of recovery-oriented programs in Arizona, the focus has been primarily on mental health. At the same time, the term resilience has been used to describe the process of resisting and overcoming medical illness. This presentation will present the similarities and differences between these concepts and how they can be used together in an integrated care environment.

Session 32

Step Forward: A Collaborative Effort to Reduce Health Disparities Impacting Latino Youth

Dara Distel, Research Associate, and Courtney Waters, Health Educator/ Research Technician, Southwest Institute for Research on Women (SIROW) at the University of Arizona

The Step Forward Project is a collaboration between CODAC Behavioral Health Services, Inc., the University of Arizona Southwest Institute for Research on Women (SIROW), and the Southern Arizona AIDS Foundation (SAAF). The program expands services to youth and enhances substance abuse pre-treatment and treatment services by incorporating comprehensive HIV/ AIDS and sexual health education, outreach, pre-treatment, testing and counseling services for the adolescent population living on the United States/ Mexico border region. People of color and young people in the Pima County community have historically had limited access to both services and treatment.

Session 33

Telehealth: It's Not about the Technology - It's About Expanding Access and Improving Care

Mark Disselkoen, MSW, LCSW, LADC, Director of Certification, and Wendy Woods, MA, Project Manager, Center for the Application of Substance Abuse Technologies (CASAT)

Annually, 10 million patients receive telemedicine services. In 2011, the Veteran Administration alone provided 6,700 patients with telemental health services. Currently, there is an extensive amount of research (including randomized controlled trials) showing the efficacy of telehealth services. However, the addiction treatment profession lags behind its behavioral health colleagues when it comes to telehealth. This workshop will expose counselors to the different types of telehealth counseling services (video conferencing or other e-counseling activities), web-based-treatment support options (mobile apps or internet-based programs), ethical and scope of practice issues, client engagement concerns, equipment costs, and reimbursement issue.

Session 34

Identifying Health Needs at the Community Level: Data-Driven Decision-Making Using the Community Data Project

Wendy Wolfersteig, Director, Evaluation, Kandyce M. Fernandez, Graduate Researcher, and Jana Wardian, Graduate Researcher, ASU-SIRC

The Community Data Project helps Arizona communities, coalitions, health care organizations, and treatment providers to make data-driven decisions about the health and substance abuse needs of target populations. This session focuses on understanding and using the Community Data Project website to implement the Strategic Planning Framework for data-driven decision-making within communities. In this interactive workshop, participants will be engaged in selecting appropriate strategies for accessing and applying data to different uses of substance use prevention and treatment planning. Participants will have the opportunity to see data in a web-based tool and identify how data are easily used for multiple purposes.

Session 35

Brain Injury in Vulnerable Populations

Ashley Bridwell, Rehabilitation Program Coordinator/Social Worker, St. Joseph's Hospital and Medical Center

This session will provide information on how understanding brain injury can be a distinct factor in addressing individuals experiencing trauma and mechanisms to identify and address this diagnosis. Participants will also gain perspective on the added difficulties an individual may have following programs and navigating systems to assist them with their own care. They will also be able to identify resources available to help with improving the individual's overall care and quality of life.

Session 36

Dismantling Silos of Care: The Role of the DBH and Behavioral Health Consultant in Integrated Health

Colleen Clemency Cordes, PhD, Assistant Director, Clinical Associate Professor, Nicholas A. Cummings Behavioral Health Program, Arizona State University; and Wendy Danto Ellis, DHEd, Behavioral Health Director, Scottsdale Healthcare

As integrated primary care continues to evolve and take root in the American healthcare system, it is evident that multiple systems need to be redesigned to promote effective service delivery. The presenters will discuss strategies for interdisciplinary team training, impacting systemic change, and blending the culture of these two systems. The presenters will utilize a case example of a partnership between a behavioral health training program and a family medicine residency training program to highlight an effective transformation of one such partnership. They will suggest ways to generalize this to other clinical partnerships and programs as they pursue integration.



Breakout Sessions

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thursday, july 18 | 2:15 - 3:45pm

Session 37

Examining the Mental Health Symptoms in Male and Female

Lee A. Underwood, Clinical Director, SequelCare of Arizona

It is critical that counselors and behavioral health providers integrate the components of trauma informed care when working with incarcerated females with mental health needs. The purpose of this presentation is to reveal the prevalence rates of mental health symptoms of male and female offenders and how they differ. With more than 5000 profiles of males and females incarcerated from 2005-2010 in a southeastern juvenile justice agency, it was hypothesized that the prevalence rates would be greater for females than males. Using the Massachusetts Youth Screening Inventory (MAYSI-2), Behavioral Assessment Schedule for Children (BASC-2) and Trauma Symptom Checklist for Children (TSCC), this presentation will reveal significant differences between males and females on several clinical scales. Also, key treatment interventions and strategies for effectively engaging females will be examined through didactic and experiential learning.

Session 38

Building Healthy Families within the Gila River Tribe

Adam Cava MPA, Programs Director, and Teri Ingram, LCSW, Clinical Director, Red Mountain BHS

This workshop will focus on the development and implementation of a culturally based family preservation program benefiting the families of the Gila River Indian Community. Presenters will share how the culture of the Gila River tribe (Pima people) has provided protective factors and how the historical traumas imposed on the Gila River people have resulted in family separations and erosion of family connections. This innovative program, Building Healthy Families, is showing promising outcomes in the area of family preservation and reunification. Participants will learn how the program was formed, how it is being monitored and the successes that are being tracked since implementation one year ago.

Session 39

Treatment Mapping: Using Collaboration to Maximize Community Based Treatment for Offenders

Mark Stodola, Krista Forster, and Susan Alameda, Arizona Supreme Court - Administrative Office of the Courts; and Jason Carpenter, MSW, Projects Coordinator, Northern Arizona Regional Behavioral Health Authority (NARBHA)

Arizona's probation departments and RBHAs have embraced evidence-based practice models in determining appropriate treatment services for clients with substance abuse issues involved in the criminal justice system, but it can be difficult to determine where counties may have duplication or gaps in treatment services. The AOC has begun an ongoing process of collaborating with county probation departments and their RBHAs to map available treatment, assess community treatment needs and gaps, and streamline the service continuum to make it more user friendly for probation staff and probationers to determine appropriate and available services.

Session 40

Can We Prevent Substance Abuse? Evidence Based Family Strengthening/Substance Abuse Prevention and Competent Prevention Staff

Dr. Karol Kumpfer, Professor Dept of Health Promotion and Education University of Utah and Marcia Baker, Owner/Trainer, SFP Trainer, Advanced Training Third Coast

In this session the importance of family-focused substance abuse prevention will be discussed including recent epigenetic research on nurturing parenting reducing genetic risks. The Strengthening Families Program is twice as effective as any prevention program, but costs more than school-based programs. To reduce costs there is a new English and Spanish SFP 8-16 Years Home Use DVD that has excellent outcomes for only \$5 per family. SFP implementation will be discussed as well as the importance of staff prevention competencies and certifications for training so that participants will be able to become knowledgeable and can begin the process of their own certification and/or their staff.

Session 41

Peer Support as Evidence for Improved Quality of Life in the Hard of Hearing Person

Michele Michaels, Hard of Hearing Specialist, AZ Commission for the Deaf and the Hard of Hearing

People with post-lingual hearing loss experience frequent communication barriers and frustrations directly attributed to their hearing loss. They also grieve their loss of hearing and often feel isolated. In addition, persons with untreated hearing loss have a greater incidence of dementia. However, those who avail themselves of peer support, whether in a dyad or small group, benefit greatly and show increased self-confidence and social interaction. Come and learn about what supports currently exist in Arizona and what you and your organization can do to assist 700,000 hard of hearing Arizonans.

Session 42

Collaboration & Implementation: Integrating Healthcare – Engaging SMI Adults to Improve Outcomes

M. Tomás León, Chief Executive Officer, People of Color Network; Leslie Colliopoulos, RN, United Health Care, United Health Care Community Plan of Arizona; and Megan Evans, Community Care Coordinator, People of Color Network

An overview of People of Color Network's collaborative one-year pilot ending June 2013 with United Health Care (UHC) brings together a Medicaid medical insurer and a Behavioral Health Service-Provider Network Organization to increase quality and efficiency to better serve our shared participants with real time integrated community healthcare. UHC provides PCN with access to medical records and timely notification of adverse medical events (emergency room visits and inpatient hospitalizations). PCN provides an integrated behavioral health clinical team which reinforces healthy lifestyle choices, encourages attendance of PCP appointment, and educates participants about when it is appropriate to use the emergency room and inpatient hospitalization.

Breakout Sessions

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friday, july 19 | 8:30 - 10:00am

Session 43

Grief and Recovery: The Healing Journey Toward Wholeness

Mary G. Winds, MA, LISAC, BCRPS, Program Coordinator, Southwest Behavioral Health Services, and Reverend V. Jauhara Care, MA, Interfaith Minister

Grief is a very normal reaction to loss – one that many people who are chemically dependent on drugs or alcohol also experience in their recovery process. For many, the grief is not dealt with and the individual does not or cannot recover from their dependence on drugs or alcohol, thereby keeping the individual in active addiction. This presentation assists the clinician in guiding the recovering individual who experiences such loss or grief toward a sense of wholeness. This presentation will also include practical creative activities that can be adapted for the individual in recovery.

Session 44

Implementing Evidence Based Mental Health & Substance Treatment in Jail: Early Treatment & Community Integration

William D. Beverly, Psychologist, Maricopa County Correctional Health Services

National and local data suggest that 70-80% of inmates enter jail with a substance abuse/dependence disorder, and approximately 1/3 have a current mental illness. Despite this being such a vulnerable population, the aim of the local county jails has been to provide “medically-necessary” health care, resulting in services lacking prevention & community reentry components. This presentation describes two innovative programs that intend to change this culture of care: Mindfulness for stress management, and Guided Self-Change for substance abuse. Two pilot studies have demonstrated the effectiveness of the mindfulness program with statistically significant results. Implications for prevention & community integration are also discussed.

Session 45

Coaching for Recovery

John de Miranda, Executive Director, National Association on Alcohol, Drugs and Disability

Recovery coaching has emerged as a promising strategy to improve treatment outcomes as well as the long term prospects for those entering recovery from multiple pathways. Some states already include recovery coaching as a certificated methodology and revisions to the Substance Abuse Block Grant under the Affordable Care Act will likely provide reimbursement for coaching services. At least one insurer links clients in early recovery to a recovery coach to increase the likelihood of sustained recovery.

This workshop will provide an overview of the development of recovery coaching methods. Several curricula will be reviewed as well of examples of how coaching differs from 12-step sponsorship and from professional addiction counseling. Recovery coaching is an intensive, community-based case management strategy for people who have entered early recovery through any number of pathways including indigenous recovery as well as an addiction treatment program. The primary purpose of recovery coaching is to help individuals gain access to needed resources, services, or supports that will help them achieve long term recovery from their substance use disorder (SUD). Recovery coaches can help an individual address multiple domains that have been impacted by their SUD, but are difficult to address within the constraints of early recovery, such as returning to employment or finding stable housing. Recovery coaches can also help individuals transition through the continuum of addiction treatment (i.e., from detox to aftercare). Finally, recovery coaches can help individuals sustain their recovery while on a treatment waiting list or living in a sober housing environment.

Session 46

Health Information Exchange

Michael R. Zent, PhD, President & CEO, Jewish Family & Children's Service; Javier Favela, CFO, Jewish Family & Children's Service; and Laura Young, Executive Director, Behavioral Health Information Network of Arizona

Exchanging health information in an effective, collaborative way will be critical for any provider in the future. Driven by health care reform and emerging models of integrated care, agencies will require tools to share information and support clinical decision-making. Increasingly, requirements (e.g. those for Meaningful Use and performance and outcome based contracting) demand that providers exchange information. Arizona is leading the way with integrating physical and behavioral health care for individuals with serious mental illness as reflected in the recent RFP for Maricopa County. Learn what Arizona and behavioral health providers are doing and what it means for your agency.

Session 47

Advocacy: Peer Citizen Action

John Mireles, BS, BATH, Chief Officer for Diversity, Ombudsman, and Charlotte Webb, M.Ed., Chief Recovery Officer, PSA Behavioral Health Agency

This session will provide an overview of the community organizing process. It will review defined guiding values and principles of community organizing, with analysis of community power structure, leadership development, relationship building, strategy development, issue development, and action development. We will discuss the empowerment of peers to promote community self determination and to remain engaging in peer citizen action and advocacy.

Session 48

The Arizona Integrated Health Model of Care: Improving Health Outcomes for All members Served in our Behavioral Health System

Donald Erickson, Office of Health Care Development, ADHS/DBHS; Teresita Oaks, Office of Health Care Development, ADHS/DBHS; and Kathy Bashor, Office of Individual and Family Affairs Manager, ADHS/DBHS

The Arizona Department of Health Services and the Division of Behavioral Health (The Department) is responsible for administering Arizona's publicly funded behavioral health services for children, adults and their families. By integrating physical and behavioral health services, providing care management, health care navigation, and case management, the department intends to significantly improve health outcomes. The principles that will guide all services for all populations including recovery orientation, family and peer involvement, person-centered care, and health self-management are intended to contribute to improved outcome and greater self-empowerment for our members and families.



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Approval is pending for the National Association of Social Workers.

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