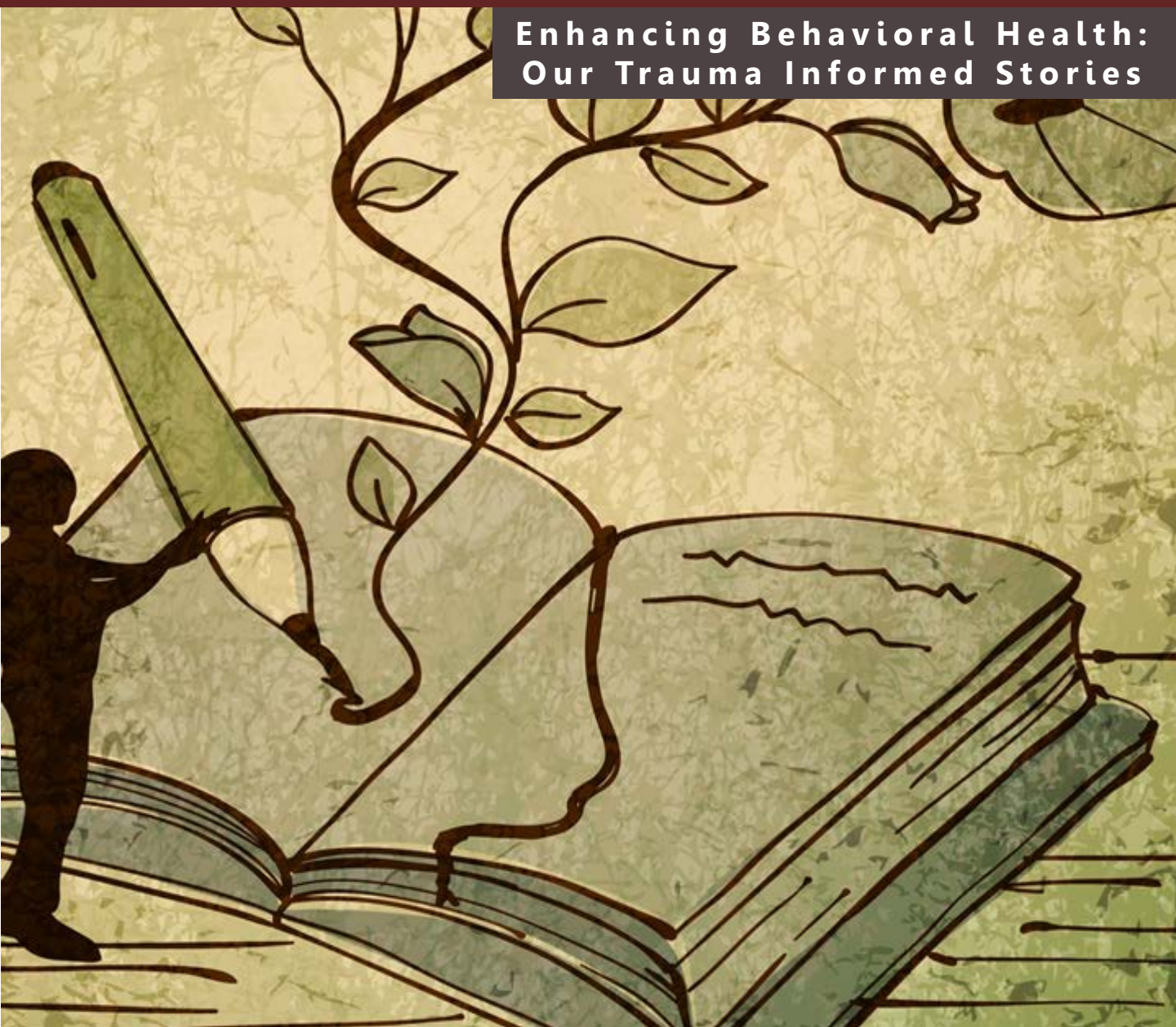


15th Annual
Behavioral Health Conference & Resource Fair
MEETING OF THE MINDS

Enhancing Behavioral Health:
Our Trauma Informed Stories



November 7, 2012
Sheraton Hotel & Marina at Harbor Island

Educational Program of:



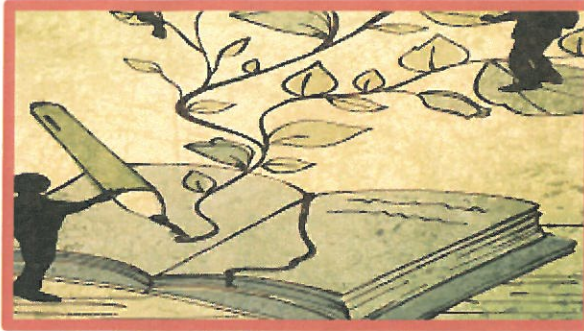
Presenting Partner



Live Well, San Diego!

Co-Sponsors





MEETING OF THE MINDS 2012

AM SESSIONS 9:30 am to 11:30 am

PM SESSIONS 2:00 pm to 4:00 pm

AM BREAKOUT SESSIONS

AB109 PRISONER RE-ENTRY: TRAUMA INFORMED PRACTICES

Presenter: **Susan Bower, MSW, MPH**

"Challenges related to integrating Trauma-focused screening, referral and treatment practices."

ADDRESSING TRAUMA IN IRAQI REFUGEES

Presenter: **Susan Haydar, Ph.D**
Co-Presenter: **Gabriel Rodarte, MD**

"Differentiating PTSD Symptoms from Underlying medical problems"

MINDFULNESS IN HARM REDUCTION FOR CO-OCCURRING DISORDERS TREATMENT

Presenter: **Dr. Hai-Duong Linderman, MA, LMFT**
Co-Presenter: **Keren Bogin, MSW, ASW**

"A Mindfulness-based approach toward daily living"

THE NEUROBIOLOGY OF ATTACHMENT TRAUMA

Presenter: **Ruth P. Newton, Ph.D**

"To increase knowledge of biological nature of attachment, long term effects and trauma"

TRAUMA INFORMED CARE 101

Presenter: **Pam Wright, LCSW**

"Trauma and Trauma Informed Service Approach: Understanding trauma and the impact of trauma"

PM BREAKOUT SESSIONS

TRAUMA INFORMED TREATMENT: INCARCERATED WOMEN

Presenter: **Alyce Belford, Ph.D, RAS**

"Issues associated with women who have been incarcerated, treatment practices and trauma"

PROJECT 25 HARM REDUCTION: TRAUMA

Presenter: **Marc Stevenson, MSW**
Co-Presenter: **David Folsom, MD**
Co-Presenter: **Kris Kuntz, MD**

"Program that targets homeless, frequent users of emergency services."

TRAUMA INFORMED PERSPECTIVE: PARAPROFESSIONAL APPROACH TO STUDENT ACHIEVEMENT GREATNESS

Presenter: **Derrick P. White, MD, BA**
Co-Presenter: **Jasmine D. Holt, BS**

"Trauma informed perspective that promotes health and safety, and enhance community well-being"

RECOVERY IN AND WITH EMPLOYMENT

Presenter: **Kay Masaryk, MS, CPRP**
Co-Presenter: **Kathy Young, BA**

"Focus and emphasis on trauma informed services all while seeking and keeping employment"

ALZHEIMER'S & CAREGIVING: HOW TO GET THROUGH THE DAY ... AND YEARS

Presenter: **Marge Galante, R.N.**

"Managing stress of elder caregiving when sudden or unexpected incident or diagnosis happens"

A-1

P-1

A-2

P-2

A-3

P-3

A-4

P-4

A-5

P-5

Exhibitor Application & Conference Registration Form

Agency Deadline : October 15, 2012

Individual Early Bird Registration Ends : October 31, 2012

AGENCY INFORMATION / INDIVIDUAL INFORMATION

Name of Agency _____

Address _____

City, State, ZIP _____ **Phone** _____

Contact Person _____ **E-mail** _____

Website _____

SPONSOR THE CONFERENCE

_____**SIGNATURE PARTNERS \$10,000**
Premium exhibit space, VIP reservations for 10 persons to attend all event activities, name as Signature Partner in program, opening remarks
Exhibitor ____ Yes ____ No

_____**PRESENTING PARTNERS \$5,000**
Premium exhibit space, VIP reservations for 10 persons, name on program cover, introduce speakers, media inclusion
Exhibitor ____ Yes ____ No

_____**SPECIAL PARTNER \$2,500**
Premium exhibit space, name placard, VIP reservations for 10 persons, program recognition, media inclusion
Exhibitor ____ Yes ____ No

_____**PLATINUM PARTNER \$1,000**
Premium exhibit space, name placard, reservations for 8 persons, program recognition, media inclusion
Exhibitor ____ Yes ____ No

_____**GOLD PARTNER \$500**
Preferred exhibit space, name placard, reservations for 4 persons, program recognition
Exhibitor ____ Yes ____ No

_____**SILVER PARTNER \$350**
Exhibit space, name placard, reservations for 2 persons, program recognition
Exhibitor ____ Yes ____ No

_____**BRONZE EXHIBITOR \$100**
Reservation for half of 6" table and 1 chair.

Total Amount Enclosed \$ _____

Fees Do Not Include CEUs
CEUs Provided by:



INDIVIDUAL ATTENDANCE

INDIVIDUAL \$100 _____
After Nov. 1st. \$105 _____
Client/Student \$40 _____
CE Fee \$35 _____

Total Enclosed \$ _____

Cancellations received 10 days prior to event will be partially refunded (minus a 15% processing fee).
Cancellations received less than 10 days prior to event are non-refundable.

PAYMENT METHOD

Online ____ **Check** ____ **Credit Card** ____

Name on Card _____

Card No _____

3 Digit # _____ **Exp. Date:** _____ **Card Type** _____

Credit Card Billing Address: _____

Professional Lic. # & Type for CEUs _____

Signature _____

MAKE CHECKS PAYABLE TO
MENTAL HEALTH AMERICA
4069 30TH STREET SAN DIEGO, CA 92104

BREAKOUT SESSIONS (description attached)

Please check one (AM)

Please check one (PM)

A-1 _____

P-1 _____

A-2 _____

P-2 _____

A-3 _____

P-3 _____

A-4 _____

P-4 _____

A-5 _____

P-5 _____

Contact / Questions:

619-543-0412 or AGorriano@mhasd.org